

PAL Home Care Services Limited

MyCare Services

Inspection report

The Studio
Leeds Street
Sunderland
Tyne And Wear
SR6 9RF

Tel: 08008620445

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own house. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. When we inspected there were 25 people receiving personal care.

At our last inspection on 7 June 2016 we rated the service Good. At this inspection we found evidence to show the service had deteriorated to Requires Improvement. We also found the provider had breached the regulation relating to good governance. This was because the provider currently lacked a structured approach to quality assurance. Due to staff shortages the registered manager was required to cover care shifts which meant the usual quality assurance checks had not been completed. Care plans and risk assessments had not been maintained or evaluated regularly. There were limited formal opportunities for people and staff to give feedback about the service. Questionnaires had not been sent to people to gather their views and staff meetings were not taking place.

You can see what action we have asked the provider to take at the back of the full version of this report.

The service had 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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People said the registered manager was approachable.

Although staff found the registered manager supportive, the provider lacked a structured approach to supporting staff. Staff were not receiving one to one supervision sessions and appraisals had not been completed. Some essential training was overdue. The registered manager showed us evidence that this had been planned.

People consistently provided positive feedback about the care they received and the care staff. They also confirmed they felt safe.

Staff showed a good understanding of safeguarding and knew about the provider's whistle blowing procedure. They told us they had not needed to raise concerns previously but felt confident to do so if needed.

A consistent and reliable staff team provided people's care. They told us staff turned up on time and stayed for the full length of the call. Recruitment checks were completed to ensure new staff were suitable to care for people using the service.

Medicines were managed safely. Medicines records contained a small number of inaccuracies. However,

effective audits had identified these and action had been taken.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received the support they needed to meet with eating and drinking and to access health care services.

People's needs had been assessed to identify their care needs and wishes. This was used to develop care plans.

People did not raise any concerns during the inspection but told us they knew how to complain. There had been no complaints received since we last inspected the service.

Further information is in the detailed findings below.

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 remains Good.

People and staff said the service was safe.

Staff knew about safeguarding and the whistle blowing procedure, including how to report concerns.

Staff were consistent and reliable. New staff were recruited safely.

Medicines were managed appropriately.

Incidents and accidents were thoroughly investigated.

Is the service effective?

Good ●

The service remains Good.

The provider lacked a structured approach to supervision and appraisal.

Moving and handling training was overdue.

People were supported to make decisions and choices.

Staff supported people with their nutritional and healthcare needs.

Is the service caring?

Good ●

The service remains Good.

People were happy with the care they received.

People were treated with dignity and respect.

Staff supported people to be as independent as possible.

Is the service responsive?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

Care plans and risk assessments had not been reviewed consistently to keep them up-to-date.

People gave positive feedback about the service.

There had been no complaints made about the service.

Is the service well-led?

The service has deteriorated to Requires Improvement.

The provider currently lacked a structured approach to quality assurance.

There were currently limited formal opportunities for people and staff to give feedback.

The service had a registered manager.

People described the registered manager as supportive and approachable.

Requires Improvement 

MyCare Services

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 between 20 September and 1 October 2018 and was unannounced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The local authority or CCG did not currently commission the service.

We spoke with six people using the service. We also spoke with the registered manager and two care staff. We viewed four people's care record and medicines records. We also viewed two staff files and training records for ten staff, as well as a range of other records relating to the management and safety of the service.

Is the service safe?

Our findings

People and staff told us they felt the service was safe. One person said, "I have always felt very safe with them [care staff]." Another person told us, "I always feel safe with all of them [care staff], day and night." One staff member commented, "All the girls are really good, they do things by the book." Another staff member told us, "I have no concerns [about safety]. All the girls are fantastic."

The provider had policies and procedures relating to safeguarding. Staff had completed relevant training and showed a good understanding of safeguarding matters. There had been no safeguarding concerns involving people since we last inspected. Staff were also aware of the provider's whistle blowing procedure. They told us they had not needed to use it but would do so without hesitation if required.

The provider continued to manage medicines safely. Staff completed medicines management training to keep their knowledge up-to-date. People confirmed they received their medicines on time. One person said, "My tablets is the first thing they do. They make sure I take my tablets." Another person told us, "I have no concerns with my meds." Some medicines administration records (MARs) contained a small number of gaps in recording. However, these had been identified and addressed during medicines audits.

