PCS (Personal Care Services) Limited

# PCS (Personal Care Services) Ltd

## Inspection report

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Date of inspection visit:
14 March 2017
16 March 2017
17 March 2017

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22 May 2017

## 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

PCS (Personal Care Services) Limited is a domiciliary care agency that provides care and support to people in their own homes. At the time of the inspection there were approximately 150 people who used the service which meant the agency were providing around 4,500 hours of care per week. The agency provided care to people with a range of care needs, which included older people, people living with dementia, people with physical disabilities and people at the end of life.

This inspection took place on the 14, 16 & 17 March 2017 and was announced to ensure that the Registered Manager and appropriate staff were available to support the inspection.

The Registered Manager was present during the visit to the registered premises and was cooperative throughout the inspection process. 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.

The service was registered with the Care Quality Commission in December 2013. We last inspected PCS (Personal Care Services) Limited in March 2015. At the inspection in March 2015 we found the service was not meeting one the regulations that we assessed and we asked the provider to take action to make improvements. This was in relation to the management of people's medicines. The service as a consequence was rated as Requires Improvement overall and for the domain of 'safe'. The service was also rated as Requires Improvement within the domains of 'effective', 'responsive' and 'well-led'.

We issued one requirement notice and asked the registered provider to tell us how they were going to make the improvements required. At this inspection we found that the registered provider and registered manager had made the changes and improvements needed to meet the requirement notice issues from the previous inspection.

People we spoke with told us they felt safe receiving care in their own home. Family members we spoke with also told us this. We received positive comments about direct care staff and office based staff in this regard.

We spoke with staff about the agency's safeguarding procedures. They were all aware of the safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow.

Improvements had been made across a number of areas including risk assessments, care planning, auditing and recording. These were areas we had made recommendations for improvement at our previous inspection.

Staffing levels were judged to be of a sufficient level to meet the assessed needs of people using the service.

No-one we spoke with had any concerns regarding staff punctuality or with the length of time staff spent with them.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure staff were recruited safely.

We saw staff received a thorough induction that was adapted from the care certificate. We also saw that staff received on-going training and development and received formal support via one to one supervisions. Staff also told us the agency was a good place to work and that they felt there were opportunities for them to advance their career within PCS.

People we spoke with who received assistance with their nutritional and hydration needs told us this was done well. Care plans contained information to support staff to do this and good records were kept to record people's food and fluid intake as needed.

People, and relatives we spoke with, told us they were happy with the care and support they or their family members received and that staff were caring and compassionate.

The service provided end of life care to people who wished to remain at home during their final days. Training and support was offered to staff in this area and staff we spoke with had good knowledge to support their role.

People we spoke with and their relatives told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed.

We found care plans to be detailed with good guidance in place for staff. Care plans contained information about people's daily life, their needs, preferences and contained risk assessments as appropriate which were also in good detail.

People and relatives we spoke with talked positively about the service they or their loved ones received. They spoke positively about the management of the service and the communication within the service.

We saw evidence that a system of quality auditing and monitoring was in place.

Service commissioners were very positive about the service, the management and the staff and told us the agency worked well with them.

## 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 potential harm or abuse.

Recruitment and disciplinary matters had been followed appropriately.

Medicines management was effective for people who used the service.

### Is the service effective?

Good

The service was effective.

Supervision was of a good standard, with observation of staff practice in place.

Staff received appropriate training and support.

Nutritional and hydration support was effective.

### Is the service caring?

Good

The service was caring.

The people we contacted told us the staff who supported them were kind, caring and considerate.

People said they were treated with dignity and respect.

### Is the service responsive?

Good

The service was responsive.

Assessments and care plans had been developed and contained suitable guidance for staff.

Care delivery was reviewed appropriately.

Systems were in place to manage complaints appropriately.

## Is the service well-led?

Good

The service was well-led.

A robust quality monitoring system was in place.

Staff we spoke with talked positively about their employer.

Commissioners of the service spoke very positively about the agency and its staff.

