

Mrs Marta King

# PSA Home Care

## Inspection report

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Date of inspection visit:  
03 November 2016

Date of publication:  
23 December 2016

## 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

The inspection took place on 03 November 2016, and was an announced inspection. The registered provider was given 48 hours' notice of the inspection. This was the first inspection of this service since it registered at this location on 11 January 2015.

PSA Homecare is a small service that provides care and support to adults in their own homes. The service provides support for mainly older people. At the time of the inspection it provided a personal care service to three people. They provided visits to people for a minimum of one hour and would provide 24 hour care to support people if required. The service provided care and support to people in Kent.

The service is managed by the registered provider. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives were involved in the initial assessment and the planning of their support. Care plans contained details of people's wishes and preferences, and were regularly reviewed to ensure they contained up to date information.

Risks associated with people's support had been identified and clear guidance was in place to keep people safe.

People had their needs met by appropriate staffing. People received a service from a small and consistent team of staff, who were recruited to match the people they supported. Staff underwent an induction programme, which included relevant training courses and shadowing the registered provider, until they were competent to work on their own. Staff received training appropriate to their role, which was refreshed regularly to ensure their knowledge remained up to date.

People were supported to maintain good health and attend appointments and check-ups. People's medicines were handled in line with the registered providers policy and procedures.

People and relatives felt they were treated with dignity and respect and that the staff were kind and caring.

People and relatives felt people were safe using the service. The service had safeguarding procedures in place and all staff had received training in these.

People had opportunities to provide feedback about the service provided. Systems were in place to ensure the service ran effectively and people received a quality service.

The registered provider completed checks to ensure that the service operated in an efficient and effective manner, ensuring that people were appropriately supported. There was a business plan in place with aims

and objectives and staff followed this through in their practice. The registered provider demonstrated their commitment to ensuring that people received quality care that was designed to meet individual needs.

## 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.

Risks associated with people's care and support had been assessed and guidance was in place to ensure they were kept safe.

There were systems to ensure people received their medicines safely, which included staff receiving medicines training.

People were protected by safe recruitment procedures and there were sufficient numbers of staff to meet people's care and support needs.

### Is the service effective?

Good ●

The service was effective.

People received care and support from a small team of regular staff. People were encouraged people to make their own decisions and choices.

People were supported to maintain good health. Staff worked with health care professionals to resolve and improve any health concerns.

People received care and support from trained staff, who knew their needs well.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us they were treated with dignity and respect and that staff had a kind and caring approach.

Staff took time to listen and interact with people so they received the care and support they needed.

People were able to make choices about their care and their views were taken into account.

### Is the service responsive?

Good 

The service was responsive.

People received personalised care, which was recorded in their care plans and reflected their wishes and preferences. Care plans were reviewed and updated in a timely manner.

People and their relatives felt comfortable if they needed to complain, but did not have any concerns. People had opportunities to provide feedback about the service they received.

### Is the service well-led?

Good 

The service was well-led.

There was an open and positive culture, which was focussed on people.

There were systems in place to monitor the quality of care people received.

The registered provider worked closely with people, their relatives and staff, which meant any issues were resolved as they occurred and helped ensured the service ran smoothly.

# PSA Home Care

## **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. This inspection took place on 03 November 2016 and was announced with 48 hours' notice. The inspection carried out by one inspector.

The provider completed 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. Prior to the inspection we reviewed this and other information, such as any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we spoke with the registered provider and reviewed people's records and a variety of documents. These included two care plans and risk assessments, recruitment files, training records, policies and quality assurance records and feedback received by the service. After the inspection we spoke with a member of staff and two relatives.

# Is the service safe?

## Our findings

People and relatives told us they felt safe when staff were in their homes and when they provided care and support. One person said, "Yes absolutely".

Relatives told us they would speak to the registered provider if they were unhappy. Staff had received training in safeguarding adults; they knew how to recognise different forms of abuse and felt confident to report any concerns. There was a safeguarding policy in place. The registered provider was knowledgeable about the process to follow if any abuse was suspected in the service; and knew the local authority's safeguarding protocols and how to contact the local authority's safeguarding team. They spoke with passion about their responsibility to ensure people's safety and gave examples of times where they had taken steps to protect people. Staff were aware of whistleblowing. This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith.

