

Person Centred Care Company Ltd

Person Centred Care Company

Inspection report

Agency for Culture and Change Management (ACCM)
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14 July 2021
16 July 2021
21 July 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Person Centred Care Company is a domiciliary care service which provides personal care to adults with a range of support needs. There were five people using the service at the time of this inspection.

People's experience of using this service and what we found

The provider had not implemented an effective governance system to ensure the service complied with expected standards. We identified widespread issues with the records kept by the service. This included people's care records, staff records and records relating to the management of the service. The provider had not operated safe recruitment practices when employing new staff.

People's relatives told us people felt safe when receiving care and staff treated people with kindness, dignity and respect. However, systems were not in place to ensure risks were assessed and mitigated, to protect people from avoidable harm, and medicines were not managed safely.

The provider had not ensured staff received adequate support, for example through a formal supervision and appraisal process, to make sure staff were competent, knowledgeable and skilled. However, people's relatives told us staff knew the people they were supporting well and delivered care in accordance with their preferences. People were supported by a small number of regular staff.

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

People's care records required significant improvement. They did not contain enough information about people's preferences or enough guidance for staff to follow to ensure people's needs were consistently met. Despite this, people's relatives told us the service was tailored to their family member's needs, and it was flexible and responsive.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with CQC on 4 December 2019. This was the service's first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified breaches in relation to risk management, medicines management, staff support, recruitment practices and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Person Centred Care Company

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

The service had two managers registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. One of the registered managers had only recently been employed by the provider at the time of this inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered managers would be in the office to support the inspection.

Inspection activity started on 14 July 2021 and ended on 21 July 2021. We visited the office location on 16 July 2021.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought

feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with three relatives about their experience of the care provided to people using the service. We spoke with six members of staff including both registered managers and four care workers.

We reviewed a range of records. This included two people's full care records and part of one other care record. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We obtained feedback from two social care professionals about their experience of the service provided. We also requested additional information and evidence from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider did not have an effective system in place to ensure risks to people were assessed, recorded and mitigated. People's care records did not contain adequate assessments of risks posed to people, such as the risk of falls due to issues arising from their mobility, risks associated with medicines management or risks arising from people's complex health conditions.
- People's care plans did not contain enough guidance to support staff to manage identified risks.
- There was no evidence in people's care records that risks to people had been kept under regular review.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to demonstrate risks were assessed and mitigated. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although significant improvements were needed to the provider's records in respect of the assessment and mitigation of risk, people's relatives told us their family members felt safe when receiving care as staff knew them very well.
- Staff were all aware of how and when to report any accidents or incidents so action could be taken to address any concerns and learn lessons.

Using medicines safely

- The provider did not have suitable systems in place to ensure medicines were managed safely.
- The provider had not ensured care records contained enough information about the medicines people needed support with or the level of support people needed from staff. Staff did not have access to enough written guidance to support them to manage medicines safely.
- The provider was unable to evidence they regularly checked staff were competent to manage medicines.
- The provider was not operating an effective audit system to ensure they could quickly identify and resolve any issues with medicines management.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the issues identified with the provider's records in respect of medicines management, the feedback

we received from relatives about the support their family member received with their medicines was consistently positive.

Staffing and recruitment

- The provider did not use safe recruitment procedures to help ensure only staff suitable to work in the caring profession were employed. The provider had not obtained an up to date Disclosure Barring Service (DBS) check for each staff member before they employed them, references for prospective employees were not consistently obtained and staff files did not contain full details of staff employment histories along with a satisfactory written explanation of any gaps in employment, as required by the regulations.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to demonstrate staff were recruited safely. This placed people at risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Sufficient numbers of staff were employed to safely meet people's needs.
- People received support from a consistent staff team. People's relatives told us their family member received good continuity of care as they were supported by a small number of consistent staff members who knew them well. People's relatives told us staff turned up on time and staff told us they were allocated enough time during each visit to meet people's needs effectively.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding adults policy in place which provided guidance about their role in protecting vulnerable adults from abuse. However, it had not been updated to reflect local safeguarding arrangements.
- Staff received training about their responsibility to protect people from abuse. All staff were aware of the need to raise any concerns immediately with the registered manager so action could be taken. All staff were confident the registered manager would act on any concerns they raised to ensure people were safe.

