

PAI Healthcare Ltd

# PAI Healthcare Ltd

## Inspection report

19 Damask Green  
Hemel Hempstead  
Hertfordshire  
HP1 2HH

Tel: 01442462696

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

PAI Healthcare Ltd is a domiciliary care service. It is registered to provide personal care to people living in their own homes. At the time of our inspection, 15 people were using the service.

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 wide social care provided.

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

The registered manager completed regular checks to monitor the quality and safety of the service, but these were not formally recorded or reviewed. Audits were not always documented. People's care plans lacked sufficient detail to guide staff. Notifications required to be sent to the Care Quality Commission were not submitted when required.

We have recommended the provider looks at best practice and guidance in relation to quality assurance processes.

People received care and support from a consistent staff team which enabled continuity of care. There were enough staff available to meet people's needs.

People received care that was delivered by staff who knew how to keep them safe. Staff had received safeguarding adults from abuse training and knew how to act on any concerns. Risk assessments were in place to manage potential risks to people's health and well-being. Effective infection control processes were in place and staff completed regular testing for COVID-19. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection. People received their medicines as prescribed by a staff team trained to do so.

People were supported by a staff team who had received appropriate mandatory training to fulfil their role and responsibilities. The provider planned to further develop their training to support specific care needs. Staff told us they felt supported in their role and the registered manager was supportive, open and sensitive to the difficulties they faced.

People, and their relatives, were fully involved in decisions about their care and support needs and were supported to have maximum choice and control of their lives. 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 were supported to maintain good health and access health care professionals. Where required, people were supported with their nutritional needs.

People and their relatives spoke positively about the kind, caring attitude of staff and were satisfied with the

care and support they received. Staff treated people with dignity and respect and people's independence was promoted.

People and relatives were complimentary of the service they received and said they would recommend PAI Healthcare Ltd to others.

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

This service was registered with us on 29 April 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the length of time the service was registered and when they commenced providing a regulated activity.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

# PAI Healthcare Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. 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 a short notice period 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 available to support the inspection. Inspection activity started on 03 December 2021 and ended on 21 December 2021.

#### What we did before the 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 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 took this into account in making our judgements in this report. We used all this information to plan our inspection.

#### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation securely.

We spoke with six people's relatives about their experience of the care provided. We spoke with two staff and received email feedback from a further two staff members. We also spoke with the registered manager and a representative of the provider.

We reviewed a range of records. This included four people's care and medication records. We looked at records relating to the management of the service, training and developments the registered manager planned to make.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People's relatives told us they felt the service provided was safe and protected their loved ones from harm or abuse. One relative said, "[Person] is happy and safe." Safeguarding systems operated effectively to enable staff to report any concerns they had about the people they were supporting.
- Staff received training to recognise and report any potential risk of harm or abuse and knew they could raise concerns directly with the local authority or CQC. One member of staff told us, "My job is to keep them [people] safe and well cared for. When I see or feel something is not right, I report it. Like if I see any bruises, I report it to the manager."
- The registered manager was aware of their responsibility for reporting concerns to the local authority. When concerns had been raised, the registered manager worked closely with the local authority to ensure people remained safe. Staff told us if an incident occurred, the registered manager called an emergency meeting with them to discuss the cause and if any actions were needed.
- Systems were in place to record and investigate accidents and incidents. The registered manager told us about an incident which we saw had been discussed with staff to share lessons to mitigate the chance of it recurring. The registered manager told us they would be discussing lessons learned as part of their formal governance system through team meetings.

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. This included areas such as personal care, medicines, mobility and the environment. Risk assessments related to their individual needs and were linked to care plans, which were regularly reviewed and updated when people's needs changed.
- Staff were aware of risks to people's health and welfare and could describe thoroughly how they supported people safely. Where staff used equipment such as a hoist to transfer people from bed to their wheelchair, assessments were completed, and people were safely supported. One relative said, "[Person] now has no mobility and uses a hoist and wheelchair. The moving and handling skills of the staff are excellent."

### Staffing and recruitment

- People received care and support from a consistent team of staff who knew them well. The registered manager told us they tried to provide people with their carer of choice as this helped people and staff form a positive and trusting relationship. One relative told us, "They are always on time and [person] feels very safe in their care."
- Relatives confirmed staff generally arrived on time, stayed for the duration of the visit and were reliable and no calls had been missed. The registered manager was aware of some minor delays caused by local

roadworks and was working with people to ensure calls were provided in a timely way.

- Staff recruitment processes were in place to ensure staff had the right skills and experience and were suitable to work with people who used the service. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

#### Using medicines safely

- People were being supported with administering their medicines and policies guided staff how and when these should be administered.
- Staff had received medication training to ensure they managed medicines consistently and safely and the registered manager carried out checks of their competency.

