

Real PCS Limited

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Inspection report

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Date of inspection visit:
13 September 2018

Date of publication:
23 October 2018

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

At our last inspection in November 2015, the service was rated 'Good'. At this inspection, the service continued to be good.

Real PCS Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people with learning disabilities, older adults, younger adults, mental health conditions, people with physical disabilities, sensory impairments and substance misuse problems. It operates across Solihull and Warwickshire in the West Midlands. There were 30 people using the service at the time of this inspection and five people were in receipt of the regulated activity personal care.

The inspection site visit took place on 13 September 2018 and was announced.

A requirement of the service's registration is that they have a 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post and they were also a director of the service.

People's relatives and social care professionals provided positive feedback about the caring service people received.

Staff knew the people they cared for well and spoke about them with warmth and affection. Staff were committed to improving people's wellbeing.

People's needs had been assessed before they had started to receive a service and different communication methods were used to ensure people were actively involved in their care. People's care plans contained detailed information to support staff to provide person centred care. People's individual religious and spiritual needs were known and respected.

People were supported to be as independent as they wished to be. People were treated with dignity and staff respected people's right to privacy.

People's relatives told us their family members felt safe because they received their care from familiar staff they knew and trusted. Procedures were in place to protect people from harm and staff knew how to manage the risks associated with people's care.

There were enough staff to support people safely and the provider's recruitment procedures minimised risks to people's safety.

Staff knew what action to take in the event of an emergency. Accidents and

incidents were monitored and action was taken to reduce the risk of reoccurrence.

Staff understood their responsibilities in relation to infection control which protected people from the risks of infection.

Relatives felt staff had the skills they needed to provide the care people required. Staff provided positive feedback about their training and new staff were provided with effective support when they started work at the service.

People received their medicines when they needed them from trained staff. The service worked in partnership with other professionals to ensure people received the support and treatment they needed to maintain their health.

The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service was well led. Staff had a clear understanding of their roles and responsibilities and what was expected of them. They told us they enjoyed working at the service because their managers were approachable and supportive.

Effective systems were in place to monitor and review the quality of the service. People's relatives knew how to make a complaint and felt comfortable doing so. The management team promoted an open and transparent culture and encouraged feedback from people and their relatives to drive forward improvements.

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 remains good.

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?

Good ●

The service remains good.

Real PCS Ltd

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.

The office visit took place on 13 September 2018 and was announced. We told the registered manager 48 hours before our visit we would be coming so they could make sure they would be available and arrange for us to speak with their staff. The inspection team consisted of one inspector.

We inspected the service because it was previously rated 'Good' and it was time for us to return to check whether the rating continued to be 'Good'.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about what the service does well and improvements they plan to make. The information reflected the service we saw and we considered it when making our judgement.

Before our inspection visit we reviewed the information we held about the service. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They did not share any information we were not already aware of.

We were sent a list of people who used the service before our inspection. However, people were not able to tell us in detail about their care and support because of their complex needs. Therefore, we spoke to four people's relatives via the telephone to gather their views on the service people received. We used this information to form part of our judgements.

During our office visit we spoke with the administrator, one support worker, the team leader and a senior

support worker. We also spoke with the registered manager and directors about what it was like to work at the service.

We looked at the care records of three people to see how their care was planned and delivered. We reviewed two staff files to check they had been recruited safely and were trained to deliver the care people required. We looked at other records related to peoples care and how the service operated including audits completed by the registered manager to assure themselves people received a good quality service.

Following our visit we spoke with three health and social care professionals to gather their views of the service people received.

Is the service safe?

Our findings

At our last inspection, 'safe' was rated as 'good'. At this inspection people continued to receive safe care. The rating continues to be Good.

People's relatives told us their family members felt safe because their care was provided by staff they trusted. One relative said, "Because (person) knows their carers they feel safe living in their own home."

Enough staff were employed to meet people's needs. People's relatives confirmed care was always provided at the times people expected for the correct length of time. We checked records of the care that had been provided to three people in the three weeks prior to our visit. These records confirmed all scheduled calls had taken place.

Staff were recruited safely. Checks including references and a Disclosure and Barring Service (DBS) had been completed before staff started working at the service. The DBS is a national agency that keeps records of criminal convictions.