Preventing and controlling infection

- There were systems in place to support staff to control the spread of infection. Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment (PPE). People's relatives told us staff always wore PPE appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured staff received regular supervisions or appraisals to support them to carry out their roles effectively. There was no evidence that any staff had received a planned, structured supervision or a formal appraisal of their performance.
- Staff completed online training and a period of shadowing when they started working at the service, so they could learn from more experienced staff. However, there was no record of the shadowing or induction process so we could not be assured it covered all necessary aspects of their role.
- The provider did not operate an effective system to ensure staff remained competent to deliver effective care. The registered manager told us they completed spot checks of the care being delivered by staff, however there was no structured system in place to guide the content of these spot checks and they were not consistently recorded. This meant there was no system to ensure any feedback given to staff was followed up at their next spot check, in order to improve their practice.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to demonstrate staff received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt supported by the registered manager. They were able to seek advice and support from them over the telephone whenever they needed to. Staff were very complimentary about the period of shadowing they completed prior to working on their own, as this enabled them to get to know people well.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their

liberty.

We checked whether the service was working within the principles of the MCA.

- The provider obtained people's consent to their care package prior to care commencing. People's care records contained signed consent forms.
- People's relatives told us staff and the registered manager communicated very well with the person receiving care and this supported them to make their own decisions. A relative commented, "I've never seen such good communication between [my relative] and staff."
- Staff had received training in the MCA. We were satisfied the service was working within the principles of the MCA through our discussions with the registered manager, however, one person's care record did not contain a record of a best interest decision made about their care to show the correct process had been followed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they were provided with a care and support package. The registered manager visited people at home to assess whether they could provide an appropriate service. A person's relative told us, "We [the person receiving care and their family members] have all had input in arranging the right level of care. We can also discuss any changes in need with [the registered manager] and redevelop the care package as necessary."
- People's relatives told us people were involved in planning and arranging their care to ensure it was tailored to their preferences. However, the assessments and people's preferences were not adequately recorded in people's care records. Despite this, people's relatives told us people's choices were respected and adhered to.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Information sharing and communication with other services was not always recorded on people's care records. However, the registered manager knew people well and described how other services were involved in people's care and support.
- The registered manager communicated with other professionals involved in people's care, as and when required. A social care professional told us the service had been proactive in sharing information when a person's needs had changed, to ensure they were given additional support. A relative commented, "[The registered manager] is good at liaising with other services. They ring the ambulance when needed, the GP and social services. They really take care of their clients. They take the time to get it right."

Supporting people to eat and drink enough to maintain a balanced diet

- People's care records did not contain enough detail about their food and drink preferences. For example, one person's care record stated the person required food that was halal, however there was no further guidance provided about the food they liked.
- Although there were issues with people's care records, people's relatives told us their family members were happy with the support they received with food and fluids. From our discussions with staff it was clear they knew about people's dietary needs and they supported people with culturally appropriate diets.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's relatives told us staff were kind and caring. They said people were well-treated and well-supported by staff. A relative commented, "The staff are all very professional, very caring and very empathetic."
- Staff had developed positive, supportive relationships with people using the service. People's relatives confirmed staff had got to know their family member's routine and how they wished to be cared for. Comments from relatives included, "[My relative] has staff that know them really well and this is nice because it creates a lot of harmony" and "Staff have got to know [my relative] well. They understand [my relative] so they have a nice relationship."
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. The provider considered people's cultural needs when matching carers with people using the service.

Supporting people to express their views and be involved in making decisions about their care

- People's relatives told us their family member was involved in developing their care package and relatives were also actively engaged in this process by the registered manager, when this was appropriate. A relative commented, "We've had a really good experience. We have regular discussions and regular meetings about the service."
- Staff's ability to communicate effectively with people and the positive relationships they had developed with people helped to ensure people could express their views and make their own decisions.
- Although people were appropriately supported and engaged in making decisions about their care, this was not adequately recorded in people's care records.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and staff were aware of the need to ensure people's personal information was protected.
- Staff displayed a clear desire to treat people in a person-centred, dignified way and they spoke very respectfully of the people they supported.
- People's relatives told us the service went to great lengths to ensure people felt comfortable with staff and to support them to feel respected. A relative commented, "They always make the effort to introduce staff to [my relative] before they visit to deliver care and I think that makes a massive difference to [my relative] in terms of making sure they feel comfortable."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant there was a risk people's needs would not always be met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records did not contain an accurate record of people's care and support needs or enough information about the support they needed during each care visit. The registered manager was able to tell us in detail about each person's needs and preferences. However, this information was not reflected in people's care records.
- Care records were not person-centred. They contained little, if any, information about the person's life history, their strengths or preferences. However, people told us the care and support they received was person-centred and met people's needs in an effective way. A relative told us, "I've never seen [my relative] so active. They've had such a positive impact on her."
- There was no evidence in people's care records of any reviews of people's care taking place with the person and/or their representative. However, people's relatives told us the registered manager supported people to change their care as and when their needs changed, to ensure it remained suitable and appropriate for them.

