

PIC 24 Healthcare Ltd

# PIC 24 Healthcare Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

PIC 24 Healthcare Ltd is a domiciliary care agency providing personal care to three people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the registered manager and nominated individual were the sole employees, who were responsible for care delivered as well as the running of the service.

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

There was a governance framework in place but it wasn't clear when some checks had taken place. Audits on care plans had not taken place and so errors identified during the inspection had not been identified. The service had a clear vision and has open communication with people, relatives and staff. People and relatives were regularly contacted by the registered manager to discuss the quality of their care. Staff were involved in meetings and decisions about the running of the service. The service worked with other service providers to support and share best practice, and with Sheffield Local Authority.

We have made a recommendation about the provider undertaking a review of their governance and audit processes.

Recruitment checks had not been carried out on new staff.

We have made a recommendation about the provider ensuring robust recruitment processes are in place.

Systems and processes were in place to safeguard people from abuse. Staff were knowledgeable about the signs of abuse and any actions they had taken were recorded and reported to the appropriate authorities. Risks to people were assessed and people were supported safely whilst maintaining their independence. Staffing levels were sufficient to support people's needs. People were protected from infection by trained staff who had good access to personal protective equipment (PPE). Learning was considered from any incidents or occurrences, these were documented and shared with staff. Medicines were administered safely, however there was no evidence care plans were updated to reflect the changes in medication for one person although staff were knowledgeable about these changes.

We have made a recommendation about how the provider reviews and records changes in relation to people's care.

Care plans were personalised and reflected how people wished their care to be delivered. Concerns and complaints were recorded, action taken when needed and resolved with the input of the complainant. There was no one receiving end of life care at the time of our inspection.

We have made a recommendation about how the provider asks and records people's end of life wishes.

People's needs and choices were assessed and care plans were personalised. The registered manager was knowledgeable about MCA legislation. Staff received regular training and support. People were supported to eat and drink, where this was required, and their choices met. Staff had regular meetings to discuss care and support needs and worked closely with social workers, pharmacies and GPs to ensure people's health needs were supported. Consent to care was recorded. 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 preferences were recorded and there was evidence these preferences were met. Daily records showed people's privacy and dignity was respected and promoted.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 18 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in two areas and the provider was no longer in breach of regulations. However enough improvement had not been made in one area and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this full report.

#### Enforcement

We have identified breaches in relation to safe recruitment and good governance at this inspection.

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

#### Follow up

We will continue to monitor information we receive about the service until we 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# PIC 24 Healthcare Ltd

## 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

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

#### 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 manager would be in the office to support the inspection.

Inspection activity started on 16 October 2019 and ended on 17 October 2019. We visited the office location on 16 October 2019 and made telephone calls to people and their relatives on 16 and 17 October 2019. We were unable to make contact with anyone during these calls.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We were unable to speak with any of the people who used the service, or their relatives, as they were not in when we called and did not respond to requests to contact us. However, we were able to see comments from people who use the service. We spoke with the registered manager and the nominated individual, who are also responsible for delivering the care to people. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and care plan reviews.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

### Staffing and recruitment

- Recruitment checks on potential staff had not been conducted appropriately. This meant people may have been placed at risk by being supported by unsuitable staff. We brought this to the attention of the registered manager and was told this staff member had not undertaken any work for the service.
- The registered manager told us their contingency arrangement was for directors of other care providers to support people if their two staff were unable to do so. However, we did not see evidence that appropriate checks had been undertaken. We brought this to the attention of the registered manager and was told no one had provided care other than the two permanently employed staff who both had appropriate employment checks undertaken so there had not been any impact on people.

We recommend the provider ensure robust and appropriate pre-employment checks are made on potential staff in the future.

- People received care and support from regular staff.
- Staff attended calls on time and daily records showed the time of visits was consistent and as requested in people's care plans.

### Assessing risk, safety monitoring and management

At our last inspection the registered provider had failed to properly assess all risks relating to the health and safety of people receiving care or treatment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Care plans contained assessments of risk and how to minimise those risks.
- Documents weren't available to evidence regular updates had taken place; these were provided after the inspection and had been signed and dated by the people who used the service. The registered manager explained the changes they had made to ensure reviews were taken and care plans were updated since the last inspection.

We found no evidence people had been harmed however current systems would need to be reviewed to ensure people's safety before the service increased in size. Our well-led section contains details of the

recommendation we have made.

#### Using medicines safely

- Medicine administration records (MARs) were fully completed and contained appropriate information.
- One person who required support to administer their medicines did not have this recorded on their care plan. We were told by the registered manager that a review had been undertaken and, after the inspection received additional information to confirm this. We did not see evidence to confirm this person's care plan had been updated.

We recommend the provider review their systems about how they review and record new information about people's care and support.

#### Systems and processes to safeguard people from the risk of abuse

- All potential safeguarding incidents were identified and reported promptly to the relevant authorities.
- Staff understood and recognised the signs of abuse and knew how to report concerns. They received regular training about safeguarding.
- The service sought advice from Local Authority colleagues and worked with them to support people safely.