#### Preventing and controlling infection

- Staff took appropriate measures to protect themselves and people from the risk of infection.
- Staff told us they now had adequate personal protective equipment (PPE). Staff tested regularly for COVID-19 in line with government testing guidance.
- Staff had received training in infection control, COVID-19, safe use and removal of PPE.
- People's relatives told us staff wore PPE during their care call visits. One relative said, "They always wear PPE."



# 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 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 received individualised care which was focused on their needs, choices and decisions.
- People's relatives confirmed assessments of people's needs had been completed before care was provided. Assessments sought the views of the person, their relatives where applicable and any health professionals involved in their care.

Staff support: induction, training, skills and experience

- Staff told us they had received an induction which included shadowing an experienced member of staff until they were assessed by the registered manager as being competent to carry out the tasks on their own.
- Staff told us they felt supported in their role and received the training they needed to meet people's individual care needs. One staff member said, "I think we are all well qualified, we all have the training and are always assessed so we can safely go to work. We have supervision to talk about things that help us work better. I think I am really well supported and feel safe working in this team."
- People's relatives felt staff had the right skills and knowledge to support people. One relative told us, "The staff are well trained and meet [persons] care needs. Their experience is very suitable for [persons] condition." The registered manager told us they were planning to provide higher level training to meet specific health needs, such as mental health, dementia and diabetes. This increased experience would further support staff to provide effective care for people.
- Although staff told us competency checks had been carried out, we could not see that these had been formally recorded. However, the registered manager worked alongside staff and told us they were observing their practice and would support and advise them if needed. They told us they would formally record these observations in future.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- If required, staff supported people to have access to food and drink that met their needs and preferences.
- Staff had completed food safety training ensuring food preparation was carried out safely.
- Where necessary staff monitored people's eating and drinking and reported any concerns to either the registered manager, relatives or health professional such as the GP.
- If staff were concerned about a person's health and wellbeing they promptly reported their concerns and sought medical support. The registered manager told us they worked closely with other professionals to ensure people received appropriate and timely care when needed, for example, district nurses and GP's. One relative said, "Because of [persons] decline the carers are on call 24/7 to respond to an emergency." A

second relative said, "If there are any concerns or problems the carers and company alert me and [person] immediately and then respond appropriately. For example they ring for an ambulance, contact the GP, etc."

#### 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.

- No person at the time of the inspection was considered to lack the mental capacity needed to make their own decisions.
- People and their relatives had been involved and consulted with regarding their care and treatment.
- Staff told us they always sought people's consent and offered choices to people during their care.

# 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 and relatives told us they were treated well, supported with kindness and felt listened to by staff and managers. One relative said, "The staff know [person's] care needs very well and are very person centred."
- People were supported by a consistent team that enabled them to form meaningful and respectful relationships when providing care. Staff spoke passionately about the people they care for. One staff member said, "I want them to feel as if they are special to me when I am caring for them. I make sure I listen to them and help them feel what they say matters to me. I treat people as I find them and how I want to be cared for so that means we have an equal relationship."
- The service had a strong person-centred culture, led by a registered manager who put people at the centre of their care. This approach to providing care helped develop a non-discriminatory culture that promoted and respected the rights of people with a protected characteristic. Protected characteristics are characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and their relatives were involved in their care reviews and able to make decisions about their care that staff supported them to achieve. One relative said, "[Person] and I are both involved in the care plan and we are about to review it. We really need an overnight carer now, but the care co-ordinator is very good, and I feel this will be addressed shortly."
- The registered manager was able to support people to access advocacy services to support people with decisions about their care should they need to

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to make their own decisions and choices and where required encouraged people to maintain their personal care independently.
- Staff described to us how they respected people's privacy and dignity. Our discussions with relatives confirmed staff promoted people's independence. One staff member said, "Dignity to me means supporting the self-esteem of a person, listen to them attentively, and lifting them up to be as independent as they can and want to be."
- People's records were stored securely in the office and the service used an encrypted messaging service to liaise and pass on important information.

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

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

- People were supported by a consistent team who knew their needs well. The registered manager tried to match people up with a carer they thought would be suitable. This helped to ensure that staff knew people well and could meet their personal needs and preferences. One relative said, "The way the team adapts and always facilitates [person's] care needs is person centred and responsive."
- Care was provided to people based on their individual needs and preferences. Although care plans did not contain detailed information, staff knew how to care in a person-centred manner and feedback demonstrated this. One relative said, "The carers are always responsive, well trained and meet [person's] ever changing needs."
- Staff kept people and their relatives informed of changes and people's relatives told us the registered manager regularly carried out care calls themselves. This provided the opportunity to check they were happy with all aspects of the care provided and make swift changes if needed.
- People told us the registered manager was flexible and changed things around if needed. Any changes to people's care and support needs were recorded and care plans updated.

