

Personalised Community Care Ltd

Personalised Community Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Personalised Community Care is a domiciliary care agency providing personal care and support to people living in their own homes. The service supported a mix of people including children living with a learning difficulty, complex physical needs and older adults who may be living with dementia. At the time of the inspection, the service was supporting two people.

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

At the time of the inspection we were unable to speak with people due to their complex needs. However, relatives were overwhelmingly positive about the service. We were told staff were well trained, kind and compassionate. People showed they were happy when staff visited through facial expressions and gestures.

Relatives felt people were safe with the staff that visited them and were confident staff knew people well. Staff had been trained in safeguarding and understood how to report any concerns. People's risks were assessed, and guidance given to staff on how to minimise known risks. Where people required help with medicines, this was provided safely, and staff were trained, and competency assessed around administering medicines.

Staff were recruited safely, and relevant background checks completed before staff were able to start work. Staff received a comprehensive induction when starting work and attended on-going training. Where any specialist training was needed, this was provided. 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.

Relatives were fully involved in care planning. Care plans were person centred and provided staff with information on people, who they were, their likes and dislikes and how they wanted their care delivered. Care plans were reviewed regularly. The service had a clear complaints procedure and relatives knew how to complain. Relatives told us they were confident any issues would be dealt with quickly and effectively.

Staff were overwhelmingly positive about the support they received from the registered manager. There were systems and processes in place to review the quality of care people received. The registered manager was passionate about the service and making sure people were happy and had good outcomes. Relatives provided feedback about the service through surveys and verbally. Feedback was positive. The service worked well with people's care teams to promote the best outcomes for people.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right Care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture. People were supported in their own home and staff understood the importance of working with people to maintain their family routines and environment. Care was planned in a way that was person centred and tailored to the individual taking into account how they wanted their care to be delivered, what was important to them and ensured they were able to have good outcomes and lead a fulfilled life. The attitude and behaviours of the registered manager and staff promoted a culture of inclusivity which ensured people were able to thrive.

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

Rating at last inspection

This service was registered with us on 01/10/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Personalised Community Care

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 carried out by one inspector.

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.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. 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 spoke with the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at two people's care plans and risk assessments, three staff files including recruitment and supervision and a variety of records relating to the management of the service, including policies and procedures. We spoke with two relatives. Due to people's complex needs, we were unable to speak with them on the telephone.

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

- Relatives told us they felt people were safe with care staff that visited them. Relatives commented, "It's a trust thing. Someone looking after your mum with dementia you have to trust them, and I do trust them. I trust them and I know they will look after her" and "I do totally, totally trust them with [person's] care."
- Staff had received training in safeguarding and were aware of how to recognise and report any concerns. A staff member said, "[Safeguarding] Ensures adults and children are safe from abuse and neglect. I would call the line manager. If needed, I would contact social services or go to CQC direct."
- There had been no incidents or accidents since the service was registered. There were systems in place to record any accidents or incidents and staff were aware of how to report them if they happened.
- The registered manager told us they kept staff up to date with any changes in people's care needs through regular staff meetings and handovers.

Assessing risk, safety monitoring and management

- People's personal risks were fully assessed, and clear guidance provided for staff on how to work with people to keep them safe.
- Risk assessments were regularly reviewed in collaboration with relatives and healthcare professionals and updated immediately when any changes occurred.
- Relatives were confident staff understood people's risk and how to work effectively with people to minimise known risks.

Staffing and recruitment

- There were enough staff employed to meet people's care and support needs.
- People received a continuity of care and had the same care staff visiting. This allowed people to build a good working relationship with staff.
- Relatives told us staff arrived on time and stayed for the full time they were required to. One relative said, "If there is going to be any kind of delay, they always call."
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Using medicines safely

- People received their medicines safely and on time. Systems and processes were in place to support this.
- Staff had received training in medicines administration. Following training staff received a competency

assessment to ensure they were safe to administer medicines.

- Where people were receiving medicines is a specialised way, such as through a Percutaneous Endoscopic Gastronomy (PEG), staff had been fully trained in how to administer medicines via the PEG. A PEG is a small tube inserted into the stomach, which allows food and medicines to be administered when people have difficulty swallowing.
- The registered manager completed regular medicines audits and staff spot checks to ensure good practice and systems were being followed by staff.

Preventing and controlling infection

- Relatives told us the service had explained how they would keep people safe during the COVID-19 pandemic. One relative said, "We were scared when lock down happened and didn't know if they [staff] would come but they did. They have all the PPE and still wear masks. Staff sanitise their hands and wash them when they come into the house. [The registered manager] called and talked on the phone and if there were any guidelines that were changing."
- Staff told us they had been kept informed about infection control throughout the COVID-19 pandemic by the registered manager. Staff said they felt confident working and they had appropriate information on how to keep people and themselves safe.
- Staff confirmed they had access to appropriate Personal Protective Equipment (PPE) including gloves, aprons, masks and hand sanitiser.
- The registered manager had signed up to training provided by the local authority around COVID and infection control. The registered manager told us all staff would be supported to attend this training following the inspection.