People had the support that they had requested. The registered provider offered a minimum of one hour visits, as they had assessed that they would not be able to meet people's needs by offering shorter visits. Visits were flexible and generally ranged from one-five hours; however the registered provider told us that they were flexible and always tried to accommodate people's requests to changes in their regular hours. They explained that recently one person had requested additional daily visits; the registered provider was able to accommodate these at short notice. Relatives gave examples of when the registered provider had gone over and above the expected agreement to ensure their loved ones needs were met. People were encouraged to have conversations with staff or, the registered provider during their regular visits, and talk about anything that was worrying them. Risks associated with people's health and welfare had been assessed and procedures were in place to keep people safe. For example, health concerns, medicine management and personal care.

Staff knew to report and record any accidents or incidents to the registered provider, who then reviewed them and took the necessary action. They reviewed all information to establish if there were any patterns or trends that required further action to keep people safe. Actions and outcomes were recorded.

There was a medicines management policy in place. Staff had completed training in medicine administration and completed medicine administration records (MAR) throughout the time they were supporting people. Medicines were kept in people's homes so they were available when they needed them. People and their relatives felt they received their medicines when they should and that they were handled them safely. Where people had medicines that were prescribed on a 'when required' or 'as directed' basis, for example, to manage pain, there was guidance to follow, and when they should seek professional help, to help ensure people received these medicines consistently and safely.

People and their relatives told us that they felt the agency had recruited a good quality of care staff. One relative commented, "The main carer has been in place for about 5 years, so good continuity and they get on very well." There was a safe recruitment process in place. Checks had been undertaken to ensure people were safe and their health and welfare needs would be met. Checks included obtaining proof of identity, a

Disclosure and Barring Service (DBS) check, a full employment history, references and health declaration. The registered provider carried out face to face interviews with prospective staff.

At the time of the inspection there was a small but established staff team. Continuity was achieved by the registered provider completing a rota that met with people's needs. Each week the registered provider also spent time working with people providing care and support. On the odd occasion there was an emergency; cover was arranged by the registered provider. People always knew in advance who would be supporting them. People and their relatives knew they were able to contact the registered provider whenever they needed to. Staff told us they felt safe knowing that there was support available to them at any time of the day and said that they were encouraged to call for advice or support if it was needed.



## Is the service effective?

### Our findings

People and relatives told us that the staff had the right skills for supporting the people in their care. New staff completed a comprehensive, personalised induction programme written by the provider, where the services policies and procedures were also discussed. The induction had been written to ensure that all aspects of the Care Certificate were covered. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

Staff told us they spent time shadowing the registered provider or an experienced member of staff until they were confident and competent. The registered provider ensured that staff completed training in a wide range of topics, to enable them to support people with their health and welfare needs. For each topic there was a workbook and knowledge check for staff to complete to ensure their understanding. The registered provider explained that they support each member of staff according to their individual knowledge and experience. Specialist training was provided as required, for example, from district nurses, when a person's health needs changed and they required increased support.

During their visits, the registered provider told us that they would spend time observing the care and support people received, and to check the skills and competence of the staff. The registered provider undertook supervisions and quality monitoring visits and staff confirmed this. Staff were encouraged to reflect on their daily working life with questions such as; How do we keep people safe, how do we improve daily wellbeing, how do we demonstrate care and how are we responsive to people's changing needs. Annual appraisals were also completed. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. The registered provider was always contactable by phone if staff had any issues that they needed to discuss. Staff told us that the provider was approachable and supportive.

The registered provider had close contact with people and their relatives about how they were being supported. In the office there was contact records for each person, these contained daily entries of visits, telephone calls, and other important information, such as changes to health or visits from health professionals.

