

Pamir Corporation Limited

Pamir Homecare

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

This inspection took place on 29 June 2016 and was announced. We told the provider one day before our visit that we would be coming. The service provides domiciliary care and support to people living in their own homes. This is our first inspection since registering the service with the Care Quality Commission in April 2015.

We will not be able to award a rating because, the service only had one person at the time of our inspection, which meant we did not have enough evidence to enable us to rate them. The registered manager informed us they will be looking to support more people in the future.

The service had a registered manager in post. 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.

People receiving care felt safe with the support they received from care staff. There were arrangements in place to safeguard people from the risk of abuse.

The service had procedures for monitoring and managing risks to people.

The care file contained risk assessments. The risk assessments identified risks and actions required of care staff to minimise the risk.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks.

Care staff had the skills, knowledge and experience to deliver effective care. They had received Care Certificate induction and training in relevant areas of their work.

Staff treated people with compassion, dignity and respect and people were involved in their care and decisions about their treatment.

Care staff understood their responsibilities in relation to the Mental Capacity Act 2005. The person receiving care was involved in making decisions about their care and support. Their consent was sought and documented.

People were supported to eat and drink sufficiently to maintain a balanced diet.

The service encouraged people to raise any concerns they had and we saw from records concerns were responded to in a timely manner.

The service was well managed. It proactively sought feedback from staff and people, which it acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Care staff understood how to protect people from abuse and harm.

Health and welfare risks to the person receiving care were assessed and managed.

There were staffing arrangements, which were flexible to meet their needs.

Recruitment practice protected people from care staff who might not be suitable.

Inspected but not rated

Is the service effective?

The service was effective.

People received individualised support that met their needs. People told us they were involved in planning and choosing their care and were able to make decisions for themselves.

Care staff were supported to fulfil their roles and records of regular supervision had been kept. Appraisals had been planned. Care staff told us they were supported by the management.

People were able to make choices about what they ate and was supported with their food.

Inspected but not rated

Is the service caring?

The service was caring.

Care staff told us how they upheld the privacy and dignity of people using the service.

People told us care staff were kind and caring. They told us they were supported to be as independent as possible.

People were involved in their care and their views were respected and acted on.

Inspected but not rated

Is the service responsive?

The service was responsive.

The needs of the people receiving care had been assessed and care and support plans were produced identifying how to support them with their individual needs.

Care plans were personalised to meet the needs of the person. People told us care staff provided care and support that met their needs.

People knew how to make a complaint and complaints were responded to and resolved appropriately.

Inspected but not rated

Is the service well-led?

The service was well led.

Care staff were supported by their registered manager and felt able to have open and transparent discussions with him through one-to-one meetings and staff meetings.

Where the service had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

There were effective systems in place to monitor and improve the quality of the service provided.

Inspected but not rated

Pamir Homecare

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 inspection took place on 29 June 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager of the company would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

During the inspection we went to the head office and spoke with the registered manager and two care staff of the company. The registered manager identified the name of the person who used the service. We spoke the person receiving care over the phone. We also sought permission from the person receiving care to seek feedback from their relative and this was granted.

We reviewed the care records of the person who used the service, and looked at the records of care staff and other records relating to the management of the service.

Is the service safe?

Our findings

People receiving care told us they were treated well. One person said, "I am safe. I have the highest praise for the people who come to support me."

There were appropriate procedures in place to help ensure people were protected from the risk of harm and abuse. There was a safeguarding policy so care staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. We spoke with two staff and they understood the procedures they needed to follow to ensure people receiving care were safe. Care staff described the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They told us they could report allegations of abuse to the local authority safeguarding team and the Commission if management staff had taken no action in response to relevant information.

Risk assessments had been carried out and recorded in the person's care records. This was part of the individual's initial and on-going assessment of needs. The assessments covered a range of areas, such as the physical environment, safety and security at home, moving and handling, risk of falls. The person receiving care felt that their risks were managed appropriately and that they were involved in making decisions about any risks they may take. One risk assessment gave detailed instructions about how to support the person with mobility issues. Care staff told us and records showed they had received training in manual handling. Copies of risk assessments were kept at the person's home to ensure care staff were able to access them as required.

We checked recruitment records to make sure care staff had all the appropriate checks prior to starting work with the service and we saw they contained the relevant checks. These included a completed application form, references, proof of identity and criminal records checks. The registered manager told us that no one would be allowed to commence work until all the relevant pre-employment checks had been completed. This helped to ensure that only people deemed to be suitable by the agency were employed to work within the service.

