

Real PCS Limited

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Inspection report

Chelmund's Cross Enterprise Centre
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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 

Overall summary

We carried out this inspection on 10 November 2015. We told the provider we were coming 48 hours before the visit so they could arrange for staff to be available to talk with us about the service.

Real PCS Limited is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit two people were being

supported with the regulated activity of personal care. This was either with 24 hour live in support or daily care calls. They also supported additional people who were not receiving personal care.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in place and had been since December 2014 when the service first registered.

Relatives told us they felt their family members were safe using the service. Support workers had a good understanding of what constituted abuse and referrals were made to the local authority when safeguarding concerns were raised.

Checks were carried out prior to support workers starting work to ensure their suitability to work with people who used the service. Support workers received an induction to the organisation, and a programme of training to support them in meeting people's needs effectively.

Staff understood the principles of the Mental Capacity Act (2005), and gained people's consent before they provided personal care.

People who required support had enough to eat and drink during the day and were assisted to manage their health needs.

People had support workers they were familiar with, who arrived at the expected time and completed the required tasks. There were enough staff to care for people they supported.

Relatives told us support workers were kind and caring and had the right skills and experience to provide the care their family members required. People were supported with dignity and respect.

Care plans contained relevant information for support workers to help them provide personalised care including processes to minimise risks to people's safety. People received their medicines when required from staff trained to administer them.

People knew how to complain and could share their views and opinions about the service they received. Support workers were confident they could raise any concerns or issues with the registered manager knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, including surveys. Other checks and audits ensured support workers worked in line with policies and procedures.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received support from staff who understood the risks relating to their care. Staff had a good understanding of what constituted abuse and referrals were made to the local authority when safeguarding concerns were raised. There was a thorough staff recruitment process and there were enough experienced staff to provide the support people required. There were safe procedures for administering medicines and staff were trained to do this.

Good



Is the service effective?

The service was effective.

Support workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and support workers gained people's consent before care was provided. People were supported with their nutritional needs and had access to healthcare services when required.

Good



Is the service caring?

The service was caring.

People and relatives were supported by staff who they considered kind and caring. Support workers ensured they respected people's privacy and dignity, and promoted their independence. People received care and support from workers who understood their individual needs.

Good



Is the service responsive?

The service was responsive.

People received support based on their personal preferences. Care plans were regularly reviewed and support workers updated these when there were changes to people's care needs. People were given opportunities to share their views about the service and the registered manager responded promptly to any complaints raised.

Good



Is the service well-led?

The service was well-led.

Relatives were happy with the service and felt able to speak to the registered manager if they needed to. Support workers were supported to carry out their roles by the management team who were available and approachable. The management team reviewed the quality and safety of service provided.

Good



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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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors, and we spoke to the local authority commissioning team, who had no further information about the service. Before the inspection 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. We received this prior to our inspection and it reflected the service we saw.

The inspection took place on 10 November and was announced. We told the provider we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with staff. The inspection was conducted by one inspector.

We contacted people who used the service by telephone and spoke with two relatives. The people who used the service were not able to tell us about the care they received. During our visit we spoke with one support worker, a senior support worker and the team leader. We also spoke with the registered manager and the director.

We reviewed two people's care records to see how their care and support was planned and delivered. We looked at three staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

Relatives told us their family members felt safe because they had regular staff to support them who they knew well and could trust. One relative told us, “I have no concerns at all about safety, I am happy how [person] is cared for.”

There were enough staff to meet people’s needs. One support worker told us, “Yes there are enough staff here.” A total of five staff supported the two people using the service. A ‘bank’ worker was used to cover some occasional shifts. Bank staff are staff employed ‘as and when’ required. The staff rota was planned over a three week period, so staff and people knew in advance who would be working and when. The registered manager planned a suitable gap between care calls which meant staff could get to the next call on time. Support workers were based in particular geographical areas so they did not usually have to travel far.

Recruitment procedures made sure, as far as possible, support workers were safe to work with people who used the service. One support worker told us they had background checks completed along with references from their previous employer. These were sought by the management team before staff could start work. The registered manager told us that staff were recruited based on their life experience, and if they were considered a suitable match with people who used the service. Two people who used the service had been involved in recent interviews of new staff, having been invited by the registered manager to contribute to this process.

Staff received support during a period of induction to ensure they were able to support people safely. One support worker told us, “I had a week of shadowing other staff before I could work on my own with a person. We looked at policies and support plans, risk assessments, all the paperwork. I had to be confident I was safe to do the work as I should.”