# PCS (Personal Care Services) 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.

This inspection took place on 14, 16 and 17 March 2017. We gave the service 24 hours' notice of the inspection to ensure the registered manager and other key members of staff would be available to support us with the inspection. .
Before we inspected the service we reviewed all the information the commission held to help inform our planning of the inspection.

The inspection team consisted of the lead adult social care inspector for the service and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made phone calls to people and relatives on the 16 and 17 March to talk with them about their experience of the service. The lead inspector visited the registered office on the 14 March to look at records, which included four care plans, four staff files, quality audits, team meeting notes and other associated documents.

We spoke with a range of people about the service; this included seven people who received a service, six family members and ten members of staff including the registered manager.

We received both verbal and written feedback from two different local authorities and one clinical commissioning group who commissioned work with PCS to obtain their views on the service.

Good

# Is the service safe?

## Our findings

All of the people we spoke with who received care from PCS (Personal Care Services) Limited told us that they felt safe. One person told us, "I feel very safe that they come and see me." Another person said, "Staff are lovely and meet all my needs." One relative we spoke with told us, "They give me peace of mind."

The service had safeguarding and whistleblowing policies in place. This meant that staff had clear guidance to enable them to recognise different types of abuse and who to report it to if suspected. We spoke with staff about the agencies' safeguarding procedures. They were all aware of the safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. They were also able to tell us who they would report issues to outside of the agency if they felt that appropriate action was not being taken. Staff displayed good knowledge of local safeguarding protocols. We saw staff undertook regular safeguarding training to keep their knowledge up to date and relevant and this was led via the agency's own training coordinator.

We had only received one notification regarding a potential safeguarding incident within the 12 month period prior to our inspection. This had come through to the CQC as a whistle blowing concern. The local authority had investigated and closed down the concern with no further actions being deemed necessary.

Care Plans contained a safeguarding assessment which was completed prior to, or shortly after the service beginning. This comprised of information pertaining to people's physical condition, spiritual needs, medications needs and end of life needs if appropriate. Risk assessments were in place within all the care plans we reviewed to ensure that risks were mitigated appropriately dependent on each person's abilities and needs.

At our previous inspection the service was in breach of the regulation for medicines management. We saw that the necessary improvements had been made at this inspection which meant that the service was now compliant in this area. Improvements had been made to risk assessments, care plans, the recording of medicines administered and formal audits had been put in place. People we spoke with had no concerns with how care staff helped them to take their medication.

We looked at staffing levels within the service to ensure there were enough staff employed to provide the assessed care people required. No people who used the service or relatives we spoke with raised concerns regarding staffing levels, whether this was the consistency of care staff coming to their home or their timeliness. If carers were running late we were told that office staff would let people know and this was confirmed when speaking with people in receipt of support. People we spoke with understood the reasons why care staff could at times be late. It was explained to people by PCS prior to their service being arranged that at times carers could run late due to issues at the previous visit, traffic or for a number of other reasons. This helped to manage people's expectations.

All care staff worked contracted hours as opposed to 'zero hours' contracts which assisted with staff retention as staff were guaranteed a minimum number of hours pay every week. Providing contracted hours

for staff also helped promote consistency of carers for people in receipt of support, due to the guaranteed minimum number of hours people worked. Staff absences were covered by a number of 'floating' staff on the agency's books.

Staff we spoke with told us that they were given enough time to carry out visits and that travel time was also taken into account when rotas were devised. A few of the staff we spoke with told us it had been difficult due to recent changes. One local authority had re-tendered its commissioning arrangements for domiciliary care, which had resulted in the transfer of some care packages. However, we were told the team had pulled together and that this issue had settled down considerably.

Staff were sent their rota's through a mobile app. This meant carers received their rota in good time and there was an audit trail in place to show that staff had received it. People receiving a service received their own weekly rota with named carers on it so they knew who was delivering their care and support. We were shown a rota which had recently been designed for people living with dementia / memory issues so they were also able to see who would be delivering their care.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members and found that robust recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks, application forms being completed, candidates attending an interview and suitable references being sought.

