Personalized Homecare Limited

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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

About the service:
Personalized Homecare limited is a domiciliary care agency. It provides personal care to 7 seven people living in their own homes.
Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:
People and relatives we spoke with told us they felt safe care was delivered by staff. Staff had a good understanding of safeguarding procedures and how to report abuse.
Medication was administered safely, and records kept were accurate.
Risk assessments were in place to manage risks within people's lives. These assessments were reviewed and kept up to date.
Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.
People told us that staff arrived on time, and they received the consistent support they required.
Staff were trained to support people effectively.
Staff were supervised and felt confident in their roles.
When required, people were supported by staff to prepare food.
When required, people had support with healthcare arrangements..
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.
Staff treated people with kindness, dignity and respect and spent time getting to know them.
People were supported in the least restrictive way possible.
Care was personalised to each individual, and people and their relatives had a good relationship with staff.
People and their family were involved in their own care planning as much as was possible.
A complaints system was in place and was used effectively.
The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.
Audits took place which were effective at finding fault, and appropriate actions were taken.
The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection:
The last rating for this service was good (published 14 June 2017)

Why we inspected:
This was a planned comprehensive inspection

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.
Details are in our safe findings below.

Is the service effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our well-Led findings below.

Personalized Homecare Limited

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Service and service type:
Personalized Homecare limited provides personal care to people living in their own houses and flats and provides a service to older adults.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run, and for the quality and safety of the care provided.

Notice of inspection:
The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available. The inspection started on 16 September 2019 by visiting the office location to review records, policies and procedures. We made telephone calls to people using the service and staff members on 17th September 2019.

What we did:
We looked at information received from the provider, such as statutory notifications about events the provider must notify us about. We also reviewed feedback from other professionals who work with the service. We took all the information into account when we inspected the service and making the judgements

in this report.

During our inspection we spoke with one person using the service, three relatives of people using the service, one care staff, the deputy manager, and the registered manager. We reviewed the care records for three people using the service, and other records relating to the management oversight of the service. These included staff recruitment files, staff training and supervision records, policies and procedures, surveys and feedback from people who used the service and quality assurance audits.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People and their relatives felt that safe care was provided. One person said, "Absolutely, I'm in safe hands."
- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to.

Assessing risk, safety monitoring and management
- People's risks had been assessed and risk management plans provided staff with the information they needed to manage the identified risk. Clear guidelines were given to staff to manage risks associated with falls, moving and handling, and the environment.
- Both people and relatives we spoke with told us they thought risk was assessed safely, and all care tasks were carried out by staff who followed procedures and understood what risks were present.

Staffing and recruitment
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.
- People and relatives told us they felt there were enough staff working for the service, as they did not have any missed calls, and staff were consistent and on time to visit them. One relative told us, "It's a very small company, and we know the staff team and the owners. It's very consistent, and we never worry."
- Regular spot checks took place, which showed that staff were on time.

Using medicines safely
- Where the service was responsible, medicine systems were organised, and people were receiving their medicines as prescribed. The provider was following safe protocols for the administration and recording of medicines.
- Staff were trained in the administration of medicines, and were confident in doing so.
- Medicines administration records (MAR) were checked regularly to ensure that any mistakes were picked up and acted upon.

Preventing and controlling infection

● Staff were provided with personal protective equipment to prevent the spread of infection, and they also received training in this area.
●People and relatives we spoke with told us staff used the appropriate equipment when providing care to them.

Learning lessons when things go wrong
● Accidents and Incidents were monitored and action taken to address any identified concerns.
●The registered manager regularly visited people and monitored staff, to pick up on any required improvements, and took prompt actions as required.

Good

Is the service effective?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
●At our last inspection, we found that improvements were required with staff training. At this inspection, we found that comprehensive training was in place for all staff. This included specialist training for some staff who supported people with specific medical needs and equipment.
● Staff we spoke with felt confident the training provided them with the knowledge they required to safely support people. One staff member said, "The training has been very good, and the manager is in regular contact with me for support."
● Staff were supported through regular supervisions and 'spot checks' visits to observe their practice.
Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were fully assessed before any care was agreed and delivered. This ensured there was sufficiently trained staff to provide the care and support required.
● The registered manager and staff used recognised good practice and guidance to ensure that people's care was provided appropriately.