Procedures were in place to protect people from harm. Staff had received safeguarding adults training which they told us supported them to recognise the signs which could indicate someone was at risk. One staff member said, "Abuse has many forms... financial, sexual, physical. It is my duty to report if I ever had any worries about someone." Staff felt confident that their managers would take action if they did raise concerns and one commented, "If they didn't I would call the safeguarding team or I could always call you guys." (Care Quality Commission)

Risk assessments and management plans provided staff with the up to date information they needed to provide people's care in the safest possible way. Staff were aware of the risks and they confidently explained to us how they managed risks to keep people safe.

People's relatives told us and medicine records showed us people had received their medicines when they needed them. Only trained, competent staff supported people to take their medicines. Staff confirmed they had received medication training and their competency to do so had been assessed by a manager.

Staff knew what action to take in the event of an emergency when they were working within people's homes. One staff member explained how they had supported a person to understand the action that they needed to take in an emergency. For example, evacuating their home quickly if their smoke alarm sounded.

A system to record accidents and incidents that occurred was in place. The registered manager completed monthly reviews of all accident and incident reports to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.

Our discussions with staff assured us they understood their responsibilities in relation to infection control. A relative commented, "Hygiene practices are always really good."

Is the service effective?

Our findings

At this inspection, we found staff had the same level of knowledge to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice. The rating continues to be Good.

Relatives felt staff had the skills they needed to provide the care people required. One relative said, "Staff are well trained. Their positive attitude towards their work assures me they are very competent." Staff provided positive feedback about their training. One commented, "Training is great and I ask for more if I need it."

Staff received an induction in line with the Care Certificate when they had started working at the service. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected for health and social care workers.

Staff told us they received on-going individual support (supervision) to help guide them with their work. This made them feel supported to continually develop and improve their working practices.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood the relevant requirements of the Mental Capacity Act (2005). For example, they knew applications must be made to the Court of Protection. Some people using the service did lack capacity to make all of their own decisions. Records showed those people had somebody who could support them to make decisions in their best interest, such as a relative. This meant the rights of people who were unable to make important decisions were protected.

Staff had received MCA training and demonstrated to us they understood the principles of the Act. For example, they respected people's decisions to refuse care.

People were assisted with the preparation of meals and drinks if this was agreed in their care package. Staff knew what people liked to eat and drink and understood their dietary requirements. One staff member said, "It's important that we cut up (persons) food into bite size pieces because they are at risk of choking."

The service worked in partnership with other health and social care professionals to support people to maintain their well-being and health. For example, the registered manager had liaised with health

professionals to ensure one person was prescribed their medicines in liquid form because they could not swallow tablets.

Is the service caring?

Our findings

At our last inspection, 'caring' was rated as 'Good'. At this inspection people continued to receive the same level of caring support and the rating continues to be Good.

Relatives provided positive feedback about the care people received. One explained staff had provided a Christmas dinner for their relation. They said, "It's showed me that (person) really matters to them."

Relatives told us they had received emotional support from the service. One said, "We were in a crisis. Our family life has improved because of them (Real PCS)." Staff spoke about people with warmth and affection. One staff member said, "Everything we do is for the clients, their happiness is all that matters." A health and social care professional commented, "Extremely caring staff." Staff told us they would recommend the service others.

Staff and the provider were committed to improving people's wellbeing. For example, some people lived alone and were at risk of being isolated. In response a luncheon group to give people the opportunity to make friends had been set up. The registered manager told us they were really proud of the friendships that had developed between people.

People received their care and support from a small number staff. A relative said, "Having the same team has really benefited (Person). They are happier than I've seen them before." We saw people and their families had opportunities to get to know their staff. For example, staff had shared information about themselves and 'staff profiles' had been created. The director told us, "The profiles are really great, not just for people but for other staff to get to know each other."

Staff demonstrated they knew people extremely well. They told us because they cared for the same people they had learnt what was important to people from their perspective. One staff member said, "Because we know the details we provide really personalised care which people deserve, it makes people feel special."

Staff understood the way people preferred to communicate. For example, one person picked up their shoes to indicate when they wanted to go for a walk. This was extremely important because the person was unable to communicate using speech.

The management team and staff understood the importance of promoting equality and human rights. Staff confirmed they had received equality and diversity training and one staff member said, "It is not about everyone being treated the same. Achieving equality means meeting the different needs of people in different ways."

Relatives confirmed people were treated with dignity and respect. One commented, "They (staff) treat people like they are their own family members, very respectful." Our discussions with staff assured us they respected people's right to privacy. One staff member said, "We wait outside the door when (person) is using the toilet to ensure their privacy. They call me when they need me."

People were supported to be as independent as they wished to be. For example, one person liked buying new clothes but did not enjoy going to clothes shops. In response staff had supported them to choose and purchase new items of clothing using the internet.

