

Pattom Limited

Pattom Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 04 April 2017. The inspection visit was announced.

Pattom Limited is a domiciliary care agency, providing care and support services to people with varying disabilities and needs. This includes people with a learning disability, a mental health condition and the elderly. On the day of inspection the agency were supporting four people with the regulated activity of personal care.

This was the first time we have inspected this service since they changed their registration. The service was registered with CQC in April 2015.

On the day of inspection we met the registered manager. 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. On the day of the inspection visit, the provider supported this manager to explain how the service operated and was managed.

People told us they felt safe with the staff that came to their home. Staff were trained in safeguarding and understood the signs of abuse and their responsibilities to keep people safe. Recruitment practices were followed that helped ensure only suitable staff were employed at the service.

Risks of harm to people were identified at the initial assessment of care and their care plans included the actions staff would take to minimise the risks. Staff understood people's needs and abilities because they had the opportunity to get to know people well through shadowing experienced staff during induction before working with them independently.

People were supported by regular members of staff who supported people in a timely manner. Staff were trained in medicines management, to ensure they knew how to support people to take their medicines safely to keep accurate records.

Staff received the training and support they needed to meet people's needs effectively. Staff felt supported by management team and were encouraged to consider their own personal development.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA and DoLS. When people lacked capacity the best interest process was followed.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient nutrition and hydration. Staff referred people to healthcare professionals for advice and support when their health needs changed.

People told us staff were kind and respected their privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's wishes and preferences.

People and relatives said that the service was responsive to their needs. The service assessed people's needs so they received support when they needed it. People received person centred care from a service that had a flexible approach as staff often extended support sessions when needed.

People knew how to complain and were confident any complaints would be listened to and action taken to resolve them. When areas of improvement were recognised plans were put in place to resolve them.

People and relatives agreed that the service was managed well. Management understood the service being provided. Staff and management talked about the vision and values of promoting independence. The support we observed was in line with the vision and values.

The provider's quality monitoring system focused on the experience of people. It included asking people for their views about the quality of the service and on site supervisions, which helped improved the service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm. Staff could identify and minimise risks to people's health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

The service had arrangements in place to ensure people would be safe in an emergency.

People were supported by staff who supported people regularly and who were recruited safely.

Medicines were managed and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and training to support people's needs and staff felt supported.

The requirements of the Mental Capacity Act (MCA) were met and staff had a good understanding of the MCA and Deprivation of Liberty Safeguards.

People's nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

Staff understood the importance of building caring relationships with the people they supported.

People told us staff were kind, respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and reviewed to ensure they received appropriate support.

People's care was person centred and care planning involved people and those close to them.

Staff were responsive to the needs and wishes of people.

People and relatives knew how to make a complaint and were confident any concerns they had would be acted on.

Is the service well-led?

Good ●

The service was well led.

The service ensured there was a positive culture that was centred around the people being supported.

Staff knew and understood the organisational values which were reflected in the support we observed.

People's support was continually monitored so improvements could be made.

The registered manager understood their responsibilities with regards to notifying CQC of events that affect service delivery.

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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 was 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.

The inspection took place on 04 April 2017 and was announced. The provider was given 24 hours' notice. This was because the location provides a domiciliary care service and we needed to be sure someone would be available to meet with us. This inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from relatives, social workers and commissioners. We looked at the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law. We received pre inspection surveys from one person, one relative and six members of staff. We used this information to help plan for the inspection.

During our inspection we spoke with the provider, the registered manager, a team leader, four members of staff, one person and one relatives. With consent the inspector visited people who received support. Follow up calls to people, relatives and staff were made by the inspector. We reviewed four people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

People said they felt safe receiving support from Pattom Limited. One person said, "I definitely feel safe with the support from Pattom." All people and relatives that filled in our survey said that they were safe from harm.

People were supported by staff who were able to describe different types of abuse and knew how to report suspected abuse. This meant staff had the knowledge to keep people safe if concerns for their safety were raised. All staff had received safeguarding training and had good working knowledge of safeguarding procedures. One member of staff said, "For any concern I will make sure the individual is as safe as possible then report to management." Another member of staff said, "If I have a big concern I will always speak to my manager and follow our policies and procedures." The registered manager had raised safeguarding alerts with the local authority when they had any concerns and the service had taken steps to address any risk of harm.