The service had arrangements for health and safety checks of the person's home to ensure care staff were working and caring for the person in a safe environment. Care staff told us it was their responsibility to report any health and safety concerns to the person and to the office so that action could be taken to remedy any faults. These procedures helped to ensure the safety of staff and the person in their home.

We looked at how accidents and incidents had been reported and managed. There was a system in place to manage incidents. This also involved information on how the service planned to minimise any future occurrences. We saw an example, when the system was effectively put to use. We saw that an incident involving the person was well managed and appropriate action taken.

There was an adequate number of care staff deployed to meet the person's needs. The person said, there were enough staff to meet their needs. The care agency had never been short staffed. The person told us,

"Staff come in the morning and evening; my needs are met." The registered manager completed care staff rotas in advance to ensure care staff were available for each shift. Care staff were given the phone numbers of registered manager or the service director to discuss any issues arising. Rotas were set up in response to people's preferred times and days.

One person said they received help with medicines in the way they wanted and were happy this was working well. They were supported to take their medicines by staff trained in medicine administration. There was a policy in place for their reference. When a medicine was administered or prompted this was signed for by the staff member

Is the service effective?

Our findings

Feedback confirmed that care staff had the right skills and knowledge needed for their role. The agency's recent satisfaction quality assurance questionnaire showed care staff understood the care needs of the person they supported and knew what they were doing. The person had commented that, 'the service is excellent'; 'all tasks are being completed'; and 'staff make me feel important'. We phoned the person to ask about their experience of the service and they told us the service was 'excellent'.

Care staff had completed a Care Certificate induction when they started their role to ensure they were aware of their roles and duties. We saw from records that care staff were observed and assessed in practice to ensure they met essential standards of care. Care staff told us the induction lasted three months and included attending training, shadowing experienced staff; the registered manager and reading care plans. New care staff received support from the registered manager and were given feedback on their progress at regular intervals. A staff member told us, "I have received good support from my manager."

Care staff regularly attended training to ensure they had the knowledge and skills to undertake their roles. Training information showed that staff had completed core training and specialist training such as epilepsy and dementia care. Care staff confirmed there was good access to training opportunities and personal development was encouraged. Regular competency assessments were undertaken to ensure care staff provided safe care; for instance in moving and handling, and medicine administration. We saw from the training plan that pending and refresher training had been booked for the whole year.

Care staff told us they felt well supported by the management. The service had a system in place for individual care staff supervision. Care staff told us and records confirmed they were supported through regular supervision. Appraisals had been planned for care staff. This ensured that people were supported by care staff who were also supported to carry out their duties.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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.

People were appropriately supported by staff with their healthcare needs. One person told us, "Staff always ask if is something I need. They always ask for my views." The registered manager told us the person had capacity to make day to day decisions. However, the registered manager was aware of action to take when the person did not have capacity to make particular decisions. Care staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005.

People were supported to eat appropriate food and drink that met their needs. One person told us they were able to have food and drink they wanted and care staff supported them to prepare their meals. Dietary

requirements for the person were detailed in their care plans. For instance, guidance included, 'prepare and serve breakfast per [service user's] choice for example porridge, toast, eggs etc.'; 'promote independence by allowing the [service user] to do some tasks she can'; prepare snack and leave within reach' and 'prepare drink and leave within reach'. The registered manager told us many meals were frozen meals but some staff would cook with a person a meal they particularly liked.

The registered manager confirmed one person did not have religious or cultural requirements they needed to follow. However, the registered manager and care staff were aware of the need to respect people's diverse needs and choices.

Is the service caring?

Our findings

People receiving care told us they were very happy with the care and support they received. One person told us they were treated with dignity and respect by staff. In a recent review, one person had indicated that the service was excellent when asked to rate the care and the attention they received from care workers. We asked the person the same question during this inspection and they maintained their opinion of the service.

The person was encouraged to be involved in decisions about their care. They were asked about the support they required and how they wanted that support to be delivered. The registered manager and care staff told us they ensured people were involved in day to day decisions about how they were supported. One staff told us, "Even though I know her choice for breakfast, I always ask what the [service user] would like for breakfast."

Care staff treated people with respect and upheld their dignity. In a recent review, the person receiving care had indicated that the service 'always' respected their privacy and dignity and that staff were 'always' polite and courteous'. During this inspection we asked the person to add to this feedback and they told us, "Staff are considerate and very nice."

The person's care plan gave guidance on how they should be treated to ensure their dignity was upheld. The person told us they were always given a choice and staff respected their decision. Care staff told us they ensured the doors were closed and curtains drawn when providing people with personal care. Staff spoke respectfully at all times about people when they were talking to us.