Staff understood the importance of maintaining people's confidentiality. People's personal information and records were kept in locked cabinets at the office. Only authorised staff had access to this information.

Is the service responsive?

Our findings

At our last inspection the service was rated as 'Good' in their responsiveness towards people. At this inspection people continued to receive good, responsive care. The rating continues to be Good.

The aim of the service was to provide 'Real Personalised care'. The director told us this was achieved by, "Understanding what was important to people to achieve their goals." One person's relative explained their family member enjoyed going on holiday and their 'dream was fulfilled' because they were supported by the service to go on holiday at least once a year.

The registered manager was proud of their successes in responding to people's needs. For example, one person enjoyed having a bath but had been reluctant to do when they had first started to receive a service. Staff knew this was important to the person. They described how they had tried different approaches to make bathing an enjoyable experience for the person which was not focussed on the task of maintaining personal hygiene. Records showed us the person was frequently supported to bathe.

Before anyone received their care from Real PCS a detailed assessment of their needs was undertaken. This was to make sure their needs and expectations could be met. From the initial assessments, care plans were devised to ensure staff had information about how people wanted their care to be provided.

Care records were up to date and showed the inclusion of people and their families. Care plans were written in a personalised way and included detailed information about people's likes, dislikes and routines. The information supported staff to provide personalised care. For example, one person's care plan stated, '(Person) will normally choose Weetabix which he has with warm milk and sugar. Enjoys a cup of tea with milk, no sugar.'

Through discussion staff demonstrated an in-depth knowledge of people's needs. They told us communication at the service was good because changes in people's health or wellbeing were shared with them. This meant they had up to date information to provide the care people needed.

People's individual religious and spiritual needs were known and respected. For example, one person was supported to attend religious services at particular times of year such as, Christmas.

People received information about the service in a way they could understand. For example, in picture format. This was in line with the 'Accessible Information Standard' which is framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

A system in place to manage complaints about the service provided. Relatives knew how to complain and felt assured any complaints would be acted upon. One commented, "There is nothing to complain about, everything is great." No complaints had been received since our last inspection. The service had received eight compliments in the nine months prior to our visit which showed us people were happy with the service

they received.

Is the service well-led?

Our findings

At this inspection, we found the service continued to be as well-led as we had found during the previous inspection. The rating continues to be Good.

Comments from people's relatives included, "Managers are really approachable," and, "Leadership is good, managers are absolutely wonderful." A health and social care professional told us, "I have on a few occasions needed to speak to the management. Matters were dealt swiftly and professionally."

Discussions with care workers demonstrated they had a clear understanding of their roles and responsibilities and what was expected of them. They told us they 'loved' working at the service and described their managers as 'lovely and supportive'. One said, "The managers have been really flexible and have supported me both professionally and personally over the last few months. I don't know what I would have done without them."

Staff attended regular team meetings which they told us gave them opportunities to discuss any areas for improvement. One staff member said, "Our feedback is always welcome and managers listen to what we say." This demonstrated an open and inclusive culture.

Staff also felt supported by the 'on call system' in place which meant they had access to a member of the management team outside of normal office hours to provide them with advice and guidance.

The registered manager had been in place since the service registered with us in December 2014. They were also a director of the service and had many years of experience working in health and social care. They told us they were dedicated and committed to providing excellent care to people and they used different methods to ensure they kept their knowledge of legislation and best practice up to date. For example, they attended a variety of forums such as, health and safety and employment law.

The management team welcomed and were responsive to people's feedback. For example, people were encouraged to 'pop into the office' for a cup of tea and a chat. People's relatives told us they felt listened to and their requests were promptly acted upon. There was a strong emphasis on continually looking for ways to improve the service people received, and also looking at learning if care fell below the standards the registered manager expected.

Quality questionnaires were also sent out to gather people's views on the service. We saw questionnaires had been sent to people and their families in July 2018. Fourteen responses had been received. The feedback had been analysed and showed people were very happy with the care they received no one felt any improvements were required.

There were effective systems to monitor and review the quality of the service. We saw audits and checks such as, infection control and medication. If audits had identified actions required, these were put into an action plan which was monitored by managers to drive forward improvement.

The registered manager understood the responsibilities and the requirements of their registration. For example, we had received notifications from the service as required so we were able to monitor and changes or issues within the service. It is a legal requirement for the provider to display their latest CQC ratings so that people are able to see these. We found their rating was displayed on their website.