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's care and support needs were assessed and provided in line with guidance and law.
- People had a full assessment prior to starting to receive care from the service to ensure they were able to fully meet people's needs. Relatives and, where they were able, people were fully involved in the pre-assessment process. A relative said, "First of all she [registered manager] came with one of her colleagues and we had an informal chat, she came again and did a proper assessment of [person's name] and her needs. We started the care after the assessment was complete."
- People's needs and wishes relating to protected characteristics under the Equality Act 2010 had been assessed. Assessments included disability, faith, gender and culture. People's care plans reflected how staff could support people if they required support in any of these areas.

Staff support: induction, training, skills and experience

- Staff were well trained and supported to enable them to provide a high quality of care to the people they were supporting.
- Staff received a full induction prior to starting to work with people. This included mandatory training such as manual handling, safeguarding and mental capacity, Staff also shadowed more experienced staff during care visits prior to working alone. A staff member commented, "I did shadowing, for a week, I asked for some extra shadowing which [registered manager] was really supportive of and made sure I had."
- All staff had completed The Care Certificate as part of their induction. The Care Certificate is a set of standards and principles that care staff should adhere to, to underpin good care delivery.
- Training was refreshed regularly to ensure staff were up to date with best practice. Where people had specific needs, specialist training was provided to staff. For example, working with people that required care around a PEG. A relative said, "Yes, they [staff] are well trained."
- Staff told us they felt well supported by the registered manager and were able to discuss any concerns or request training. A staff member said, "Whenever we want something [registered manager] attends to us as quickly as possible. She is supportive. I feel more relaxed when there is an issue knowing she is there, and she will explain and help."

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

- Where supporting people with food and drink was an identified care need, this was documented in people's care plans.
- Staff were aware of people's likes and dislikes around food. For both people being supported, relatives

prepared food. Where needed, staff supported people to eat and drink.

- The service worked well with external healthcare providers involved in people's care. One relative told us how the service worked in collaboration with healthcare providers such as Speech and Language Therapists and Occupational Therapists (OT) to appropriately support the person.
- Where people needed equipment to help with transfers, such as hoists, staff were trained to use this equipment. The registered manager told us of an example where a person had been assessed by an OT for a specific piece of equipment. The OT and service worked together and arranged for staff to be present with the person and trained by the OT to use the hoist.

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 the time of the inspection no people were subject to a court of protection order.
- People's capacity was documented in their care plans. Where people did not have capacity and / or were a minor, relatives were fully involved in planning their care.
- Staff understood the importance of giving people choice in their day to day lives, such as food, clothing and activities. A staff member told us, "With [person's name] we will show choices and she starts smiling with what she wants."
- Staff had received training in the MCA and understood how the principles of the MCA impacted on the care they provided. One staff member commented, "It [the MCA] provides a framework to empower and protect vulnerable people who are not able to make decisions on their own."

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

- Staff understood the importance of treating people as individuals and knew how to work effectively with people to ensure a supportive and positive experience.
- Relatives felt staff were kind and caring and treated people with compassion. Relatives said, "They [staff] are very good with my mum, very caring. I have no problem with them looking after my mum. They are an extension of us [the family], "[Staff are] Very observant and very caring, [person] smiles at them and responds to them very well" and "I think the unique selling point of the staff is how caring they are. They are really loving."
- Staff we spoke with were passionate about ensuring people were supported in a caring and empowering way. Staff knew people well and understood people's personalities, likes and dislikes. A staff member gave an example of how they went above and beyond for a person who was unable to verbally communicate; "On Christmas time I realised [person] was so happy because we, the carers, suggested they [family] buy her some new clothes. At Christmas we helped her get dressed up and she was smiling and seemed so happy. She seemed at home all dressed up and we got to know what she likes!"
- Staff knew if there were any cultural things people liked and needed support with. A relative told us, "They [staff] know all the things she likes, like Bollywood music and they put that on you tube."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives were supported to be as involved as possible in planning and on-going reviews of care provided by the service.
- Relatives told us they felt fully involved in their loved one's care and their views and opinions listened to and acted on. One relative said, "We are like a team, the service has all my [relatives] information, I send her [registered manager] any information if anything changes and everything is updated."
- Relatives told us they were able to give feedback about the service to the registered manager at any time and felt they were always listened to.
- People were treated with dignity and respect. Feedback we received from relatives supported this.
- People the service cared for had very complex needs and needed high levels of care. Despite this, staff encouraged people to be as independent as they were able to. Staff gave examples of people choosing their clothes, how they wanted their hair to be done and what they wanted to do for the day.