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. One support workers told us, “If I saw a service user and they had bruising on their arm, I’d report it to the team leader or the ‘on call’ manager.” Another staff member told us, “I know about whistleblowing, there is a policy, but I have not had to use it.” They went on to say, “If I thought there was

some sort of abuse, I would tell my manager, it might be financial abuse if something had gone missing.” Staff were aware of the possible different types of abuse and of the providers safeguarding and whistleblowing policies.

Staff undertook assessments of people’s care needs and identified any potential risks to providing their support. One support worker told us, “In the support plan there is a risk assessment, it is very detailed, it shows the levels of risk and prevention.” As people’s needs changed, the registered manager updated risk assessments. They were reviewed as a minimum once every six months. One support worker told us, “We always have a consultation with the managers if anything changes.” Risk assessments included information around likelihood of the risk and severity. This helped staff to plan preventative measures. Risk assessments were completed in areas such as fire safety and nutrition. We saw there was no risk assessment around the use of a specialist piece of equipment to support one person. We asked the registered manager about this and they told us this was kept in the person’s own home.

People received medicines from staff trained to administer this. One relative told us, “There are no issues at all with medicine.” Staff received training in how to administer medicine safely and had to pass a test before being considered safe to do this. Staff also had competency checks completed by the management team. One support worker told us, “When I first started, I was observed giving medicine and they checked my medicine administration paperwork with spot checks.” Medicine was checked and audited monthly by the management team and no errors had been identified. Checks ensured medicine was administered correctly and that records were accurate.

One person who used the service was supported by staff to administer their medicines. Occasionally this person had medicine ‘as required’, known as ‘PRN’. There was no PRN medicine plan to tell staff when this person might require the medicine. However, staff told us they were aware of the signs as the person would show discomfort, such as rub their stomach. The registered manager told us they would put this information on the protocol, so it was documented for all staff.

Records of accidents and incidents were completed. We saw there had been an incident in July 2015 involving one person while out on a visit, all the details and action from

Is the service safe?

this were recorded. One person who was supported 24 hours a day by staff, had a personal emergency plan in their care record. This was so they could be assisted safely, for example, if there was a fire.

Is the service effective?

Our findings

Relatives told us support workers had the skills and knowledge to meet their family member's needs. One relative told us, "The carers are really good."

Staff ensured there was a continuity of care for people they supported. A staff 'handover' meeting was held for the person supported 24 hours a day, when staff changed shifts. This was a verbal handover of information and was also documented. In addition, staff completed daily care records with information about the person and any changes to their needs.

Staff received training considered essential to meet people's care and support needs. One relative told us, "They use the hoist, they know how to position, they know what they are doing." One staff member told us, "I had not used a hoist before, I can do that now safely, I understand the colour coding of the slings. How to get someone in and out of a wheelchair or hoist them into bed." Another staff member explained that some training was 'hands on' training when they observed a senior staff member. Other training was completed on the computer. Staff had completed training in different areas such as fire safety, epilepsy awareness and first aid. Staff were prompted by the management team when training was next due, so staff skills and knowledge remained current.

Staff were supported by the management team with regular one to one meetings. One staff member told us about the meetings, "We are asked if we have any issues, talk about training coming up, I am doing my NVQ two and three." Supervision of staff included observed practice by the team leaders or registered manager where feedback was given to staff about their practice. A yearly appraisal was undertaken to assess staff development needs and performance.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood the relevant requirements of the Mental Capacity Act (2005). No one using the service had a DoLS authorised, however the management team were aware of when this may be applicable for people. The team leader told us, "There are no restrictions on people's freedom."

Staff had received training in the area of mental capacity. One support worker told us, "People are entitled to make their own decisions, even if I think it's wrong, it is their choice, we might ask them again and make sure they understand." Care plans did not contain formal capacity assessments, and staff told us the people they supported lacked capacity to make decisions in some areas. Staff understood the principles of the Act. They knew that the people they supported could make some decisions for themselves, and were supported by family members with other complex decisions. The registered manager was aware that if a person lacked capacity to make a decision, a 'best interest' meeting was required. We discussed mental capacity with the registered manager who told us they would ensure records detailed information about people's capacity and how this impacted on their decision making and support required.

