

Perspektive Limited

Perspektive Limited

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

Perspecktive Limited is a domiciliary care agency providing personal care to five people in their own homes 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People and relatives were happy with the care and support they received and spoke positively about staff. People's needs and wishes were met by staff who knew them well and enjoyed working with them.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. Staff received comprehensive training to enable them to carry out their roles effectively.

Staff were happy working for the service and felt supported by the registered manager and senior management team.

Care records contained clear information covering all aspects of people's individualised care and support. Risk assessments were comprehensive and information about people was written in a respectful and personalised way.

People and their relatives were involved in the planning and delivery of their care and asked for feedback which was acted upon when appropriate. Staff were encouraged to be actively involved in service development.

Staff at the service worked with health and social care professionals to ensure good outcomes for people.

The service had established links in the local community and had worked in partnership with key organisations including local authorities and other agencies providing social care services to improve the service for people.

There were systems in place to monitor and improve the quality of the service. When there were problems, the registered manager dealt with them effectively and worked to reduce the likelihood of recurrence.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 17 September 2016).

Why we inspected

This was a planned inspection.

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.

Further details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Further details are in our Effective findings below.□

Is the service caring?

Good ●

The service was caring.

Further details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Further details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Further details are in our Well-Led findings below.

Perspecktive Limited

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 undertaken by two inspectors.

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. The registered manager was out of the country at the time of our inspection; the director who was also the provider was managing the service in their absence.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 4 June 2019 and ended on 11 June 2019. We visited the office location on 4 June and also visited people in their own homes. We spoke with relatives of people using the service on 5 and 11 June.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. 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 this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, team manager, and four care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at four 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 mental capacity assessments and best interest outcomes.

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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- People and their relatives told us they were happy with the staff that provided their support because, "they [staff] are all about the person; not staff or timetables." and "they [staff] listen to us [relatives] about what we know works best for [person]."
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if needed. One member of staff told us they would, "Report to the manager or the council safeguarding team."

Assessing risk, safety monitoring and management

- People's care plans contained thorough risk assessments and clearly set out how staff should care for and support people safely.
- The registered manager ensured that risk assessments were regularly reviewed and any changes were documented and shared with staff.
- Safety checks of people's homes were carried out prior to people receiving care. This ensured people and staff were safe in the home environment.
- Some people supported by the service were at risk of changes in their health that could result in a medical emergency. Staff were provided with emergency procedures that clearly described the signs and symptoms and the action staff should take.

Staffing and recruitment

- Safe and robust recruitment and selection processes were followed. Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- People's care plans contained comprehensive information about their medicines, which ensured staff were able to clearly understand and meet people's needs.
- Staff completed a wide range of training to enable them to safely store and administer medicine and make accurate records. Staff told us they knew what action to take in the event of a medicine error occurring.

- Medicine administration records were correctly completed and regular audits were conducted by senior staff to ensure the appropriate action was taken if errors were identified.

Preventing and controlling infection

- Staff had completed infection control training and told us personal protective equipment (PPE) such as gloves was always provided for them to use when providing care.
- Care plans included information about people's health conditions and guidance for staff on how to manage these. This helped to ensure people weren't at risk of infection.

Learning lessons when things go wrong

- Where incidents or accidents had occurred, these were analysed to prevent a reoccurrence.
- The registered manager responded to staff concerns to improve the service. For example, when a person did not relate well to a staff member, the registered manager moved the staff from the person's care package and replaced them with staff that were more compatible. The provider spoke to us about how they 'match' staff with people but sometimes it doesn't always work. The provider told us, "The main concern is always the client, is it the right match for them; if not we will move things around".

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 because improvements were required to mental capacity assessments. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us the induction and ongoing training they received was of good quality and enabled them to carry out their roles effectively. We were told, "My induction was really good, I was able to spend plenty of time shadowing more experienced staff" and "We can ask for any training that we think might help us in our role, they [provider and registered manager] are brilliant with things like that."
- Staff received training in different ways, including face to face and online to ensure that they had access to information they fully understood. Training was also delivered by community health professionals for training specific to people's health needs. For example, epilepsy.
- The registered manager employed staff with a range of experience but all staff completed the same mandatory training to ensure their knowledge was consistent and measurable.

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

- People's care plans included information about people's food preferences and staff supported people to eat the food they wanted.
- When people's medical conditions affected the food they were able to eat, this was clearly documented in care records and plans were in place to monitor their needs closely.
- All staff completed training in nutrition and hydration. If people required their food and fluid intake monitored, we saw this was in place and monitored effectively.

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

- Care plans enabled staff to easily identify when people were supported by other health and social care professionals, and their advice was incorporated into the way people were cared for. For example, guidelines on behaviour that may challenge that had been written by a psychiatrist were incorporated in to the care plan.
- Care plans included a hospital passport for healthcare professionals if the person had to go to hospital at short notice.
- The registered manager was proactive in contacting other healthcare professionals to share information. This ensured people's care was consistent and their needs were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Ensuring consent to care and treatment in line with law and guidance

- People's needs were thoroughly assessed before they started to use the service, and were changes made

in response to regular reviews, or sooner if people's needs changed.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- At the last inspection we identified that mental capacity assessments and associated documents required strengthening to ensure best practice guidelines were being followed. At this inspection we saw that the improvements had been made and sustained.
- There was evidence of mental capacity assessments, when needed, and their outcomes. Best Interest meetings had been held and the right people had been involved. Processes were clearly documented.
- Where people's relatives were acting lawfully on their behalf, this was clearly documented in care plans, and we saw evidence that copies of the relevant legal documents had been obtained.
- Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.