People received their care from a consistent and reliable staff team. They told us staff usually arrived on time and stayed for the full length of the call. One person said, "They are very prompt. It is usually the same girls. It is a good set-up, you know the girls. If they have a new girl they bring her out a few times first. They always introduce new girls." Another person commented, "They are pretty well on time, they are very prompt. They are very efficient." A third person told us, "They are usually on time. If they know they are going to be late, they let me know." Staff also confirmed staffing levels were good. One staff member commented, "I have no concerns with staffing levels."

The provider continued to operate effective recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people. The provider was recruiting new care staff.

The provider had systems to investigate incidents and accidents. Since we last inspected the service there had been one accident involving a person using the service. However, this had not resulted in an injury. We saw the appropriate records were in place to confirm what had happened and the action taken to keep the person safe.

The provider had procedures to ensure people were protected from the risks associated with infection control. Care staff continued to follow the procedures such as maintaining good hand hygiene and using appropriate protective equipment.

Is the service effective?

Our findings

People were involved in identifying and assessing their needs to help ensure they received the care they wanted. Care records showed people's needs had been assessed to identify how they wanted their care provided. This included a discussion about whether people had needs relating to religion, lifestyle or culture. The registered manager told people did not currently have needs in these areas. They went on to tell us staff had completed equality and diversity training as part of a national vocational qualification (NVQ). One person said, "We talked about what I wanted and didn't want."

People told us they received their care from skilled and competent staff. One person told us, "They [care staff] know exactly what they are doing." Another person commented, "They [care staff] know what they are doing and what to do if anything was wrong."

The registered manager told us that, due to staff shortages, they had been covering care calls whilst new staff were being recruited. This meant formal supervisions and appraisals had not been carried out recently. This was beginning to improve with some appraisals having been carried out. The registered manager told us two had been completed and the others planned in. Despite the lack of a formal approach, staff said they could speak with the registered manager if they needed support with anything. One staff member told us, "[Registered manager] is always there on there on the end of the phone. We are just going through appraisal now." Another staff member said, "We have just started appraisals. I have had no one to ones since [registered manager] became manager."

Training records showed most training was up to date. However, we noted moving and handling training was overdue as it should have been completed prior to July 2018 to meet the provider's own expectations. The registered manager gave us evidence this was booked and would be completed by the end of October 2018.

People received the supported they wanted with their nutritional needs. Care plans described the support people needed in this area and people told us they received this support. One person told us, "They [staff] do my breakfast. If I want anything doing I just tell them." Another person said, "They do a little meal for me. They ask me what I want."

People had the capacity to make daily living decisions and choices. Staff ensured people were consulted before receiving care. One person said, "They [staff] let me be in charge. We have good communication with each other." Another person commented, "They [staff] always ask if there is anything else I want doing." A third person told us, "They do it [provide care] just as I want. That is how I like things. It is me who dictates the routine. It is great actually." One staff member said, "[Person] usually tells you what they want. [Person] is very clear about what they want and don't want. We respect [person's] wishes."

Care records provided details of other health care professionals involved in people's care including their

contact details. They also showed people had involvement from health and social care professionals depending on their needs at the time.

Is the service caring?

Our findings

People gave us positive feedback about their care and the caring nature of the staff team. One person commented, "They [staff] are excellent, they are very helpful. I would never manage without them." Another person told the staff were, "Considerate, very kind and willing." A third person said, "I am treated very well. They [staff] are very pleasant and helpful." A fourth person said, "We are very happy with them."

People described to us the positive relationships they had developed with the staff. This also meant staff had a very good understanding of people's needs. One person told us, "I couldn't do without the girls, I wait for them coming." Another person said, "I get very good attention." A third person said, "They are great, they know me and I know them." A third person commented, "They are a big help. It is somebody to talk to, it is company. I get to know a bit if the new and what is happening."

The provider had received compliments from people and relatives giving praise for the quality of the care provided. Comments included, 'Because of your care, compassion, thoughtfulness and kind words of support [family member] felt safe, secure and comfortable', 'Cared for with outstanding professionalism and concern', 'Gave great support and comfort' and 'Wonderful team.'

