

Pleasant Home Healthcare Limited

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Inspection report

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07 June 2016

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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

This inspection took place on 7 June 2016 and was announced. The registered manager was given 48 hours' notice because the service provides a domiciliary care service. This was to ensure that members of the management team and staff were available to provide us with the information and the records to review. At our last inspection in February 2014 we found the provider was meeting the regulations we inspected.

There was a registered manager in post. 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.

Pleasant Home Health is a domiciliary care service that provides support, including personal care, to people in their own homes. At the time of our visit they were providing personal care to 22 people. 70 % of the people were funded by the local authority with the remaining 30% either partially or wholly funding via direct payments.

People told us they felt safe and no concerns about the staff that came to their homes. They told us they were treated with dignity and respect and felt listened to by staff. Staff were polite, considerate and focussed on people's holistic needs.

People were involved in planning their care. Care plans were reviewed at regular intervals or as people's conditions changed. Comprehensive risk assessments were in place for people and their environment and these were understood by staff.

Medicines were managed safely by staff that had been trained and understood the principles of handling medicines.

People told us that staff came in clean uniforms and used gloves appropriately. Staff had access to protective clothing and had relevant food hygiene training to enable them to safely prepare breakfast for people and heat up meals.

There were robust recruitment practices to ensure staff were, matched appropriately to people's needs. Staff had a comprehensive induction, training, supervision, spot checks and annual appraisals to ensure they were up to date with practice so as to effectively support people.

People were supported to maintain a balanced diet when it was part of their package. They told us staff were supportive and helped them get in touch with other health care professionals in order to meet their healthcare needs.

Complaints were acknowledged, investigated and responded to in a timely manner. People said they would

not hesitate to make a complaint and were confident that action would be taken to resolve the complaint.

People, their relatives and staff thought the registered manager was approachable and that the service was well run. We found there was an open and honest culture. Records were stored properly, However some records lacked dates and others were crossed out.

We have made a recommendation about maintaining records according to best practice guidance.

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 told us they felt safe and trusted staff.

There were systems in place to ensure medicines were handled safely by staff who had been trained and assessed as competent.

Risks to people and the environment were assessed and steps to mitigate the risks were documented and known by staff.

Recruitment checks were completed to ensure that only staff with the required skills and verifiable references were employed.

Is the service effective?

Good ●

The service was effective. People were cared for by staff that underwent regular supervision, annual appraisals and, training to ensure they had the necessary skills and knowledge to deliver effective care.

People were supported to be able to eat and drink sufficient amounts to meet their needs by staff that had the necessary training.

People were supported to maintain good health and were referred to other healthcare professionals where required.

Staff had attended training and were aware of the Mental Capacity Act 2005 (MCA 2005) and it applied in their daily practice. They were aware of people who had a lasting power of attorney in place.

Is the service caring?

Good ●

The service was caring. People told us staff were caring and kind and that they were treated with dignity and respect.

Staff understood the need to listen and adjust care to suit peoples cultural and religious needs. They gave examples of how they feedback to the registered manager to ensure peoples care

packages were altered to suit their current needs.

People's privacy and right to confidentiality were respected.

Is the service responsive?

Good ●

The service was responsive. People's care plans clearly outlined their physical, social and emotional needs and how these were to be met.

Care plans were reviewed and updated when people needs changed.

Complaints were dealt with in a timely manner. People told us they had information about how to make a complaint within their "service user's guide" and said they would not hesitate to contact the registered manager if they had any issues or concerns.

Is the service well-led?

Good ●

The service was well led. People and staff told us the registered manager was visible, hands on, approachable and supportive. There was an open and inclusive culture, which focussed on people's needs.

There was a robust quality assurance system in place. People, their relatives and staff told us that their feedback was sought and actioned.

The service had links with the wider community and this helped to ensure people's holistic needs were met.

Pleasant Home Healthcare Limited

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 checked 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.

Before the inspection, we asked the provider to complete 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 registered provider including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law. We also reviewed the website.

During the inspection we spoke to the registered manager and the two deputy managers. We reviewed four care plans four staff recruitment files, five staff training records, nine supervision and seven appraisal records. We looked at medicine administration record (MAR) sheets, and quality assurance records and eight surveys completed by people and two completed by relatives.

After the inspection we spoke with five people using the service, two relatives and five staff members to obtain their views of the service. We also received further information from the registered manager most of which was already available from external sources. We also contacted commissioners and social workers to get their views.

Is the service safe?

Our findings

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We have made a recommendation about maintaining records according to best practice guidance.

Is the service effective?

Our findings

People told us they were cared for by staff who were able to effectively meet their needs. Four out of the five people we spoke with said they received regular staff and four out of six written feedback from people also said they usually had the same staff to ensure continuity of care. One person told us, "They [staff] know what they are doing. It helps to have a core set of staff coming to me."