Staff were able to identify and minimise risks to people's health and safety. When potential harm had been identified, risk assessments had been completed and guidelines for staff put in place to keep people safe. A variety of risks had been identified that included moving and handling, malnutrition and dehydration and self-neglect. Staff were aware of risks and what they needed to do to keep people safe from harm. Staff informed us that one person always had two members of staff to support them and explained measures in place to keep them safe while accessing the community for activities. This information was reflected in the person's risk assessment.

Staff understood how to keep people safe in their own homes. Assessments had been completed to identify and manage any risks of harm to people around their home. People had health and safety checklists, which focused on reducing any hazards in their home. Staff completed these and they and we saw they were reviewed and updated when things changed.

Accidents and incidents were recorded and monitored by the provider so they could identify any patterns or trends and take action to prevent further incidents. Staff had completed first aid training and helped people if they had an accident.

People would be protected in an emergency, which could disrupt service delivery. Arrangements were in place to manage people's safety. These arrangements included a contingency plan, which minimised the risk of potential missed calls and the impact on people if something were to disrupt service delivery, such as bad weather.

We were informed by the registered manager that the risk of missed calls was managed as all staff based at the office could supported people if required. We were informed by one relative that there had been one missed call. Although the relative described this as a, "one off," we saw that the agency had put things in place to reduce the risk of this occurring again.

The registered manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care. One relative said, "They cover all shifts with appropriate staff." People's needs were regularly assessed and reviewed and staffing levels were planned around needs highlighted. For example, one person was assessed as needing two staff when going swimming. People and relatives told us that staff arrived at the agreed time and supported them for the allocated time. This was echoed by the people and relatives who completed our survey

People were protected by staff who had undergone safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People received their medicines in a safe way. People were supported with their medicines by staff who had received medicine training. Staff also received an annual medicine competency assessment to ensure they followed best practice when giving medicine. Staff either prompted or administered medicines to people. One person said, "I am prompted with my medication. It's just a reminder but it's very helpful." Medicine administration recording (MAR) charts showed all prescribed medicines were signed as being taken.

When needed, people had written protocols for receiving medicines on an 'as needed' (PRN) basis. These protocols detailed when staff should give these medicines, the dosage and time. Depending on people's needs staff ensured medicines were being stored in people's homes in a safe way. There were systems in place to dispose of medicines safely and medicines were audited regularly. This ensured people were kept safe while administering medicines.

Is the service effective?

Our findings

People and relatives said that staff had the right skills and knowledge to give them the care and support they needed. One person said, "The staff are well trained to meet my needs." Staff agreed they had adequate training to fulfil their responsibilities. One member of staff said, "I have enough training to feel confident to do my job."

Staff induction was centred around ensuring staff had the skills to meet people's needs. The induction focused on policy and procedures, expectations of the role and mandatory training, such as safeguarding, moving and handling and first aid. The registered manager explained to us that the induction was over three days. New staff received at least 10 hours shadowing an experienced member of staff. One member of staff said, "The induction was good. It was mainly on line training, going through policies and procedures and then completing shadowing." We were told by the registered manager that if staff needed more time shadowing this was arranged for them.

New staff were supported to complete the Care Certificate. The Care Certificate is a qualification that aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Furthermore the management team actively encouraged professional development with the offer of diplomas in health and social care.

People were supported by staff who had regular supervisions (one to one meeting) with their line manager. These gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. Staff also received on site supervisions, which were conducted with the consent of people. The registered manager told us these ensured people were being supported in line with the values of the agency. These linked to discussions about performance and staff development.

We looked to see if the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff understood the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. A member of staff described mental capacity as, "The individual's ability to make an informed choice." Another member of staff described the principle of the MCA as, "To always presume they have mental capacity and can make their own decisions." When people did not have the capacity to make decisions about their care and support appropriate people were appointed to make decisions in their best interest. The registered manager said, "If we feel that a person lacks capacity in any area we will raise this with social services."