There were some minor issues in that some interview scores were not recorded on one file and one file did not contain any interview notes. We discussed this with the registered manager who told us that it was usual practice to score interviews and they would ensure that this would be remedied going forward. All the staff we spoke with confirmed they had completed an application form, supplied photo identification and attended an interview prior to them beginning work.

All staff were subject to working a three month probationary period. During this period staff came into the office at pre-arranged times to have their progress assessed and received at least one unannounced practical observation of their competence in their role in the community within which they worked. Consent was received by the person receiving care prior to this happening. We saw evidence of successful probationary periods being signed off. Following successful probationary periods, staff were then signed up to complete care specific qualifications in care.

We saw evidence that accidents and incidents were recorded effectively and investigated appropriately. Records of all accidents and incidents were kept at the registered offices and this information formed part of the services health and safety checks and auditing processes.

There were no issues in relation to infection prevention control. Staff were trained in this area and no one we spoke with raised any concerns regarding staff appearance or hygiene. Staff confirmed with us that they had access to personal protective equipment such as gloves and aprons and we saw staff coming into the office to pick up additional supplies throughout our visit to the registered office.

Good

# Is the service effective?

## Our findings

People we talked with spoke highly of the staff that supported them and told us they believed the staff to be competent, caring and approachable. One person told us, "The staff know what they are doing, I'm very happy." Another person said, "All the staff are very caring and understanding." One relative we spoke with told us, "The carers are excellent and all the staff are extremely pleasant."

We saw staff received a thorough induction that was adapted from the care certificate. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training for new care workers. The length of staff induction varied dependent on their previous experience, for new to care staff the induction period was usually one week. This was then followed by two to three weeks shadowing experienced care staff. Again the period of shadow visits was dependent on the experience and confidence of each new member of staff. All the staff we spoke with told us they were happy with their induction and felt they were given the appropriate amount of time to get to know policies, procedures and the people they would be providing care and support to.

We spoke with staff about the training and support they received. The comments we received were very positive. One member of staff told us, "I'm very happy with the support I get. There is always someone on hand at the end of the phone regardless of what time it is." Another staff member said, "It's a great place to work, very friendly and everyone is approachable. You can always speak to the manager and office staff. There is constant training."

We spoke with the agency's training coordinator who had worked at PCS for 18 months. They had a full time dedicated role that oversaw the training for staff. In addition to this they were involved with the quality auditing for the service alongside team leaders and the registered manager as this function fed back into the training programme. They told us that instead of rolling out the same training year on year they identified training needs via supervision and discussions with staff and reviewing issues with the service. We saw evidence that the training coordinator also carried out competency checks and practical observations on care staff. They also carried out some visits to deliver care so they were aware of the issues staff had on a day to day basis.

We saw evidence to back up what staff told us regarding training. We found training certificates for areas such as safeguarding, challenging behaviour, first aid, medicines management and end of life care. We were also given a training matrix which showed that staff training was up to date and covered a wide range of training pertinent to the role. Each member of staff had their own training and development profile which meant each individual member of staff had their own record of training in place which was discussed as part of their supervision and yearly appraisal. We saw that the agency had adapted a number of training documents. For example they had compiled question and answer sheets and word searches for staff to make training more interesting and to compliment different learning styles. We saw feedback sheets from staff to evidence that all staff training was evaluated. This showed us that staff had the opportunity to influence how training was delivered.

We saw that bespoke training was delivered for particular packages of care. One example was that the agency had involved one person with ME (Myalgic Encephalomyelitis) in designing a training package to help staff understand the issues they faced. ME is a complex disorder characterised by profound fatigue. There were other examples in place such as getting in touch with grief counsellors to gain expertise and help staff involved with end of life care.

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.

We checked whether the service was working within the principles of the MCA. We spoke with staff regarding their understanding of the MCA, the responses we received were good in terms of their understanding of the legislation and staff were very knowledgeable when discussing the issue of consent. All were very knowledgeable about how to ensure consent was gained from people prior to them assisting people. We asked care staff to talk us through how they would support people with personal care and they were able to do this effectively whilst giving us confidence that this type of assistance would be done with compassion and dignity. People we talked with spoke very positively about how staff communicated with them.