People told us that staff always asked for their consent before care and support was delivered. Staff told us and gave us examples of how they sought people consent before delivering personal care. They were aware of the Mental Capacity Act 2005 (MCA) and how they applied it in their daily practice. They told us that capacity could be variable and were aware of the need to involve other health care professionals where best interests decisions were required in order to ensure people's human and legal rights were respected. They were aware of people who had a lasting power of attorney in place. The 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 told us they were supported by the management team and were enabled to continue learning. We found that most staff either had a level two or a level three qualification in social care or were studying to gain more knowledge and understanding of the support needs of people under their care. Staff training records showed the new Care Certificate standards (minimum expected skills set health and social care workers are expected to achieve) were incorporated within the training and induction programme. Training consisted of practical and theoretical training and which included but was not limited to infection control, effective communication; food hygiene; health and safety; and equality and diversity. Staff told us they were happy with the training and felt it gave them enough knowledge to effectively support people.

Staff told us they had received a comprehensive induction including shadowing more experienced staff until they were confident and assessed as competent to deliver care independently. Supervision (discussions with staff to check how they were getting on in their role) and spot checks were regular and used as an opportunity to reflect on practice. Staff told us that the supervisions and spot checks were completed in a supportive manner and both positive and areas for development were highlighted to enable them to improve people's experience. An appraisal system was in place which enabled staff to have personal development plans with specified dates and targets for them to expand their knowledge and improve the quality of care delivered.

People were supported to maintain a healthy lifestyle where this was part of the care plan. Staff were aware of people on special diets and had attended food hygiene training. They told us how they were conscious of people allergies when preparing food. People told us that staff prepared their breakfast and ensured that they had a drink within reach. One person said, "The girls make sure I eat my meals and ask what I want before preparing it." Referrals were made to dietitians, speech and language therapist and the GP when staff noticed any concerns relating to nutritional intake.

Staff told us they had a good working relationship with other professionals involved in care. They had contact details of all professionals involved such as GP, district nurses, pharmacist which enabled them to help people contact them when needed. Staff told us that they quickly noticed when people were not feeling well and would either contact the office or call the GP to come and assess.

Is the service caring?

Our findings

People told us that staff were polite, pleasant and caring. One person said "First class service delivered by pleasant regular staff. Couldn't wish for anything better." Another person said, "Staff are very kind, can't fault them at all." Another person said, "They are very good and we have a good laugh. They smile a lot and that makes them very approachable." Relatives told us that they were pleased with the staff and the registered manager who also delivered some of the care.

We reviewed written feedback sent into the service by people and their family members. Nine out of the ten were complimentary about the service and staff with the exception of one person who wanted consistent staff especially at weekends. When we asked the registered manager about this they told us that people were assigned regular staff most times, however two staff were currently on long term leave and this had therefore meant that some people had now been assigned new staff.

People were supported to maintain their independence. Staff told us that they encouraged people to be as independent as possible by encouraging them to do as much as they could. For example they encouraged someone to take a few steps every day using their mobility aid. They also told us they encouraged people to wash their face and top half if they were able and to comb their hair.

People were provided with a copy of the service user's guide which held detailed information about the services offered. One person said, "Yes all the information I need is in a shiny brochure. I also use the email to send and receive any changes to my care times. They [staff] write everything in a folder." This meant that people, and where appropriate, their relatives, knew what to expect from the service and who to contact for further information.

Care plans outlined people's preferences including cultural and religious preferences and if people wanted same gender staff to deliver their personal care. People's likes and dislikes, hobbies and preferences were clearly documented and staff we spoke with were aware of people's preferences. Staff told us that they were flexible as people sometimes changed their mind on things like what they wanted to eat when they liked to have a shower.

People were treated with dignity and respect. Staff were aware of the need to maintain people's dignity and privacy and had attended relevant training. They gave us examples of how they communicated during personal care and gave people their privacy when using the toilet by waiting outside. People and their relatives told us that their wishes were respected. One person said, "Yes staff are very respectful and give me my personal space during intimate care." Another person said, "Staff are quite considerate about my feelings during my wash and because it the same staff more or less helping me, it makes it easier as it is not nice to have different people see your nakedness."

Staff was mindful of the use and storage of documentation to ensure people's records were kept safely and their confidentiality maintained. They demonstrated an understanding of how to protect people's confidentiality by not volunteering information to third parties without people's consent. One staff said, "We

were told in training not to divulge any personal information about our clients without their consent.

Is the service responsive?

Our findings

People received a consistently reliable service from staff who knew and understood their needs. One person said, "They are so good. Nothing is too much for them." Another person said, "I can change my visit time as long as I call the office then it is all arranged."