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; 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 plans were person centred and gave staff clear information about people and how they wanted to receive their care. Each person had a 'pen profile' which gave an overview of the people's care needs, their likes and dislikes, what made a good day for them and what was important in their lives.
- The service had an electronic care planning system which staff had easy access to. Any reviews or changes in people's care needs was updated immediately. A staff member said, "It's [on-line system] very helpful, we can see all the care plans and risk assessments. We use our phone to do everything when we are there."
- Relatives had access to the on-line system and were able to easily view their relatives care plan, progress notes and medicines records.
- Where people needed support with activities, this was documented in their care plans. For one person, staff worked with relatives to understand what the person enjoyed doing and what made their day more enjoyable. A relative told us how supportive the service was during the COVID-19 pandemic, safely taking the person to the park and making sure they got out. Staff would also sing and dance with the person to their favourite music. Another person who was cared for in bed, enjoyed pamper sessions with staff giving manicures and hand massage.

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 was aware of the AIS and was proactive in ensuring people's individual communication needs were understood.
- People's care plans documented people's communication needs and how staff could appropriately support them.
- Whilst care plans were electronic the service had ensured people and relatives were provided with paper copies, where requested.
- People using the service at the time of the inspection were unable to communicate verbally. Relatives told us how well staff knew people and understood non-verbal cues such as eye contact and facial expressions when caring for people. Staff said, "When [person] is happy she will grab your hand and smile" and "We can see how [person] reacts and we use her face (expressions) to see how she reacts. If she is in pain, we can tell. She does communicate with us in her own way."

Improving care quality in response to complaints or concerns

- There were systems in place to respond to any complaints. However, there had been no formal complaints since the service was registered.
- People and relatives had been given information on how to complain when they started using the service. Relatives said, "They gave us a booklet when we first took their services on" and "Information for the family is in a booklet it's all there."
- Relatives felt confident raising any complaints or concerns and felt any issues would be dealt with quickly and effectively. Comments included, "Any issue, little or big she [registered manager] would immediately take action, she wouldn't dilly dally about it" and "If I have a problem, she [registered manager] sorts it out there and then. if I wasn't happy as a [relative] she will come and listen to me."

End of life care and support

- At the time of the inspection the service was not providing end of life care.
- However, since registration, the service had provided care to a person at the end of their life. A relative had sent a thank you card to the service which complimented the care provided which stated, 'Just a note to say a big thank you for caring for our mum. You were so kind and gentle with her.'
- Staff received end of life care training as part of The Care Certificate as well as a specific end of life care course in addition to this.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The ethos and values of the service placed people at the heart of their care and was reflected in staff training and how people experienced their care. A relative said, "My [relative] is happy and comfortable and that is the main thing. I feel I am at peace with the agency."
- Relatives were positive about the outcomes people experienced and told us they would recommend the service. Comments included, "Yes! I have actually done it already! I say go for an agency that actually listens to you. That is so important, and they provide the best care for my [relative]" and "I would have no problem recommending them to other people."
- Staff were overwhelmingly positive about the registered manager, their experience of working for the company and the support they received. Comments included, "She's [the registered manager] on point and makes sure everything is done right but is really supportive too. She is amazing, she always makes sure you are doing the right thing at the right time. She makes sure we do our paperwork and she's the best person you've ever worked with!" and "They do a lot of check-ups on us such as coming to supervise and give help and advice. I can always go to her and they will help me out. The company's really good."

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

- There were numerous quality assurance processes completed by the registered manager to check the quality of care being provided.
- The registered manager understood their legal responsibilities around informing CQC of any notifiable incidents.
- Staff were well supported through one to one supervision, regular spot checks and team meetings. Staff felt they were able to discuss any issues or concerns freely and were confident they were listened to by the registered manager and action taken where necessary.
- The provider had ensured systems and processes were embedded into the running of the service to maintain good oversight of the quality of care being provided. They were confident these systems would support the growth of the service.
- Staff training and development was linked to the business plan and development of the service. This meant staff were valued and importance was placed on staff retention. This in turn meant people received a continuity of care with staff they were able to build a rapport with.

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

- People and relatives were fully involved in planning care, through pre-assessments, care planning and reviews.
- The registered manager regularly asked for feedback from relatives both verbally and in surveys. One relative said, "She [the registered manager] is always asking for the feedback about the care." Feedback in surveys we viewed was positive.
- Relatives told us communication with the office was easy and supportive. Relatives said, "They have great communication and they listen to you. They keep an eye and always ask for feedback on the carers. If there is any issue, they tackle it immediately" and "They are always available and helpful. If you contact them, they always pick issues up immediately and don't leave it until the next day."
- The service was a member of the Home Care Provider Association (HCPA). This is an organisation that supports home care providers and members can access various training, management peer support, updates in the care industry and best practice guidance.
- Where appropriate, the service worked in collaboration with people's care teams. The registered manager told us she felt this was vital when caring for people as it ensured everyone involved in a person's care knew each other's roles and communicated for the best interests of the person.