We found no evidence that people had been harmed, however, the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was flexible and responsive to people's changing needs. A relative commented, "They're really open to working around my [relative's] needs. For example, if they have a hospital appointment, the service is really flexible."
- The provider's workforce reflected the communities they served. The service covered geographical areas in Sheffield where significant numbers of people who lived there were from Black and Minority Ethnic (BAME) communities. The provider recruited staff who could communicate with people using the service in their first language and who had experience and awareness of people's culture. This helped to ensure people received culturally appropriate support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans did not contain an adequate assessment of the support people required to communicate effectively to ensure the service complied with the Accessible Information Standard. Despite this, people's relatives were complimentary about how effectively staff communicated with people. A relative commented, "The manager takes [my relative's] communication needs into consideration when matching carers to them."

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy in place to support them to manage any complaints they received effectively.
- The registered manager told us the service had not received any complaints since they started operating. People's relatives told us they and their family member knew how to complain if they needed to.
- People's relatives told us the registered manager was very approachable and they responded to any issues they raised. A relative commented, "[The registered manager] is very good at resolving any issues very quickly."

End of life care and support

- The service was not supporting anyone at the end of their life at the time of this inspection. However, the provider did have suitable systems in place to work alongside other health and social care professionals to support people to receive coordinated and compassionate support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found significant issues with the records maintained by the service. This included records relating to the management of the service and records relating to each service user. Although we found examples of person-centred care being delivered, the provider did not support this practice through the use of adequate and complete records.
- The provider and registered manager had not implemented an effective governance system to ensure all regulatory requirements were met. The concerns we identified at this inspection relating to medicines management, staff recruitment, staff supervision and appraisal, risk assessments and care plans had not been identified by the provider.
- The provider and registered manager had not implemented an effective quality assurance system to monitor and continuously improve the safety and quality of the service. There were no recorded audits to check the care delivered adhered to the provider's expectations and/or good practice guidance. The service was unable to learn and improve as a result of this.
- The provider had put in place policies and procedures which covered all aspects of service delivery. However, they were not embedded, and the provider had not ensured their policies were being followed in respect of staff supervision, medicines management and the safe recruitment of staff.

We found no evidence that people had been harmed; however, systems were either not in place or were not robust enough to demonstrate the quality and safety of the services provided was effectively managed and the provider had failed to maintain accurate, complete and contemporaneous records. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager made themselves easily available to people using the service, their relatives and the staff, so they had opportunity to share any concerns or feedback about the service. A relative commented, "[My family member] is confident to raise any issues with [the registered manager] because they have such a good relationship with them."
- Although people and their relatives were encouraged to provide verbal feedback about the service, this was not recorded anywhere to ensure it could be used as part of a quality assurance system to improve the service. Other methods of engaging people, the public and staff had not been implemented, such as staff

meetings, staff supervision sessions and appraisals, surveys or questionnaires.

- The provider had links with social care professionals and community health services so they could work in partnership with other organisations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager promoted a person-centred culture and encouraged staff to be flexible and responsive to people's needs. Staff informed us, "The clients get good quality care. That's the provider's main goal" and "The company goes out of their way to help people."
- The provider had a suitable policy in place in respect of the Duty of Candour. At the time of this inspection there had not been any incidents which required the provider to take action under their Duty of Candour policy.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider and registered manager did not operate safe recruitment practices when employing new staff.</p> <p>Regulation 19 (1), (2) and (3).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider and registered manager were not operating an effective system to ensure staff received appropriate support, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (1), (2) (a).</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider and registered manager had not assessed the risks to the health and safety of service users of receiving care or treatment or done all that was reasonably practicable to mitigate any such risks. Medicines were not managed safely.</p> <p>Regulation 12 (1), (2) (a), (b) and (g).</p>

The enforcement action we took:

We served a Warning Notice against the provider and registered manager.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager had not ensured there were effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided or to assess, monitor and mitigate risks to service users.</p> <p>Regulation 17 (1), (2) (a) and (b).</p> <p>The provider and registered manager had failed to maintain an accurate, complete and contemporaneous record in respect of each service user. The provider and registered manager had failed to maintain adequate records relating to staff employed to carry on the regulated activity and the management of the regulated activity.</p> <p>Regulation 17 (1), (2) (c) and (d).</p>

The enforcement action we took:

We served a Warning Notice against the provider and registered manager.