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 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 their relatives were happy with the service they received. We were told, "We have seen bad care, so we know when something is good," and "They [staff] are excellent, consistent and caring." People were not able to tell us what they thought of the care they received but observations and interactions supported relatives' comments.
- People were cared for by staff who enjoyed their work. We were told, "I absolutely love it. The support I get from the rest of the team and the management just makes the job even better."
- Staff recognised the importance of providing sensitive and positive support to people going through important changes in their life. The registered manager constantly looked for new ways to promote diversity and inclusion, for example through arranging training and partnership working with specialist health professionals.
- People's care plans included information on their cultural and religious needs and staff told us how important it was to enable people to follow their beliefs and wishes.
- Staff had a genuine interest in the people they supported and worked creatively to ensure all aspects of people's lives were supported.

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

- People and their relatives were involved in the planning of their care. Relatives told us that although people were not able to fully direct their own care, the whole staff team were responsive to any changes and the service was very focussed on person centred care.
- The registered manager arranged for people's and their relative's opinions on their care to be obtained, for example through quality visits and telephone reviews. Comments included, 'They [staff] always value our feedback and want to work with us' and '[Person] has thrived in your supportive and positive environment.'
- People's communication needs were always considered, and measures were put in place to overcome barriers, for example, staff worked with people to understand their own preferred form of sign language.

Respecting and promoting people's privacy, dignity and independence

- Staff completed dignity awareness training and care plans focussed staff to treat people respectfully.
- Staff were able to tell us how they respected people's privacy and dignity.
- Care records documented people's wishes to live as independently as possible, and staff supported them to achieve this. Feedback from a relative stated, 'The confidence [person] has gained since the team have been supporting them has been outstanding. [Person] has gained independence skills that we as a family never thought was possible.'

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 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

- The registered manager regularly reviewed care plans to ensure people's changing needs were recognised and responded to. Other professionals were included, and their advice used to inform care planning. For example, updated guidance from epilepsy nurses was used to update a care plan about how support a person with epilepsy.
- People's care plans included a document called 'Getting to know Me' which contained information about people's life history, what makes a good day for them and what makes them smile. This ensured staff were able to tailor their approach and care for people in ways which met their needs and wishes.
- People's care plans contained detailed information on how staff should support them with personal care, eating and drinking, medicines and other day to day activities. They also included information about their health needs and the care required to manage long term health conditions.

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.

- Information about the service was available in a various formats, including large print and easy-read.

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

- People were supported to follow activities that they were interested in. For example; horse riding, swimming, music lessons and crafts.
- Care plans were detailed about how people needed to be supported during activities. For example; it was clear in one person's care plan that they required the support of two staff when accessing the community and what risks staff needed to be aware of.
- People were supported with their religious and cultural needs. Care plans clearly identified these needs and guided staff on what support the person required. Daily notes and activity charts evidenced that these activities had taken place.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place including easy read versions. There had been no complaints received since the last inspection, however, the provider was confident in explaining how they would investigate any concerns raised including keeping involved parties updated on outcomes and lessons learnt.
- Relative's told us that when they weren't happy with the service they knew who to speak with and were

confident this would be dealt with appropriately. One relative said, "There has been things in the past that I thought needed speaking about, not a complaint but just a discussion. When this happened, I was listened to and [registered manager] was quick to resolve the issue."

End of life care and support

- The service had an end of life policy in place which set out the way people could expect to be cared for according to their wishes and in line with their spiritual and cultural beliefs.
- People's care plans included their wishes for the care they would like to receive at the end of their life, and advance care plans were clearly recorded. These included for example; songs that people requested at their funeral.

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 good. At this inspection this key question has remained 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 staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as was possible.
- Staff were passionate about empowering people to live full and happy lives. People were achieving their goals, and this was celebrated by everyone at the service.
- People and their relatives told us that their care staff knew people well and were available to them. One person's relative said, "They [whole staff team] are fantastic, I would recommend this service."
- All staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "We have a hard-working manager [registered] and director who go above and beyond to support people and staff." Another member of staff told us, "The management team are fantastic, they acknowledge our hard work, give us incentives and we always get feedback."

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, registered manager and staff team understood their roles and were open and honest. The registered manager ensured open communication with people, their relatives, staff and outside agencies.
- The provider was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and competency checks of their work were undertaken which ensured they provided the care and support at the standards required.
- There were effective systems in place to monitor the quality and standard of the service. The provider had a comprehensive quality assurance framework in place that covered all aspects of the service. These included; oversight of team manager home visits, staff supervisions, health and safety reports and rota changes. The findings of audits were analysed to identify any patterns or areas where improvements may be

required.

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

- People's feedback about the service was captured through regular contact with people and their relatives. We saw many examples where relatives had provided positive feedback, for example, 'We value all of the staff's hard work, and their dedication makes [person's] life as happy and as full as possible.'
- Staff were regularly asked for their feedback and we saw that positive feedback had been provided. For example, "Thank you [provider] for paying for additional training and giving us lots of opportunities."

Continuous learning and improving care; Working in partnership with others

- Staff were encouraged to attend regular team meetings. Staff told us these were valuable, and they could raise concerns and make suggestions as to how the service could be improved.
- The provider and registered manager were continuously developing their training provision to ensure it fully met people's and staff needs. For example, ensuring all training was compliant with current standards and best practice.
- The registered manager and staff worked closely with specialist health and social care professionals to ensure people's complex needs were met. This included accessing training from health professionals with detailed knowledge of specific health needs. For example, occupational therapists.
- The service worked closely with other professionals and providers when people were transitioning from other services to Perspektive Limited. Part of the transition included care staff shadowing care workers who had been providing care and support to enable a relationship to be established and to get to know the person.