Support workers understood the importance of obtaining people's consent before assisting them with care. One relative told us, "They always ask them first, they give them a choice, some options." Another support worker gave an example of a person who would communicate with a 'thumbs up' or 'thumbs down' sign when asked what they would like to do. They told us the person would sometimes wave them away if they did not want to make a decision. We saw a consent form was on a care record, however this was not completed. We asked the registered manager about this and they told us the completed form was in the person's own home and they had been involved in this decision making.

People's nutritional needs were met by staff. One relative told us, "They do some meals, there are no problems with this, the food is good." Another relative told us, "They ask

Is the service effective?

them if they want a drink, always offer them a cup of tea.” Staff assisted one person to eat and monitored their dietary and fluid intake. One person was intolerant of a certain food and staff were aware of this when shopping with them and preparing their food. One support worker told us, “We plan ahead for the meals each Friday, [person] will shake head or hand if they are not happy with food choices, [person] decides.” One person had been assessed as needing to lose some weight. Staff had been supporting them on a healthy eating plan and they had now achieved this goal.

People were supported to manage their health conditions and to access other professionals when required. One relative told us, “They arrange everything, the doctor,

hospital, make sure they get there.” One support worker told us, “All appointments are made by support staff for this person.” One person had been referred to a speech and language therapist for support with eating. Another person had support from a physiotherapist and occupational therapist. A physiotherapist helps people who have been affected by injury, illness or disability with different techniques to improve their physical health. An occupational therapist can work with people to identify goals to help improve independence by using different techniques, equipment or changing the environment. Support workers had been trained by these health professionals to provide the person the physical therapy recommended by them.

Is the service caring?

Our findings

Relatives we spoke with told us staff were really caring. One relative told us, “Yes the staff are caring, [person] has never been happier.” They explained they could tell if their family member was not happy and they seemed very happy. Another relative told us, “I can see how happy [person] is, you can see it in their face. The carers are like family. If I needed care myself I would employ them.” They explained how their family member had really ‘come out of themselves’ recently and had been playing tricks on them all, which they never did before.

Staff told us what ‘caring’ meant to them. The team leader told us, “I love working here, it’s more to do with the clients, they come first.” A different support worker told us, “I love my job,” and this was because they enjoyed supporting the people they worked with. Staff told us they usually had enough time to chat with people who they supported. One support worker told us, “I find I have time in every slot, I chat first of all when I arrive and have a chat before I leave.”

People’s privacy and dignity was respected by staff. One relative told us, “The staff are good at making sure they treat [person] with dignity and respect, and us as well.” Another relative told us, “They are definitely respectful, the way they talk to [person], look after their needs.” One support worker explained how they would ensure when people got dressed their clothes were clean and they were well presented. Another support worker told us how they ensured a person’s privacy. They explained that one person

used the bathroom and washed themselves in part, with the door closed. They then called for the support worker when they were finished, and the staff member made sure they had towels ready to cover the person with.

People were supported to increase their independence and the support they received was flexible to their needs. The registered manager explained how one person was previously not encouraged to be independent, but since having support from staff, they were now able to help with their own cooking and laundry. They told us, “We have tried to give them back their life and some independence.” One support worker explained the person might now choose what they would like to eat from looking at a cook book or when they went out shopping, pay for groceries.

Staff had regular contact with relatives and communication was good. One relative told us, “Staff go above and beyond, if there are any issues they talk with me, they will stay over to sort things out if needed.” They explained how they took their family member to visit a different relative and had provided them with some additional emotional support recently through a period of change. Another relative told us, “I’ve got the phone numbers of all the carers; I can call them if I need to.”

The registered manager and staff knew when to offer people additional support to help them make decisions if this was required. One person had previously used the services of an advocate to make a decision about their accommodation. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

Is the service responsive?

Our findings

Relatives told us staff supported people in the way people wanted them to. One relative told us staffing was flexible so that the person's needs were met, "They will change the care cover, provide extra cover, and they are really flexible." Another relative told us, "Communication is good, if staff are not doing something quite how we want it, they are happy to be told by me, they will listen to me and respect my view."

Prior to coming to the service people were assessed by the management team to ensure the service could meet their needs. This was at a place of the person's choosing. Referrals were usually through 'word of mouth'. An initial assessment was completed and this detailed information such as likes, dislikes and routine. Staff were then updated when a new person started at the service. One support worker told us, "The manager will get us to read the support plan, it contains all the information, then they will talk to us about the person." Staff had to sign to say they had read and understood the care record and we saw this had been done. Care records were centred around the person and their needs and preferences. Information such as the person's goals were recorded, for example one person's goal was to help more around the house with chores. Care records were kept in people's homes and another copy at the service.