The service manager completed spot checks on care staff to ensure they supported the person in a respectful and professional way. The service manager contacted people to ask for their permission to do staff spot checks whilst they received support.

The same care staff supported the person to ensure continuity of care, and to enable care staff to build relationships with the person. Care staff were matched to people according to their skill set and also considered personalities, interests and cultural backgrounds. If people requested a change in staff this was respected and actioned. Staff were also matched according to people's preferences. In a recent survey, the person receiving care requested to be supported by a particular care staff. She stated, 'I wish you to keep this carer for me. She is very kind and considerate'. The manager told us this particular care staff is now allocated more hours with the person receiving care, which was confirmed by the person receiving care.

Is the service responsive?

Our findings

The service had a person centred culture. Care documents were written in the first person; from the person's perspective. There was a person-centred plan in place, identifying likes and dislikes, abilities, as well as comprehensive guidelines for providing care in an individual way. One person told us they were involved in their care. Care staff told us and records confirmed they had received training in person-centred planning.

Feedback confirmed people received individualised support that met their needs. One person told us they were involved in all aspects of their care and support and that staff worked with them to determine the support they needed. In satisfaction questionnaire that the person completed in February 2016, they indicated the care was 'always' personalised to meet their specific needs. This feedback was repeated to us by the person during this inspection.

People's needs had been assessed and information from these assessments had been used to plan the support they received. The registered manager told us they carried out an initial assessment of the person's support needs to ascertain if they had the capacity to meet their needs. Where the service was unable to meet a people's needs they would communicate this to the people and if appropriate they would put the referral on hold while they seek to employ suitable staff to meet the their needs. They cited a previous referral that they could not proceed with because they could not meet the needs of the person.

Care plans were regularly reviewed and we saw relatives were invited to these reviews. The reviews identified changing needs in the person's care, with corresponding changes to care plans. This ensured that care plans contained up to date information. For example, we saw care staff had incorporated recent advice from healthcare professionals into relevant care files and had updated care plans accordingly. This meant the person could be assured of care that was informed by recent input from healthcare specialists. The person confirmed that their needs were reviewed regularly with the involvement of family.

When there were activities outside of people's homes such as for shopping, attending healthcare appointments or going to a day centre, appropriate support was provided by their family to continue with these activities,. However, the registered manager told us the service was prepared to be involved if ever a need arose.

A system was in place to record and respond to complaints. The person receiving care told us they knew how to make a complaint and that staff responded positively to any complaints or concerns raised. They told us they were encouraged to raise any concerns they had so that staff could address them. In a recent telephone review, the person confirmed they felt their concerns were addressed promptly. Where complaints had been made we found they were investigated and dealt with appropriately and within the timescales stated in the complaints procedure. This showed us that people's concerns were listened to, acted upon and improvements to their care and support made.

Is the service well-led?

Our findings

The service was thought to be well managed. Records showed people, and where necessary, their relatives were actively encouraged to participate in their care or reviews. They were encouraged to input in their care through a range of ways, including participation in their assessments, quality assurance audits; telephone reviews, and user satisfaction reviews. The person receiving care told us their feedback was taken seriously, citing recent examples.

There was a clear management structure. This consisted of two levels; the director of the service and the registered manager. Care staff were fully aware of the roles and responsibilities of managers and the lines of accountability. The registered manager told us he encouraged a positive and open culture by being supportive to care staff and making himself approachable. Care staff told us the management had responded accordingly when they had raised issues. They said morale was good and that they were kept informed about matters that affected the service. They felt well supported by the management and could always speak with them. Both care staff members spoke about the management being approachable. They told us, "The manager is very accessible and supportive."

We spoke with the registered manager about the checks they carried out to make sure the service was delivering high quality care. Regular audits designed to monitor the quality of care and identify any areas where improvements could be made had been completed. Care staff had received regular 'spot checks' where the registered manager observed them providing care to people and assessed areas such as their punctuality, the quality of logs, medicines and how they worked with the person. Where there were concerns about the performance of care workers, this had been addressed using the provider's policies which included supervision and performance management. For example, the relatives of the person receiving care had raised concerns regarding punctuality, which had happened once, and this had been resolved promptly and effectively.

We saw records were kept of safeguarding concerns, complaints and accidents and incidents. These were monitored by the registered manager and the provider to identify any trends or patterns. The staff told us they discussed any incident and accidents during staff meetings so that they could improve their practice and implement any lessons learnt from the outcome of any investigations.

Care staff had good communication with each other. Handovers took place between care staff and the registered manager. There was a communication book used to record important information. The registered manager told us important information was recorded to ensure care staff could quickly access information when returning to work after a break.