People were supported by staff who ensured they were eating and drinking enough to stay healthy. A person said, "If I am having a bad day staff help me get things out for meals." This helped maintain the independence for this person as well as encouraging them to eat and be healthy. People's special dietary needs were recorded in their care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. Such information came from guidance from the speech and language team (SALT). Staff explained how they supported people with their nutritional intake. Staff understood why some people were on soft diets and knew how to reduce the risks of choking. Staff explained they encouraged people to eat but at the same time did not rush them.

People were supported to maintain their health and wellbeing. People's care plans included their medical history and current medical conditions, so staff knew the signs to look for that might indicate a person was unwell. Where people's health had changed appropriate referrals were made to specialists to help them ensure they received the most effective support, this included referrals to SALT team and a community psychiatric nurse. A person who was having problems sleeping at night was supported to see a sleep specialist.

Is the service caring?

Our findings

People said that they were well cared for by staff. One person said, "Staff are caring, non-judgemental and supportive." A relative said, "Staff are always very professional." Written compliments described staff as, 'Going the extra mile,' Supportive,' and, 'Helpful.'

People were supported by staff who understood the importance of developing positive relationships with people, their families and other people who were important to them. The registered manager explained this approach has led them to have some long standing care packages. A relative said, "We are very please, we have used them for several years." The registered manager explained these relationships were formed from the first support session. A person said, "There is always an introduction of new staff." The management listen to feedback on staff to ensure caring relationships are formed. A person said, "If I don't get on with a carer the office deals with it. My regular staff are fantastic." Due to the caring relationships that had been formed between people and staff one of the members of staff described their job as like being part of a, "Family."

People were supported to express their views and be actively involved in decision making about their care. A relative said, "Staff have the ability to know whether X likes something or not and they understand his communication needs. He feels very comfortable with the support." People and relatives were involved in planning people's care. Close relatives and people who were important to them, were involved in planning and reviewing their care, if they wanted them to be.

We observed positive and friendly conversations and caring interactions between people and staff. This highlighted that people were clearly confident and comfortable in the company of staff. One person we visited was seen having a friendly conversation with a member of staff. When they went outside the member of staff asked if they wanted to wear a jacket so they kept warm.

People's privacy and dignity was respected. People told us staff treated them with respect and dignity. All people and relatives who completed our survey said staff upheld their dignity and respected their choice. One person said, "I am definitely treated with dignity and respect." When asked about how they respected people's dignity a member of staff said, "Everyone is entitled to their own dignity. To ensure this happens we ensure there are appropriate facilitates available for personal care and ensure the door is locked."

A relative explained that staff do not wear uniforms when supporting their loved one. The relative said, "I like that they don't wear uniforms because the relationships (between people and staff) look and feel different." The relative went on to explain this was very important to their loved one and made them feel more independent.

People's care plans were written in a respectful manner. The language used in care plans, for example, 'encourage' and 'prompt', promoted people's independence, by reminding staff to support and enable people rather than 'look after' them. Our observations and what was recorded in people's daily notes reflected this approach.

During the inspection information about people being supported was shared with us sensitively and

discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character. Staff knew people's background history and the events and those in their lives that were important to them. During the inspection staff were observed giving each other updates on people's support in a confidential and professional manner.

Is the service responsive?

Our findings

People and relatives said that Pattom Limited was responsive to their needs. A comments from an internal quality assurance questionnaire stated, 'Everything is going well. The staff work extremely hard. Very happy with Pattom staff.' Another comment stated, 'Very happy with staff and service provided. Nothing needs to change.'

On receiving a referral, an assessment of the person's needs was carried out. This ensured staff had sufficient information to determine whether they were able to meet people's needs before support started. Needs highlighted in assessments were reflected in care plans and the support we observed. Care plans were focused on the individual needs of people.

People told us staff were responsive to their needs and preferences. People and relatives agreed that the agency encouraged people to be at the centre of their support. A person said "I am treated as an individual." People's choices and preferences were documented and staff were able to tell us about them without referring to the care plans. Staff had an overview of the person, their life, preferences and support needs. For example, a member of staff explained the likes, dislikes and activities that a person enjoyed. The member of staff went on to explain how they supported the person to ensure they were getting the most out of their chosen activities.