People signed consent forms, which we saw within their care plans. Consent was agreed across a range of areas such as consent to answering questions, giving information, consulting with other professionals regarding care and support, recording wounds or skin lesions, medication management and assessment and care plans being read by care staff.

People we spoke with had no issues about how their nutrition and hydration needs were met. Those people whom we spoke with who received assistance in this area were very complimentary about the care staff assisting them. Care plans contained appropriate detailed assessments in this area with regards to people's appetites, aids and utensils needed and food preparation. If people had specific needs such as a diabetic controlled diet, important aspects of support were linked into people's care plans.

Good

# Is the service caring?

## Our findings

People, and relatives we spoke with, told us they were happy with the care and support they or their family member received and that staff were caring and compassionate. One person told us, "I have very caring staff that cannot do enough for me." Another person said, "Staff respect me and my home. " Another person said, "Staff, and office staff, always listen to me and try and help me. They encourage me to make decisions."

We spoke with three people who commissioned services from PCS and they were all very complimentary about the approach of the agency and its staff. They told us that they had received positive feedback from people and families in this regard.

We spoke with staff on issues such as confidentiality, privacy, dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us, for example when assisting with personal care. People and their relatives told us that they had no concerns with their or their loved ones dignity being upheld. We saw that within peoples care plans that people's preferences were on record across a range of areas including personal care delivery, food, drink and social interests.

Good information was provided for people who were interested in using the service. The agency had an informative and up to date website and there was also a service user guide that contained information about the agency and the services it provided.

The service provided end of life care to support people to remain at home during their final days. Not all the staff we spoke with chose to provide end of life care but for those who did they were provided with training and support. In addition to this staff had been put in contact with grief counsellors and were given the opportunity to attend the funeral of people who had died with the family's permission. The registered manager told us that they were looking to make more training available to staff in this area and to create a specialist team of palliative carers.  Staff we spoke with who chose to provide end of life care did so with great compassion and good knowledge.

There was no-one at the service using an advocate at the time of our inspection.  An advocate is an independent person, who will act on behalf of those needing support to make decisions. We were told that if people required assistance with accessing an advocate then the service would assist with this. There was also information pertaining to advocacy within the 'Service User Handbook' which was given to people when they started using the service.

We saw examples of people's preferences being recorded and people we spoke with said they were asked about their likes and dislikes. One example being people's food and drink preferences which were noted within their care plan. Food and nutrition intake logs were kept as deemed necessary to ensure that people were eating and drinking enough throughout the day.

Good

# Is the service responsive?

## Our findings

People we spoke with and their relatives told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. One person we spoke with told us, "I've had no complaints but if I did I am confident the office would help me." Another person told us, "I asked for a different carer and they changed them, which put my mind at rest." Another person said, "All my needs are met but if I needed to I would call the office to complain and I know they would help me."

The service had a complaints policy in place that was available to people via a number of methods including the agency's website and hard copy. The complaints process was also referred to within the service user handbook and referred people to the agency's own policy as well as the Local Authority and Care Quality Commission.

We reviewed a large number of compliments that had been received into the service via cards, emails and letters. It was obvious from reading these messages that people receiving care and support, and their families, had had a very positive experience. Many messages said that they felt the carers visiting were 'like part of the family'.

We reviewed four people's care plans in detail. We found care plans to be detailed with good guidance in place for staff. Care plans contained information about people's daily life, their needs, preferences and contained risk assessments as appropriate which were also in good detail. People were given the opportunity to input into their care plan which was confirmed when speaking with people and reviewing evidence of this within care plans.

At our previous inspection we had found some of the care plans we reviewed to not have enough detail within them, especially where people had complex needs. Significant improvements had been made at this inspection. One care plan we reviewed was for a person with Parkinson's. The care plan was extremely detailed in describing the person's needs, which were complex. The plans gave staff the necessary guidance to deliver effective care. Due in a large part to the support offered by PCS the person was now able to access the community and take part in social activities such as visiting the cinema. Local Parkinson's support groups had also been identified so the person and their family could meet up with people experiencing the same issues and challenges so they could access informal peer support. We saw from reviewing other care plans, some for people with complex needs, that this was not an isolated incident and that a lot of work had gone into reviewing care plans and how effective they were. We saw this had a positive impact on people's quality of life

Staff told us they felt care plans gave them the information they needed to carry out their duties effectively and efficiently. We saw care plans were reviewed monthly and that changes were made to them to reflect the current needs of people. Daily notes formed part of people's care plans which recorded a brief description of each visit made to people.