#### Preventing and controlling infection

- People were protected from the risk of infection. Care plans recorded the actions staff should take, for example, directing staff to wash their hands before and after meal preparation.
- Staff had good access to personal protective equipment (PPE), such as gloves and aprons.

#### Learning lessons when things go wrong

- The service recorded accidents and incidents and analysed these by considering trends and themes to improve the service.
- The service had a strong learning culture and used all information as a basis to consider improvements.
- Information about learning was shared with staff through meetings and a record of these was held and signed by staff.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before care and support commenced.
- People and relatives were involved in planning their care and their choices and preferences were included. People signed their care plans and any reviews and showed people had been fully involved in these
- Staff knew people well and care plans contained enough information for staff to support people according to their needs and choices.

Staff support: induction, training, skills and experience

- Staff received regular face-to-face training and this was reviewed regularly.
- Staff received regular access to appraisals and supervisions and were supported to further their professional development.
- The provider had developed an induction pack to support new staff.

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

- Where people need support to eat and drink information was available in their care plans to ensure staff knew how to support people according to their needs and preferences.
- Daily logs contained detailed information about what people had chosen to eat and drink and the amount they had consumed.

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

- Each person's record had a communication log which recorded contacts with health professionals, other agencies and family members concerned with that person's care and support.
- The service was proactive about identifying health needs and supporting people to access appropriate support when needed.
- Staff followed advice from health professionals.

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.

At our last inspection the registered provider had failed to obtain consent from relevant persons before providing care or treatment. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- People had signed to consent to care and support.
- The service recorded where relatives held legal authority to act on behalf of their loved one, if people were unable to consent themselves.
- The registered manager had a good understanding of the MCA and its principles.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 and relatives had given positive feedback about the caring nature of the service in the survey forms we looked at. For example, one said, 'Happy with care given' and another said, 'All PIC 24 have been excellent'.
- Staff had developed good working relationships with the people they supported and their relatives. Daily records contained detailed information about conversations staff had with people and their relatives.
- Care plans contained information about people's protected characteristics and how people wished these to be supported. For example, people were supported to socialise.

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

- Daily logs recorded how people's views and choices had been considered when staff were delivering care and support.
- Care plans recorded people's involvement on their care plans and what they liked to do; there was a section called 'Things I like to do and how I like it done'. Daily logs recorded how people were supported in social activities and hobbies.
- Care plans recorded details of people's likes, dislikes and preferences about their daily lives.
- Care plans recorded whether people had an advocate. An advocate is an independent person who supports someone to make decisions.

Respecting and promoting people's privacy, dignity and independence

- Daily logs recorded how people's privacy and dignity had been respected whilst personal care was delivered.
- Care plans recorded relatives, friends and professionals who were important to people and why.
- Daily logs were written sensitively and documented people's moods, what had affected their mood and the support staff offered.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

### End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- Staff had received training in end of life care.
- People's end of life wishes were not recorded or discussed.

We recommend the provider discuss end of life care with people and record these discussions and people's wishes.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and the service responded promptly to any changes to people's care needs however evidence to support revised care plans was not available during our inspection visit. Following our inspection visit the registered manager provided evidence showing care plan review logs which had been signed and dated by the people using the service. This showed the service reviewed people's care regularly and involved them in the reviews.
- Staff understood well people's daily routines and preferences. Daily logs showed regular times of visits.

### 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.

- The service recorded people's communication needs and ensured these were met by staff by including this, where necessary, in people's care plans.

### Improving care quality in response to complaints or concerns

- Complaints, compliments and concerns were recorded and responded to appropriately. The service was proactive and involving all interested parties in the resolution of any complaints and sought professional advice and support, where necessary.
- Information about how to complain was contained in the service user guide.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent about the governance of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the registered provider had not established systems to evaluate and improve the quality and safety of the services provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A governance framework was in place however it was not clear when checks and audits had been undertaken.
- An audit of care plans had not taken place.
- Appropriate recruitment checks had not been carried out.

We recommend the provider review their current governance framework, audit processes and recruitment to ensure these are robust enough to support the safety of people in the future should the service increase in size.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular feedback was sought from people and relatives. Plans were in place to seek feedback from professionals.
- Surveys were issued to people and relatives, and the registered manager reviewed all which were returned. However, no analysis was evident and it was not clear when the surveys had been reviewed. We discussed this with the registered manager who made plans to include dates on all surveys issued in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service worked to its value of 'compassionate and commitment to care'. The provider planned to use these values to recruit staff.
- People and relatives were positive about communication from the registered manager and comments were recorded in surveys and in compliments.

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 registered manager understood and acted on their duty of candour responsibilities. They encouraged candour through openness in all their interactions and viewed any feedback as an opportunity to learn.

Continuous learning and improving care

- The registered manager described how the service reviewed and learnt to improve the service management and the care people received.
- The registered manager and the nominated individual were undertaking a management qualification and used learning from this to review and improve the service.

Working in partnership with others

- The registered manager described how they were members of a variety of provider groups to ensure their knowledge was kept up to date and to share best practice and collaboratively problem solve.
- Minutes from meetings showed involvement, support and discussions between staff and managers from other care providers.