The registered manager ensured as far as possible that people received care from the same support workers who they had a relationship with. One relative told us, "One of the members of staff is really good at knowing what [person] wants and does not want, others are too. Staff know if [person] is or is not happy." One support worker told us, "Yes, I have regular people I support." Another relative told us staff knew their family members likes and dislikes better than they did. The registered manager explained they had been in working with one person who had 'come out of their shell more' and was now more vocal and they felt their life had improved. The registered manager explained, "They have become trusting and blossomed with consistent staff."

A 'This is my life' document detailed people's history and backgrounds so staff were aware of relevant information about them, when supporting them care. One person used 'Makaton' which is a type of sign language. Staff had learned how to use some signs to communicate with them, along with picture cards. Staff were aware from another person's facial expressions or actions what they did or did not like. For example, they would tap if they liked something or turn away if they did not. One support worker told us about another person they supported, "They do not like to be rushed, they will come when they are ready." This information was included as part of their daily routine, so they were supported in a way they preferred.

People and their families were involved in reviews of care and invited to 'person centred reviews'. One relative told us, "We had a review meeting the other day, I was invited with the manager and two carers." Another relative explained, "If there is a problem, they will contact me." Review meetings were held annually and a written report of the meeting was then provided for people and relatives.

Complaints were recorded and the registered manager took action to resolve these. One relative told us, "We had a problem with one carer and they changed that person." One support worker told us, "Our clients would tell staff if they had any complaints." People were given information about how to complain in a 'service user handbook' which they received when the service started. The management team had also produced an audio and 'easy read' version of this for people. We saw four complaints had been made in the last 12 months. One complaint was about a staff member who had not completed tasks they were required to and they had been removed from supporting one person. Another complaint had been around staff using mobile phones while working and this had been addressed by the registered manager and raised in the staff meeting. One staff member had left the service recently to train to be a nurse and had written a compliment letter to the registered manager. This said, 'It had been a pleasure and a privilege to work at the service.'

Is the service well-led?

Our findings

Relatives told us they were happy with the management of the service. One relative told us, “This is the best agency we have ever had.” They went on to say, “The manager is absolutely approachable, if you call, they are available.” Another relative told us, “The manager stays in touch with us, we could say if we were not happy, I’m confident with any problems they would sort it out.”

The management team consisted of a registered manager, the director, a team leader and a senior support worker. Staff told us they felt supported by the management team. One staff member told us, “The managers also help with the caring, they have met everyone and they get involved with us.” They went on to say, “I can always speak to one of them, there is an open culture, there is the same respect for everyone.” Another staff member told us, “I have never felt that I could not go to anybody.” A support worker explained one person they supported had been through a difficult time recently and they had been supporting them. In turn, the registered manager had been supporting the worker, and they appreciated this.

A staff meeting was held around every six weeks and gave staff a formal opportunity for discussion. One support worker told us, “We can raise any issues.” Another support worker told us, “We can discuss if we have any concerns, it’s an open forum.” The last two meetings had been held in September and October 2015. We saw issues raised included the policy around use of mobile phones and use of social media.

The registered manager used a range of other quality checks to make sure the service was meeting people’s needs. One support worker told us, “The managers’ oversee us. About a month or so ago I was checked, they make sure care was being provided properly.” This included unannounced spot checks, to the home of the person who

received 24 hour care to assess any risks or changes to the environment. One staff member had had an observation of their care practice completed in September 2015 and areas covered included ensuring they offered choice to people and checking the timings of their calls. Other senior staff undertook some audits of people’s finances. The management team played an active role in quality assurance and to ensure the service continuously improved.

Satisfaction surveys offered people, relatives and staff the opportunity to feedback any issues they may have. One survey from a relative said, ‘You are approachable and I am able to talk to you about any problems.’ Another survey from a relative thanked staff for their support of the family during a difficult time. Surveys for people were presented in an ‘easy read’ pictorial format and we saw these contained positive feedback.

The registered manager told us their plans for the service were to produce a newsletter for people in the future and to investigate other training for staff using external providers. They also told us about the challenges they had faced in building up the service and this had been ‘a learning curve’. They were hoping to gradually expand into some other locations in the future. Both the registered manager and director currently carried out care calls and they explained this placed some additional pressure on them, but they were aware staff respected this. All ‘on call’ support for staff was also provided by the registered manager and director.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the provider information return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.