We saw from records and from discussion with people that the service would take on work that would help people to become less socially isolated. We saw several examples of people being supported to access the community.

At our previous inspection some people we had spoken with had told us that they had issues with carers turning up late. We received positive feedback in this area at this inspection despite the increase in size of the service and a larger staff base. Systems were in place if staff were running late and people we spoke with understood that at times, due to the nature of the service, that staff could be late. The local authority that commissioned the largest number of hours with the agency told us that they had not received any complaints for PCS and that this was the only agency they commissioned with where this was the case.

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Good

# Is the service well-led?

## Our findings

People and relatives we spoke with talked positively about the service they or their loved ones received. They spoke positively about the management of the service and the communication within the service. All the people and relatives we spoke with knew who the registered manager was and how to contact them.

People also spoke very positively about the agency, it's staff and the service they received in general, some of the comments we received were as follows; "Very genuine carers", "they are all so, so helpful", "they really do care", "Super carers" and "they are absolutely fabulous."

We saw evidence that a system of quality assurance was in place. We saw that care plans, medicines management, staff files and daily records were audited and that actions were taken and recorded as necessary. For example an average of four to five care plans were audited every month to ensure that they were reflective of people's needs. Care plan audits covered admission, care planning, personal care, accidents and incidents, challenging behaviour and religion and spiritual needs amongst other areas. Any corrective actions were noted with the date completed.

We spoke with commissioners of the service from two different Local Authorities as well as a community matron from the local Clinical Commissioning Group. All the feedback we received was extremely positive. Some of the comments we received were as follows; "I think PCS have set themselves apart with rewarding staff and making it a good place to work", "We expect providers to work collaboratively and PCS have fully bought into this" and "I have found them to be a very responsive, well managed agency. They are eager to work well with us to improve client outcomes and appear to have skilled support staff that deliver an excellent level of care." All the associated professionals we spoke with told us that the communication by the management team and office was excellent and that they were responsive to new ideas and working in different ways to achieve the best outcomes for people.

Service commissioners told us that the previous few months prior to our inspection had been difficult due to a change in how domiciliary care was commissioned from one local authority. They were very complimentary on how the service had worked with them, and other care agencies to make the new commissioning strategy work despite a number of challenges, one of which was having to hand over packages of care that the agency had held for a number of years so the local authority could streamline it's purchasing of services.

Staff we spoke with talked positively about their employer. Staff had a good understanding of their roles and responsibilities. Staff we spoke with praised the management team, one member of staff told us, "It is a good company to work for, there are a lot of opportunities for staff." Staff also told us about competitions that were run to boost staff morale and that there was plenty of 'banter' in the office when they visited. Another example was that every member of staff was given a Christmas present paid for by the Registered Manager as a thank you for their hard work, this was mentioned by several members of staff we spoke with and was very much appreciated. Staff told us that whilst the agency was run professionally it was also a relaxed and fun place to work.

Staff also commented on the growth of the business yet told us that the quality of the service was not compromised as a result of the growth. One member of staff told us, "I can't believe how much we have grown and the best thing is I feel I have grown with the business. The manager cannot do enough for you."

We saw that staff newsletters were produced on a monthly basis. Newsletters contained information and notices such as staff updates, training reminders, information regarding timesheets and pay, staff birthdays for the month and a carer of the month award. Wesaw that team meeting were held as another way of keeping staff up to date and informed.

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines. This meant staff had clear information to guide them on good practice in relation to people's care.

PCS had employed a member of administrative staff via the government's apprenticeship scheme. This had proved to be a positive experience for both the apprentice and the organisation.

The agency had good links with local charities and was involved in raising funds via sponsored events such as a recent charity walk which several member of staff were part of.