Before people started to use the service an initial assessment took place in their home. Regular review meetings including input from people and their relatives took place to ensure the current care package met their individual preferences and requirements. We found that where issues were identified steps were taken to ensure these were rectified. For example we saw steps to ensure reassessment of the needs and package were reviewed quickly when it was identified that the visit times were taking longer as a person's current condition meant additional time was required to encourage them to mobilise independently. Care plans were working documents and were adjusted, as people's needs changed, with the involvement of any relevant family and professionals.

Care plans were detailed and specified how people liked their food and their religious and cultural preferences. They also detailed how people preferred to be addressed. Peoples physical, emotional and communication needs were outlined. For example where non-verbal communication was used care plans clearly outlined what different expressions meant so that staff could understand and meet people's individual needs.

People told us staff listened to them, and gave them time to express their views and preferences about the way care was delivered. Nobody felt rushed by staff. Staff according to people we spoke with always stayed for the required time and would not leave until people were satisfied. People appreciated this and told us that staff always asked if anything else was needed before leaving. One person told us, "Staff are very flexible. I can call the office and change my visit time if I need to go out." Another person said, "Staff stay and they chat with me as they get on with assisting me and always ask what I want to eat drink or wear."

People were aware of how to make a complaint. When their care package began, they were given a "service user's guide", which outlined how the service operates and how to make a comment or complaint. People told us they were able to talk to the registered manager if they had any issues or concerns. One person said, "No complaints at all." Another person said, "If I am worried about something, I call the manager and she answers straight away." Staff were aware of the complaints procedure and told us they encouraged people to feedback about care delivered to the office. We reviewed feedback forms and comments made and found them to be positive and complimentary about the staff and the service. Minor issues such as timekeeping at the weekends were resolved by keeping people informed. In addition there was now a company car used by staff to help them get to their visits on time.

People were supported to live a meaningful life and pursue and engage in activities of their choice. Care plans outlined people past and present hobbies. One person liked colouring and this was left with them, others liked having conversations about current affairs, staff were aware of this and said they always tailored conversations to suit people's interests during personal care. People told us that staff helped them gain

their confidence and gave them a sense of purpose.

Is the service well-led?

Our findings

People, their relatives and staff told us the registered manager was very approachable and strove to meet their needs or requests. One person said, "She always answers the phone when I call" another person said, "The manager is very understanding. Nothing is too much for her." Relatives told us they were happy with the service provided. One relative said, "We are happy so far as "Pleasant" are very flexible and have lived up to their name by making it a pleasant experience for [person]."

People told us that the service was well managed and the quality of service they received was monitored to ensure on the care provided was meeting their expectations. People and staff told us their views were sought for and listened to. This was done through regular meetings, appraisals, spot checks, training needs analysis meetings. People's views were also gathered regularly during annual satisfaction questionnaires. We reviewed questionnaires sent to people and they were mostly satisfied with the service. One person said, "The manager comes over and asks if everything is ok. Plus I can call if I am not happy with anything." Another person said, "I do like [manager] and her team. They do their best always."

People told us that they were happy with the service and would recommend the service based on their positive experience from management and staff. The service had received several positive reviews on the Homecare website from people and their relatives and had been awarded the top ten recommended Home care agencies in London for 2015 and 2016 for their positive effect on people's lives. The service also maintained membership with United Kingdom Home Care Association (UKHCA) and National Activities Provider association (NAPA). This enabled them to keep up to date with latest developments in home care and continuously seek ways to encourage, motivate and improve people's well-being.

There were clear management structures in place with staff being aware of their roles and responsibilities. The registered manager in place had from records viewed notified the CQC of events that, by law, they are required to do so. The registered manager was supported by two deputies who helped with spot checks and staff training. Staff told us that they received support from the registered manager in and out of hours and that there was an on call system where they could call for assistance out of hours.

Staff told us there was an open door policy where all staff were encouraged to contact the managers at any time. Staff thought there was an honest and supportive culture where learning was encouraged among staff. On staff member said, "The manager is always a phone call away and is very supportive." Staff felt confident to challenge colleagues when they observed poor practice as open communication was encouraged in order to improve people and staff experience.

The quality of care delivered was monitored regularly. This included regular checks by senior management to ensure that people's care records, staff records, training and supervision were up to date. Training from an external source had been sought to ensure that the staff induction program was in line with the Care Act requirements for staff working in a social care environment. However we found a shortfall in the record keeping process as some records were crossed off or written over without signatures to authorise changes. Some care and staff records were undated. Although the registered manager said they were on the process

of dating staff training records based on attendance records.

We recommend that the service seeks support and training, around best practice guidelines for record keeping.