The registered provider and staff had an understanding of the Mental Capacity Act (MCA) 2005. The registered provider told us some people had an appointee or lasting Power of Attorney arrangements in place. The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. People's capacity had been assessed in relation to certain decisions and the decision making had included relatives and appropriate professionals. Care plans contained information about how to help people in making their own choices and decisions where possible. They demonstrated that people would be offered choices, such as what to wear and what to eat or drink.

The agency monitored people's health closely and sought prompt professional advice, such as from the

district nurse or doctor, as required. A record was made when each person was visited by a health care professional, together with any advice or action that staff needed to take to support people to maintain their health. People had regular appointments with the dentist, optician and podiatrist as required. Care plan's included detailed information about people's health care needs and the support that they required. Where people had complex health needs, professionals had been contacted and additional guidance added to the care plan. People's need in relation to food and fluids were assessed and the support they required was detailed in their plan of care.

## Is the service caring?

### Our findings

We received positive feedback from people and their relatives about the service. People told us the quality of care provided was good. Staff understood the level of support people needed. People and their relatives told us that carers were always friendly and approachable. One relative said, "The carers are very good, they help with everything, they know what needs doing."

People received personalised care that was individual to them. People were encouraged to do what they could for themselves, so that they could retain as much independence as possible with daily living tasks and skills. People and their relatives were complimentary about the way their care was organised. They felt reassured that if there was a problem with their care, they could speak with the registered provider and it would be quickly resolved. People were supported by a small, reliable and consistent team of staff, who knew them well. This enabled staff to form relationships with people and ensured people received continuity and a consistent approach to their care and support needs.

People and relatives felt they received the care that they wanted. People were offered choices about how they wanted their care delivered. They decided on how they wanted to be supported and this was recorded in their care plan. Good relations between people, their relatives, staff and the registered provider meant that all were familiar with the way each person wanted to be looked after. The registered provider and staff demonstrated a good knowledge of the people they supported, their care needs and wishes.

Relatives felt their loved ones were treated with respect and dignity and staff were kind and caring. Staff had completed training in treating people with dignity and respect as part of their induction. Their practice was observed during unannounced checks which were carried out by the registered provider. In quality assurance feedback people and relatives said that the level of privacy offered was good or very good. One relative commented, "The carers are usually all very respectful and she is able to maintain dignity." The registered provider told us that during their visits they regularly received compliments from people and their relatives about the staff and level of service. We viewed a file containing many complimentary comments from people and their relatives. Information within the service user guide confirmed to people that information about them would be treated confidentially. People told us staff did not speak about other people they visited and they trusted that staff did not speak about them outside of their home.

People who were nearing the end of their life received compassionate and supportive care. People had decided how they wanted to be supported with regards to their end of life care which was reflected in their care plan. This was confirmed by the registered provider who told us they asked people for their preferences in regards to their end of life care and documented their wishes in their care plan. The agency had liaised with people's GP and community based specialists.

## Is the service responsive?

### Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People and relatives confirmed that the registered provider had visited them to assess their needs, before they introduced care staff. This helped to give a picture of the person and made sure they received the right care and support. The assessment also helped to match the individual to the right staff. One relative said, "They make sure they get the right carers, they choose carefully". People said they were very happy with the care and support they received. They felt their support met their needs and was what they expected. The registered provider was very knowledgeable about people and their preferred routines, most people had been using the agency for a number of years.

We looked at two care plans, which had been developed from the assessment. The plan gave a detailed picture of the person's usual daily routine, what help they needed from staff and what they preferred to do for themselves. They gave clear, detailed guidance to the staff around people's preferred routines, for example; whether a person preferred a bath or shower, and at what time of day. Descriptions of people's likes, dislikes and favourites were recorded, for example; how people preferred to take their drinks, how many slices of toast they usually like or preferences in how they like an egg to be cooked. Care plans had been reviewed and updated as people's needs changed. They contained details of people's preferences, such as their preferred name and information about their personal histories.

Care and support was planned and delivered in a way that ensured people's safety and welfare. Risks associated with people's care and support were identified and discussed during their assessment. For example; where people had moving and handling needs, guidance and information was then put in place to keep people as safe as possible. Clear guidance was in place for staff to ensure people's home safety, such as checking lifelines, pendants and smoke alarms.

