Person Centered Care Ltd

Person Centered Care Northants

Inspection report

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Date of inspection visit:
28 June 2018
29 June 2018

Date of publication:
21 August 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on 28 and 29 June 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. At the time of inspection, the provider was supporting 10 people with personal care.

Not everyone using Person Centered Care Northants receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post, they were also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on the 29 April 2016, we rated the service "Good." At this inspection we found that the service 'Required Improvement.'

Improvements were required to the systems in place to ensure the effective governance and management of the service. The provider had not ensured that the necessary documentation was in place to provide staff with information on environmental risks in people's homes and guide them in how to support people safely in an emergency. Some policies and procedures were not in place as needed. Policies and procedures that were in place required review.

People told us that they felt comfortable and safe with the staff team who visited them. Relatives agreed their relatives were supported in a safe way by the staff who were allocated to provide their support.

Staff understood their responsibilities to keep people safe from harm and to report potential risks to their safety.

People received their medicines as prescribed and staff supported people to access support from healthcare professionals when required. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in their own care planning and were able to contribute to the way in which they were supported.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their

specific needs and wishes.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staffing levels ensured that people's care and support needs were safely met.

Staff induction training and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to perform their roles. Staff were well supported by the provider and senior staff, and had regular supervision meetings.

Staff told us they had the appropriate personal protective equipment to perform their roles safely. Staff supported people in a way which prevented the spread of infection.

The provider had a process in place which ensured people could raise any complaints or concerns.

There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Not all appropriate risk assessments were in place to guide staff in providing safe support.

Staff followed the procedures in place to ensure the safe handling of medicines.

Staff understood their responsibility to safeguard people.

There were sufficient staff to meet people's needs.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not ensured that all the necessary documentation was in place to guide staff in providing people's support safely.

Some policies and procedures were not in place as needed. Policies and procedures that were in place required review.

A registered manager was in post and they were active and visible in the service.

Staff were aware of the vision and values of the service and were committed to working to these. People and staff were provided with opportunities to contribute to the running of the service.

Person Centered Care Northants

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This comprehensive inspection took place on the 28 and 29 June 2018 and was announced. We gave the service 48 hours' notice of the inspection as care is provided in the community and we needed to ensure that staff were available to support the inspection. We visited the office location to meet the registered manager and staff and review records and visited one person and their relative at home on the 28 June. We visited another person and their relative at home and made telephone calls to people, their relatives and staff on the 29 June.

The inspection was undertaken by one inspector and one assistant inspector.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service, including information sent to us by other agencies, such as Healthwatch; an independent consumer champion for people who use health and social care services. We also contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people.

During this inspection, we spoke with three people who used the service and spoke with four people's relatives. We spoke with five members of staff, including the registered manager, deputy manager, a team

leader and support staff. We looked at records relating to the personal care and support of three people using the service. We also looked at four staff recruitment records and other information related to the management oversight and governance of the service. This included quality assurance audits, staff training and supervision information, staffing rotas and the arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

Improvements were required to the measures in place to assess the safety of people's home environment and emergency evacuation plans. The provider had not carried out risk assessments of environmental hazards in people's homes. There was a risk that hazards would not be recognised or addressed. Staff were present in some people's homes, providing their support for prolonged periods; some people received 24-hour support. This increased the likelihood that staff may be present in an emergency situation and would be required to help people to evacuate. Some people had complex physical and mental health needs, but did not have personal emergency evacuation plans in place to advise staff of the action they should take to support them in an emergency. There was a risk that staff would not have the knowledge required to support people to evacuate their home promptly, putting them at increased risk of harm. This was discussed with the provider during the inspection and they agreed to ensure these risk assessments were undertaken.

People did have risk assessments in place for other areas of their lives and people and relatives said staff protected people from risk. One person's relative told us how staff ensured that the correct creams were applied to minimise the risk of their family member's skin breaking down. They said, "The district nurses have commented that they are happy that the carers are looking after [family member's] skin so well." Records showed that where people had equipment, such as pressure relieving mattresses in place to reduce the risk of skin damage, staff ensured that these were correctly set for the person's weight.

We saw individual risk assessments, that gave staff clear instruction on how to provide people's care safely. For example, risk assessments had been undertaken to identify any risk whilst moving people; appropriate controls had been put in place to reduce and manage these risks.
People and their relatives told us they felt safe when staff were in their homes. One person said, "They look after me very well." Another person's relative said, "[Person's name] always feels safe when staff are here with them."