Supporting people to eat and drink enough to maintain a balanced diet
● Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts. This included recording and monitoring the food and fluid intake for some people.
● Most people required minimal support in this area, but staff understood the support required and records reflected how people should be assisted with food preparation.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People's healthcare requirements were supported by staff who understood their needs. Care plans contained information about people's health conditions, and how staff should support them.
●The service worked alongside other health professionals when required, to ensure people's health needs were met. This included occupational therapists and speech and language therapists.

Ensuring consent to care and treatment in line with law and guidance
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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Systems were implemented to ensure that people's capacity was assessed, and records kept of decisions made in their best interest.
- Staff had received training in MCA and understood the importance of seeking consent from people.

People were supported in the least restrictive way possible.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us that staff acted in a caring and respectful manner. One relative said, "I feel as though we have really landed on our feet with this company. We had others before that were no good. The carers are excellent and very caring with [name]." Another relative said, "It's a family business, and the standards of care are excellent."
- Staff we spoke with felt able to provide good care, because they had the time they needed to get to know people, and were providing their care consistently.
- Care plans were written in a way that enabled staff to understand people's personal needs, and provide care in a personalised manner. This included information on each person's religion, culture, social needs and communication needs.

Supporting people to express their views and be involved in making decisions about their care

- People we spoke with confirmed they felt involved in the planning of their care. One relative said, "The staff always consult me and [name]. We both feel very much in control and involved in the care planning."
- The registered manager and staff understood the importance of involving people in decision making. We saw that meetings were held with people and their relatives when their wishes or needs changed.
- Care plans were regularly updated and completed with people and their families, taking in to consideration their personal wishes.

Respecting and promoting people's privacy, dignity and independence

- People and relatives we spoke with told us their privacy and dignity was always respected. For example, they described how staff ensured curtains and doors were closed when providing their personal care.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received care that was personalised to them. All the relatives and people we spoke with said that staff knew them well, understood their needs and preferences, and were flexible in their approach to supporting them. One relative said, "I would really recommend this company. They are not like some of the bigger companies, you don't feel lost in it all."

● The management and staff had a good understanding of all the people receiving support and knew them all personally. The registered manager and deputy manager both conducted care calls themselves and knew people well.

●There were several examples of care and support where staff had helped people improve their health, wellbeing, independence and skills. Management and staff were focussed on providing person centred support for people to help improve their lives and general wellbeing wherever possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

●The registered manager was aware of the requirement to provide people with accessible information, but had not been required to do so for any of the people receiving support or their families.

Improving care quality in response to complaints or concerns

● A complaints policy and procedure was in place. At the time of inspection, no recent complaints had been made. The system in place ensured that all complaints would be recorded and responded to promptly.

● People told us they had not had to make any complaints, but any minor concerns they had were dealt with immediately by staff, who they were happy and comfortable to talk to.

End of life care and support

● At the time of inspection, no end of life care was being delivered. The registered manager was aware of what was required to support people who may need to receive end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People and their relatives told us the service was well run and managed. People told us they knew the management staff well and felt confident in their abilities to manage their care and support well. One relative said, "[Registered manager] is very good. We see them and we can get hold of them if needed. It's a small but efficient company."

● All staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "The support is excellent, I've worked for several companies and this one is the best. I can call them at any time."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager was aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

● Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

●Staff and management were clear about their roles and understood what was required of them. Everyone we spoke with described a flexible and functional team, that met people's needs efficiently.

● The registered manager notified the CQC and other agencies of any incidents which took place that affected people who used the service.

● The provider had displayed the rating from the previous inspection of the service within the office and on their website, as legally required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

●People were able to feedback on the service regularly to the staff or the registered manager. People told us they often saw the registered manager and updated them on their care and fed back on any issues they

might have.
●Staff meetings were held to engage with staff about current issues and update them about people's care. Staff told us they felt kept up to date and able to contribute to the running of the service.

Continuous learning and improving care
●The registered manager regularly checked areas within the service for quality. For example, people's medicine administration records and daily notes were checked upon when they were returned to the office by staff. We saw actions were taken to make improvements where necessary.

Working in partnership with others
● The management team and staff worked closely with specialist health and social care professionals to ensure people's health needs were met. This included making referrals to the appropriate professionals when people's needs changed.