Where people had complex health needs professionals had been contacted and additional guidance added to the care plan. For example, to support with catheter care. When people had become unwell professionals were called for advice and guidance and appropriate action was taken.

The registered provider ensured that new staff were supported until they also became familiar with the person's preferred routine and their care plan. Care plans contained information about what support people required. This included what they could do for themselves and what help they needed from staff. They contained information about people's wishes and preferences in relation to their personal care and where staff would find things that they needed to support the individual.

People and their relatives felt confident that should they have any concerns or complaints, that they would be listened to and the issue resolved quickly. However, at the time of the inspection no one had raised any concerns or complaints with the registered provider. It was felt that this was because of the small nature of the service and the regular contact and communication with both staff and the registered provider. One relative told us, "I would contact [the provider] and or speak to carers directly. I have never had to make any formal complaint. [The provider] is always accessible and responsive."

People had information about how to complain within the file kept in their home, so they would know how to complain. The provider told us they would investigate any complaint and take action to help reduce the risk of further occurrence.

People had opportunities to provide feedback about the service provided. The provider undertook regular visits to people to and during this time people were able to feed back about the service they were receiving. People and their relatives also had the opportunity to provide feedback by writing on forms available in care books in people's homes. These would be viewed weekly by the registered provider.

## Is the service well-led?

### Our findings

People and relatives felt the service was managed well. One relative said, "[The registered provider] always responds to phone calls, texts or emails." Another told us, "I am very grateful to the support and care that the staff provide. [The registered provider] is always available if I need to discuss anything." Staff also commented positively about how the service was led.

The registered provider had owned and managed the service for several years; they knew people, their relatives and staff well. Discussions told us that all felt confident they could contact the registered provider at any time and were satisfied with the response they received. The registered provider visited people on a regular basis to ensure they were well and to monitor the service people received. One relative said, "[The registered provider] contacts me often to see if everything is fine." We were told that the registered provider had always gone 'over and above' with the level of service they provided, helping relatives to resolve issues that were not necessarily part of the service being provided. For example, the provision of extra support when people had medical appointments or were being discharged from hospital. One relative told us, "[The registered provider] is particularly supportive at times of stress. We were particularly grateful that they was able to attend a hospital discharge meeting and for rapidly putting suitable arrangements in place."

Staff were clear about their roles and responsibilities and said they felt supported and valued by the registered provider. They told us the registered provider was always approachable, and able to help deal with any concerns that may arise. They had access to a wide range of detailed policies and procedures via the office or electronically. The registered provider had sent satisfaction surveys to people and their relatives to obtain their views about how the service was operating. However, they also confirmed that they sought this feedback on a regular basis during their visits, and any small issue would be dealt with as soon as it was raised. In addition to the weekly visits the service organised an annual review meeting. This involved the person who used the service, staff, the provider and relatives where appropriate. Again people were given the opportunity to express their views and give feedback about the service provided.

The registered provider carried out monitoring checks to ensure the service was effective and efficient. These included audits of care plans, risk assessments and daily recording logs; to make sure they were up to date and accurate. The provider explained that care staff record comments, concerns, doctors appointments and other important events on the reverse of their timesheets, this enables the provide to monitor and update care plans, individual diaries and also to plan care rotas. They told to us that these monitoring checks had been critical in the service identifying a pattern of infections in one person.

The provider had systems in place to monitor that staff were up to date with training, spot audits, supervisions and appraisals, when they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. There were also arrangements to monitor that people received regular reviews and opportunities for feedback.

The registered provider understood their responsibilities around meeting their legal obligations and was clear about events within the service that they were required to notify the commission about. The registered

provider and staff were clear about the aims and values of the agency; 'to provide a high quality service, to enable people to live at home and remain as independent as possible and to treat people the way we would wish to be treated ourselves.'

The registered provider was a member of the UK Home Care Association, and has signed up to their code of practice; which has an agreed set of principles and values, and guidance about providing good quality care. It was evident that the registered provider was committed to providing a high quality, individualised service to meet people's care and support needs in their own home.