People were protected from avoidable harm and abuse because staff understood the possible signs of abuse and knew how to report any concerns. The staff we spoke with had a good understanding of safeguarding procedures. One member of staff said, "Any safeguarding concerns have to be reported to the safeguarding team." They were able to explain in detail how they would do this. Staff told us and records demonstrated that regular training was provided in safeguarding.

People were safeguarded against the risk of being cared for by unsuitable staff because there were safe recruitment practices in place. All staff had been checked for any criminal convictions and employment references had been gained before they started work. Recruitment files contained the necessary employments checks, for example, criminal record checks, references and photographic identification.

People, their relatives and staff told us that there were enough staff to meet people's care needs. One person said, "I have regular staff and they are always on time." Another person's relative said, "[Person's name's] routine is so important to them and they [staff] stick to it, they communicate with us if there is a problem with traffic, but they are so rarely late." A member of staff said, "You're never just sent to a new

client on your own, you are introduced to them, I have my regular group of clients that I know well." The provider used a call monitoring system to ensure that care visits were made at the agreed times and to enable them to take prompt action if staff were late.

People and relatives said they were satisfied with how staff supported people with their medicines, coming at agreed times and providing the assistance people needed. One person's relative told us how staff monitored their family member's pain effectively, and provided their pain relief when needed. They said, "Staff are very good at teasing that out, they notice [family member's] body language, facial expression."

Staff had been provided with training on the safe handling, recording and administration of medicines, in line with the service's policy and procedure. The provider told us that they regularly checked staff competency to administer medicines but did not record these checks. We discussed the need for these competency checks to be recorded to aid staff reflection and development; the provider immediately arranged for recorded medicine competency checks to be carried out with all staff. Medication administration records (MAR) were completed accurately. The provider carried out regular audits of medicines and any shortfalls found were quickly addressed.

There were processes in place to ensure that accidents and incidents were recorded and reported to the provider and outside agencies as necessary. No accidents or incidents had occurred involving people who used the service. However, the provider told us that should an accident or incident occur they would review the circumstances and discuss these with staff to encourage reflection and learning. Records would also be updated to reflect any changes in people's needs to enable staff to support people in the safest manner possible.

People were protected by the prevention and control of infection. Staff we spoke with were aware of the principles of infection control, they told us that they washed their hands and wore disposable gloves and aprons when providing personal care. Staff received basic training in infection control as part of their induction. However, this training was not provided at regular intervals following the induction to refresh their knowledge and ensure this remained current. We recommend that the provider ensures that regular infection control training is available to staff. This was discussed with the provider who agreed to ensure staff were provided with more training in infection control.

Good

Is the service effective?

Our findings

People's needs were assessed to ensure that the service was able to provide them with effective support. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. Before the service agreed to provide a person's care, senior staff encouraged the involvement of the person, their relatives, people who knew the person well and any health or social care professionals if appropriate.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. One person's relative said, "[Person's name] has complex needs because they have [neurological condition], the staff understand how to support them and they have a regular team of carers who understand their needs." The relative of another person, who has complex manual handling needs, told us, "They always support [family member] into a very good position on the bed and make sure they are comfortable."

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were confident to work unsupervised. The provider ensured that staff completed mandatory training covering areas such as safeguarding, health and safety and moving and handling as part of their induction. However, the induction package was not based on current guidance and did not follow the principles of the Care Certificate. We recommend that the provider review their induction to ensure that they are working in line with current standards. This was discussed with the provider who agreed to ensure that the organisation's induction was based on current guidelines.

Staff told us they received regular supervision and were happy with the level of support available to them. One staff member commented, "I have supervision every month to two months, it's very helpful. Any problems are recorded, we can talk about any issues and any training we need." Records showed that the provider and deputy manager often worked alongside staff and used this opportunity to monitor staff performance. The provider had recently introduced recorded spot checks and we saw records where these had been completed and staff provided with feedback on their work.

Where needed, people were supported by staff to have support to have sufficient food and drink. Staff knew the importance of making sure people were provided with the food and drink they needed to keep them well. A member of staff told us, "We identified that [person's name] wasn't eating very well, so got help from the dietician." Where it had been identified that someone may be at risk of not eating healthier options and gaining weight, appropriate steps had been taken to help them reduce their weight with their consent. For example, eating healthier foods and reducing snacks. People's support plans described how they were supported to make their own food choices. There was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

The service worked and communicated with other agencies and staff to enable consistent and person-centred care. People had input from a variety of professionals to monitor and contribute to their on-going

support. For example; occupational therapists and physiotherapists where people needed specialised support with their mobility. The registered manager worked with funding authorities and safeguarding teams around any safeguarding alerts and concerns and if people's needs had changed.