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 registered manager told us no one would be discriminated against or prevented from accessing the service and they would ensure information was available in formats which people could understand.
- One relative told us although the person supported was partially sighted staff continued to support them with things they enjoyed. They told us, "[Person] now has just a little peripheral vision and most days [person] is unresponsive, but on a good day the carers will try to help them to do a crossword."

Improving care quality in response to complaints or concerns

- The provider had systems in place for responding to concerns and complaints.
- People's relatives knew who to speak with if they had a complaint and felt confident their concerns would be listened to and acted upon. One relative told us, "I have had a few little niggles in the past concerning time delays and lateness but these have been addressed."

End of life care and support

- The registered manager told us they would work with other health professionals to support people at the

end of their life. Care plans detailing people end of life wishes were being developed.

- The registered manager was in the process of arranging for staff to receive end of life care training to ensure people had a comfortable, dignified and pain-free death.

# 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 as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We had no concerns with the care provided to people. However, care records lacked sufficient details, and we found two examples where a risk assessment and care plan had not been developed for an identified health need. Reviews of care with health professionals were not always documented. Although the registered manager could recall these discussions, they had not ensured these were documented for staff to review. The registered manager was in the process of migrating from paper to electronic care plans and had identified their recording as an area that required improvement.
- Incidents, accidents, complaints were recorded and reported, however monitoring systems did not look for trends, patterns or causes. Audits around the quality of care or staff competency were not formally documented or recorded to inform service improvement. For example, monitoring of call times, monitoring of incidents or injuries, audits of care records were informally completed but not documented. A service improvement plan was in place; however, this improvement plan did not detail how these improvements would be made, within what time frame and what resources would be required to drive the improvement. The provider and registered manager did not review the actions regularly, which they told us in future they would do so. A business support manager had been brought in who would oversee the governance and monitoring of the service, which they said would include regular reviews and development of the improvement plan.
- At the beginning of this inspection we found the provider had moved their office address but not informed CQC as required. We also found two safeguarding incidents had been reported to the local authority but not reported to CQC as required. The provider was also missing the service user band of dementia from their registration which they added during this inspection.
- In May 2021 CQC asked the provider to submit their provider information return to CQC. This was not received. The registered manager told us the issues with submitting notifications and the PIR was due to personal difficulties meaning they and the provider were absent from the service for a period of time. However, through our discussion they acknowledged their business continuity plan was not robust enough to ensure management of the service continued in the event of an emergency.
- The provider had identified the need to develop their governance framework and had contacted a local training and support company, who were supporting the implementation of an effective governance framework to monitor the quality and safety of care.

- We gave feedback about the quality assurance systems to the registered manager. We discussed the need

to set up a more robust quality assurance system, which would need to be in place if the company was to expand their care packages and their staff team. At the present time because the registered manager had clear oversight and attended care calls themselves this did not affect the care given to people. The staff team was also relatively small at the time of the inspection meaning oversight could be managed in a less formal manner.

We recommend the provider looks at best practice and guidance in relation to quality assurance processes.

- The registered manager was open and transparent during the inspection and demonstrated their commitment and passion to ensuring people received safe, high quality care.
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives were positive about the registered manager and staff. They told us the registered manager was approachable, responsive and made themselves available to address any issues people had. Relatives' feedback included, "I think the company is managed well and the office staff are good. I have no complaints and would recommend this service. I have received questionnaires and telephone calls to check our satisfaction and our response has been positive. I would recommend this service."
- Staff enjoyed working at the service and were clear on their roles and responsibilities. They said they felt supported and valued by the registered manager. One member of staff told us, "I think it is a good company. [registered manager] is always around, or if not, then the other managers who will come and help us. They are not just be behind the desk. I think it's a good company, I like it here and I say to people to work here."
- The registered manager spoke with people regularly to request feedback about the service. This was done through face to face visits, telephone calls and formal surveys. Prior to this inspection a survey had been completed which showed only positive feedback about the quality of care people received.
- Staff were kept up to date by regular discussions with the registered manager and through team meetings and emergency meetings. Staff told us these meetings were useful, that they felt their views were listened to, and that they were involved in the decisions relating to the company. One staff member said, "We have the team meetings which are great. Managers listen to me and if I think things can be done different, they will think about it. If there is anything that happens the manager will call an emergency meeting to make sure we now straight away what happened and what we need to do. It means I have all the information I need to do my job."

Continuous learning and improving care; Working in partnership with others

- The registered manager informed us they worked closely in partnership with others, such as GPs, district nurses to ensure people received the right support and care.