People were treated with dignity and respect. One person said, "They treat me good, they are all nice. They definitely treat me with respect. They are a good set of girls." Another person told us, "They are kind. They all treat me really nice, they treat me with dignity."

Staff supported people to be as independent as possible. People explained how the staff enabled them to do as much for themselves as they could. One person said, "I couldn't do without them, it would be impossible (for me to manage)." Another person told us, "They have helped me no end." As well as the care people needed from staff, care plans also described what people could do for themselves.

The registered manager told us the service was person led. They told us, "The main focus is to give people the time they pay for and to provide quality care." The registered manager told us the service was a small, family run organisation. This meant registered manager they knew every person and their needs extremely well.

Care records were personalised to include information to help staff get to know people better and what their preferences were. For instance, one person was wanted care staff to knock before entering and to shout hello when they arrived.

The registered manager told us family members advocated for people where appropriate. They went on to tell us that nobody currently had involvement from an independent advocate.

Is the service responsive?

Our findings

People had detailed care plans which provided step-by-step guidance for staff to follow. They described what staff were expected to do during each call from arriving at the person's home to leaving. They also included specific preferences people had. For example, one person wanted staff to prepare only vegetarian meals and certain milk products. However, due to lack of management time, some care plans had not been maintained to ensure they reflected people's current needs. For example, one person's needs had changed so they now required support with medicines. This had not been included in their care plan. Another person's care plan guided staff to use a particular brand of barrier cream. However, the brand had changed since the care plan had been written and had not been updated. Care plans had not been reviewed since the registered manager had been in post.

The registered manager told us people were given the opportunity to discuss their end of life care preferences when they first started using the service. Although nobody was receiving end of care at the time of this inspection, the registered manager told us they had previously supported people to enable them to stay at home with family for as long as possible.

Where potential risks had been identified, a risk assessment had been carried out to reduce the risk of harm. We noted most risk assessments had been written in 2016. There was no evidence to show they had been updated or evaluated to check they were still fit for purpose.

Although we only received positive feedback, people knew how to complain if they were unhappy with their care. One person said, "I would complain if there was anything wrong." Another person said, "I would contact [registered manager] if I wasn't happy." The provider had a formal complaints process should people wish to raise a complaint about their care. There had been no complaints made about the service since we last inspected the service.

Is the service well-led?

Our findings

The provider currently lacked a structured approach to quality assurance. When we last inspected the service, the provider completed a range of audits, such as checks of daily logs and care file audits. Questionnaires were also sent to people to gather their views about the care they received. We found these were no longer taking place and had not done so since the registered manager came into post. This was because the registered manager was working care shifts due to a shortage of staff. The registered manager told us they were recruiting new care staff which would allow them to focus on the management of the service.

Due to a lack of governance many important areas had lapsed such as staff supervisions, appraisals and training. Care plans and risk assessments had not been audited to check they were updated regularly so they remained relevant to reflect people's current needs. There were also no formal opportunities for people and staff to provide feedback about the care provided. For instance, people had not been consulted to gather their views and staff meetings were not taking place.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Although most quality assurance checks had not been completed, medicines audits were taking place consistently. We noted these had been effective in identifying issues and ensuring action was taken to address these.

The registered manager told us they were in regular contact with people as they were currently working care shifts. They used this as an opportunity to check they were happy with the care they received and whether any changes were required. People confirmed this was the case. One person said, "[Registered manager] comes quite a lot. We talk about my care. [Registered manager] says 'if anything goes wrong just tell me.'" Another commented, "[Registered manager] checks whether I am happy." A third person told us, "I see [registered manager] very regularly."

People described the registered manager as supportive and approachable. One person told us, "[Registered manager] is great. I rely on [registered manager], she is very good." Another person said, "[Registered manager] knows me very well, she is very helpful." A third person commented, "[Registered manager] is very nice. They are all very helpful, every one of them."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were not protected against the risks associated with poor quality or unsafe care because the provider lacked a structured and effective approach to quality assurance.</p> <p>Regulation 17 (2)(a).</p>