People's health needs were monitored and discussed with them and if appropriate their relatives. People and relatives gave us examples of how staff had intervened when people had healthcare issues and ensured they saw medical professionals when they needed to, either on an emergency or a routine basis. One person's relative told us that they had absolute confidence in the ability of the staff who supported their relative to recognise when medical support was needed and act accordingly.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the principles of the MCA and when to make a referral for an application to deprive someone of their liberty to the Court of Protection. The staff team explained they always sought people's consent before providing any care or support and we saw this happening when we visited people at home.

Good

Is the service caring?

Our findings

People continued to experience positive caring relationships with staff. People and their relatives were happy with the care people received. One person told us, "The staff are very good, very nice, they will go the extra mile for me." A relative commented, "I can't fault them [staff], one hundred percent they are in it to care for people." Another relative said, "They talk to [family member], ask them things, talk about family and try to make [family member] laugh, they have a sense of humour."

Staff spoke of people they supported in a caring and compassionate way. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. Staff told us that they were encouraged to consider people's emotional needs and get to know people well, so that people benefitted from continuity and the relationships they had built with the staff that provided their support. One member of staff said, "It's good for the client, they get to know you, it gives them continuity… I would be happy to use this company for a member of my own family."

People were actively involved in making decisions about their support and were involved in the initial assessment of their needs and in developing and reviewing their support plans. One person told us, "They ask me about any changes [to the care plan], we go through it and I tell them if there is anything that needs to change." Another person's relative commented, "At the beginning we were involved in the care plan and we've had meetings since. As things have changed we've added to the care plan and it does reflect what is needed."

Support plans were person centred and written to give staff guidance on how people wanted their support to be delivered. For example, one person's support plan identified precisely how they liked their drinks to be served. This person's relative told us that consistency and routine were very important to the person.

The service was able to source information for people should they wish to use an advocate and advocacy information was available to people. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. Support plans contained information regarding people's cultural needs. People were able to choose whether they wanted male or female staff to provide their personal care. One person told us, "I prefer a female carer, they know that and always send a female."

Staff encouraged people to maintain their independence and offered support and encouragement when needed. One person told us, "There are some things I can do myself, like showering, I do these things and the staff help with what I can't do, like putting on my cream."

Staff understood the importance of respecting people's privacy and dignity when providing people's support. We saw that staff interacted with people in a respectful manner and staff were able to describe how they upheld people's dignity when supporting them with personal care. Confidential information regarding

people's care was stored securely and only shared with people's consent on a need to know basis. Staff understood the importance of confidentiality.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs and staff were committed to providing individualised support. One person said, "If I ask for something, they are willing to help as much as they can." Another person's relative said, "They [staff] have adjusted things as needed, they've always been very flexible. They [staff] have really worked hard to help us."

From people's pre- assessments, care plans were developed with people that set out how the service aimed to meet each person's physical, emotional and cultural needs. Reviews and updates to care plans took place, with the involvement of people as and when their needs had changed. This ensured people consistently received appropriate care and support.

Where this was part of the agreed support, staff supported people with a wide variety of social activities. We saw in people's support plans that staff had supported them to go shopping and out for meals. One person's relative told us, "They always take [family member] out in the garden if the weather is nice." Another person's relative told us that staff supported their family member to go out for meals with relatives.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. People's communication needs were considered as part of the assessment process. We saw a range of information in different formats; for example, the complaints procedure and people's contracts could be provided in large print and pictorial format.

People and their relatives were encouraged to raise any concerns or complaints. The service had not received any complaints but people and their relatives said they knew who to speak to if they had any complaints. One person said, "There is nothing I am unhappy about, but any complaints and I would go straight to [provider]." Another person's relative told us, "I have no complaints, nor any concerns. If we need any slight adjustment, or make any suggestion, no matter how minor, they change things straight away. I just speak to [provider], I'm very impressed." We saw that there was a clear complaints policy and procedure in place, complaints received had been dealt with appropriately and were logged and monitored.

The service provided end of life care and staff had received appropriate training to provide such care. We spoke with the relative of one person who was receiving end of life care. They told us, "Because they care for [family member] so well, it has given them as good a quality of life as they could have. Their pain is dealt with, staff are involved with the GP and the palliative care team, the staff have a really good overview. Changes to [family member's] care needs are frequent and the care plan is updated." People's care plans provided staff with the information they needed to ensure that people's wishes and needs were met as they approached the end of their life.