The service had a flexible approach, which was centred around meeting the needs of people. If there was a need staff would extend support calls. A relative described the agency as, "Flexible," as their loved ones support call generally needed to be extended at short notice. The agency also increased support at short notice for a person who became ill. The registered manager explained that they have not been paid for this support but provided it because it was needed.

People and relatives told us that staff were responsive to the changing needs of people. Staff were trained to pick up, notice and respond to changes of people's needs. People's needs were reassessed to ensure they were receiving the best possibly support for them. We saw a compliment from a health professional praising the care staff for going the, 'Extra mile' when a person was ill. The health professional described the, 'Responsiveness of the team,' as being, 'Excellent.'

People were supported by staff who were aware they needed to support people with a different approach depending on their needs. One person described themselves as having, "Good and bad days." Staff had to respond to this person's needs in a different way depending on their abilities that day. A member of staff said, "We have to work around X's needs. Some days X will be out and about and some days X will not be able to get out of bed." Another member of staff said, "If X is having a bad day it's more about encouragement." The person said, "I am indebted to them. They have brought me through a lot of things."

People were made aware of their rights by staff who knew them well and who had an understanding of the organisations complaints procedure. People and relatives knew how to raise complaints and concerns. A person said, "I am very much one for phoning in and discussing it if I have a concern. They will always get back to me and sort it out in a fair way." A member of staff said, "I would always make sure that a complaint was taken seriously." Each person had information about how they can make a complaint in their support

files, which were kept in their house. There had been two complaints in the last year. When received, complaints and concerns were taken seriously and used as an opportunity to improve the service. When a person complained about a member of staff the registered manager carried out an investigation and made changes that suited the person.

Is the service well-led?

Our findings

People, relatives and care professionals spoke of Pattom Limited positively. The majority of people spoken to said they would recommend the service. A relative said, "We are really very lucky we have Pattom."

The provider told us about the service's missions and organisation values of providing a very safe and focused service to enable people to be as independent as possible. The registered manager explained that people's independence was at the heart of everything they did. Staff we spoke with understood and followed these values to ensure people received person centred care to aid their independence. A member of staff said, "Our aim is to promote the independence of people and make people feel valued." Another member of staff said, "Our aim is to improve the lives of people."

The management team were passionate about the care provided. There was a culture that was centred around the delivery of support. Management and staff talked of the 'open door policy' that was in place. This made staff feel they could approach management for support when needed. The management team were approachable and people and relatives benefited from this. One person said, "They always get back to me immediately."

The manager and office staff worked regularly with people and had a shared understanding of the key challenges, aims, achievements, concerns and risks, which were highlighted in their provider information return (PIR). For example, personal development of all staff employed is an important focus, particularly when it comes to completing diplomas in health and social care. During the inspection we saw that training and support were available for staff who wanted to develop and drive improvement within the home. The provider informed us that this is very much part of achieving their vision and values as an organisation. Several members of staff were working towards their diploma in health and social care, which they said they were being supported by the provider to complete. There was a culture of promoting staff within the organisation, which ensured that people were known to office staff and staff felt valued.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned.

People's care and support was regularly monitored so continuous improvement could be made. The experiences of people were the cornerstone of the service's quality assurance. The provider encouraged people's involvement in their care. The service had regular customer feedback questionnaires and telephone feedback sessions. We saw that when concerns had been raised the registered manager had made improvements. For example, when a relative highlighted concerns with the continuity of staff we saw that the registered manager had implemented a consistent team for this person. When we spoke to this relative they said, "This is not really an issue now." We also saw that there had been issues with the communication between the office and people. A recent restructure of office staff had helped this and improvements had been made.

Other quality assurance systems focused on assessing the experience of people. These systems included on site supervisions. These involved a member of the management team shadowing a support call and speaking to the person being supported. These covered areas such as rapport and manual handling. They ensured that support provided was in line with the organisational values and fed into discussions about staff performance. One staff's on site supervision detailed that they treated the person as an individual, promoted choice, dignity and respect while gaining consent.

The registered manager completed a monthly monitoring and evaluation report that focused on areas such as training, supervisions, meetings, complaints and health and safety. The registered manager also completed a 'Quarterly Inspection Form', which was an audit on support files, daily records and protocols. These tools were in place to ensure that the registered manager had an overview of the whole service to ensure that all aspects were being managed appropriately.