Requires Improvement

Is the service well-led?

Our findings

Improvements were required to the systems in place to ensure the effective governance of the service. The provider had not recognised that environmental risk assessments should be carried out to ensure that any risks in a person's home environment were minimised. They had not considered that environmental risks could impact on the safety of staff and the safety of the support provided to people. They had not ensured that people's support plans covered all the areas in which staff may be expected to provide support, for example supporting the person to evacuate their home in an emergency. These concerns were discussed with the provider during the inspection. They have now ensured that environmental risk assessments are in place for all people and personal emergency evacuation plans are in place where required.

The provider had produced a handbook and staff had access to the majority of policies and procedures they required to inform their work. However, we saw that there was no policy and procedure available to staff regarding the Mental Capacity Act 2005. Staff had received training in the MCA, and were able to tell us the principles of the Act. However, the lack of an appropriate policy and procedure meant that staff did not have on going access to information regarding the provider's expectations and staff responsibility to comply with the MCA.

There was a safeguarding policy and procedure in place. However, it did not contain the contact details of the local safeguarding authority. Some of the contact details in the policy were out of date. Staff, had received training in safeguarding and demonstrated that they were aware of the appropriate authorities to contact if they had concerns that someone was being abused. However, staff did not have ongoing access to appropriate, accurate information.

We discussed our concerns with the provider who immediately undertook a review of all policies and procedures. A policy and procedure regarding the MCA was implemented and the safeguarding policy and procedure was updated.

Staff told us that they had the opportunity to meet with the provider in small informal groups to discuss their work and people's care needs. They told us that they valued these meetings as they felt that they could contribute to decision making in the organisation and discuss any concerns through this forum. However, there was no formal programme of staff meetings to enable staff to meet regularly to discuss the service and be involved in its development. As some of the meetings had not been recorded, staff were unable to reflect on what was discussed and decided in the meetings. We recommend that the provider initiates a programme of planned, recorded staff meetings to ensure that there is a planned consistent approach to involving the staff team in the running of the service. The need to facilitate regular, recorded staff meetings was discussed with the provider, who agreed to ensure that these took place.

A registered manager was in post, they were also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider was committed to improving the service. They had recognised that more managerial support was required and had recently employed a deputy manager to support with the management and governance of the service. A plan was in place for the deputy manager to support in key areas of care assessments and reviews, staff support and monitoring and staff training. Staff were positive about this new role and looking forward to working with the deputy manager.

Arrangements to monitor the quality of the service that people received were effective, as regular checks and audits had been carried out by senior staff. The provider, deputy manager and care co-ordinator had a good knowledge of the quality of the care and support people received as they regularly worked alongside staff. People and their relatives told us that they regularly saw the provider. One person's relative said, "[Provider] regularly comes to support [person's name] with their care. Whilst they are here we see them checking the notes and the medicines." Another person's relative said, "We're very impressed, [management team] all do visits, we see [provider] regularly, every week or so."

Regular checks and audits were carried out of the call monitoring system, medicines and staff working practice. Appropriate action had been taken in response to the findings of these audits.

The service had a clear vision and values, that all staff were committed to working together to achieve. People and their relatives were consistently positive about the care and support they received. One person's relative commented, "The ethos is very positive and person centred. They're called 'Person Centered' and that's what they do." A member of staff said, "We are here to provide a really good quality of care to clients."

We saw that the atmosphere within the service was positive and friendly. People told us that the provider was approachable and supportive and had a good awareness of all aspects of the running of the service. One person's relative told us, "We have a good relationship with [provider]. Any problems you only have to say and anything they can sort they will." A member of staff said, "This is a brilliant company to work for and [provider] is a brilliant manager. They wouldn't expect us to do anything that they wouldn't do." Another member of staff commented, "Person Centered Care is amazing, if we're struggling with anything we get more training, anything we need, we get, [provider] is fab."

The people using the service and their relatives were able to feedback on quality. People told us that they were regularly asked for their feedback on the service. We saw that quality questionnaires had recently been sent out to people and relatives and the provider was waiting for people's responses. This provided people with the opportunity to make their views known on the service they received.

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts were raised with the local authority when required. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

They provider shared information as appropriate with health and social care professionals; for example, social workers and health care professionals involved in commissioning care on behalf of people.