POVA Care Ltd

POVA Care Ltd

Inspection report

Office 16, Tradeforce Building
Cornwall Place
Bradford
West Yorkshire
BD8 7JT

Tel: 01274315645
Website: www.povacare.co.uk

Date of inspection visit:
07 December 2018
10 December 2018
11 December 2018

Date of publication:
28 December 2018

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

This inspection took place on 7,10 and 11 December 2018 and was announced. This meant we gave the provider short notice to make sure they would be available. This was the first inspection of the service since it was registered in November 2017.

POVA Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of our inspection, personal care and support was being delivered to five people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were being recruited safely and there were enough staff to take care of people. People told us staff did not rush, arrived at the correct time and stayed for the agreed length of time. Staff were receiving appropriate training and support, including having their competency assessed. Staff supervision and appraisal was planned to discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed, although some needed more detail. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe and systems were in place to ensure appropriate referrals would be made to the safeguarding team when necessary.

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

People's healthcare needs were being met and medicines were mostly managed safely. At the time of our inspection, the service was not supporting anyone with their nutritional needs.

A complaints procedure was in place, but no concerns had been raised.

Everyone spoke highly of the registered manager and said they were approachable and supportive. Quality monitoring calls to people were in place. Most people had only recently started using the service and the registered manager was working to implement systems to monitor the quality of care provided to them.

We found all the fundamental standards were being met. Further information is in the detailed findings

below.

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.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed.

Staff understood how to keep people safe.

Medicines were mostly managed safely.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

The legal requirements relating to the Mental Capacity Act (MCA) were being met.

People's health care needs were supported where required.

Is the service caring?

Good

The service was caring.

People using the services told us staff were caring and kind. Staff knew people well.

People told us their dignity and independence was respected and maintained.

Is the service responsive?

Good

The service was responsive.

People's care records detailed required care and support for each care visit and the registered manager checked these remained relevant.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who provided effective leadership and management of the service.

People who used the service and staff told us the registered manager was approachable and supportive.

POVA Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7, 10 and 11 December 2018 and was carried out by one adult social care inspector. The inspection was announced. We gave the service 48 hours' notice of the inspection because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. A notification is information about important events which the provider is required to send us by law.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On 7 and 10 December 2018 we spoke on the telephone with three people who use the service, two relatives, and four care staff. We visited the provider's office on 11 December 2018 and spent time looking at records, which included four people's care records, three staff recruitment files and records relating to the management of the service and spoke with the registered manager who was also the provider.

We took all this information into account when making our judgements about the service.

Good

Is the service safe?

Our findings

People were kept safe from abuse and improper treatment. People who used the service told us, "I feel safe. They know what they are doing. They are professionals", "I feel safe with POVA. They are really good" and "Yes, I feel safe with staff. Why? Just their demeanour." A relative commented, "Most definitely think [person is] safe. We don't have to worry about [person] when we go out."

Staff had completed safeguarding training and said they would not hesitate to report concerns to the registered manager or the safeguarding team. Although no safeguarding referrals had been made, the registered manager understood how and when to make appropriate referrals to the safeguarding team when required. This meant staff understood how to follow the correct processes to keep people safe.

People were protected from any financial abuse. Where staff assisted people with their shopping, records of monies were kept and receipts for any purchases were obtained.

The registered manager had assessed people's own home before the service had been offered to make sure they were safe for people who used the service and staff. Assessments were in place which identified risks to people's health and safety. These clearly showed what action had been taken to mitigate these risks.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. We looked at three staff recruitment records and saw, for example, they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession. Gaps in employment were discussed at interview but not always documented. We spoke with the registered manager who could give a verbal account of what was discussed and told us they would complete this retrospectively. We saw evidence this had been actioned immediately after our inspection.

The registered manager currently had enough staff employed to ensure people received the care and support they required at the time they requested. Records showed and people told us staff generally arrived at the specified time and stayed for the right amount of time. Comments from people included; "They come at the right time and are flexible to allow us to have a lie in on some days", "They arrive on time. Start and leave times are as we specified. They are more than willing to stay for extra time – for example, if we're stuck in traffic getting back", "They are very, very punctual. If I had to give them a score, I would give them 10 out of 10" and "They ring to say if they're going to be late."

Staff we spoke with told us there were enough staff to ensure people's needs were met and they were not rushed in or between calls. The registered manager told us they were in the process of recruiting extra staff to cover prospective new people requesting support from the service. People told us they were introduced to staff before they provided support. Comments included, "They will introduce any different staff to us beforehand (before coming to provide care)" and "I sometimes get different staff but they introduce them first."

People who used the service were protected from the risk and spread of infection. The service had an infection prevention policy and staff had received relevant training. Stocks of disposable gloves and aprons were available at the service office for staff to collect for their use. Most people told us staff used gloves and aprons although one person said this was not always the case. We spoke with the registered manager who said they would ensure this was discussed at the next staff meeting. One person commented, "Staff use aprons and gloves all the time. They even wear foot protectors to protect our carpets because they're light coloured."

Staff had received medicines training and a medicines policy was in place. The service was currently supporting one person with their medicines when they attended the person's home once a week. The person lived with relatives who also assisted the person with their medicines. The person received their medicines from a dossette box system once a day. However, a complete record of the person's medicines was not present in the person's care records, including any side effects staff should be aware of. We raised this with the registered manager who took immediate steps to rectify this, confirming this had been actioned on the day following our inspection. We reviewed the person's medicines administration record (MAR) and saw this was not always signed by staff. The registered manager told us they themselves completed the support call for the person and when the MAR was not completed, this was due to the person's family having given the medicines. We saw information in the person's daily records mostly indicated where the family had administered medicines. However, the registered manager told us they would ensure this was always clearly recorded and would introduce a code to reflect this for staff to record on the MAR. They confirmed this had been actioned immediately following our inspection. When we spoke with the person's relatives, they raised no concerns about the management of medicines. We concluded the person's medicines were given as prescribed.

Most people who used the service had a personal emergency evacuation plans (PEEP) in place although we saw these were not yet completed for two people who had recently started using the service. PEEPS give information about what support people would need should an emergency arise. The registered manager told us they would take immediate action to remedy this.

An accident and incident policy was in place. There had been no accidents or incidents reported, although the registered manager explained the processes they had in place to allow monthly review and analysis for trends and lessons learned should this be required.

Good

Is the service effective?

Our findings

The registered manager completed needs assessments before people commenced using the service. The assessment considered people's needs and choices and the support they required from staff.

Staff were well trained and supported to carry out their roles effectively. Staff we spoke with told us training opportunities were good and they were up to date with required training. Comments from people and their relatives included, "The girls that come are trained well", "They know what they are doing" and "They use a rotator stand to move [person]. I feel confident in their ability. We have watched them to make sure they do it properly. [Person has] got no sense of balance and [person] needs to feel secure and [person] does."

The registered manager told us and we saw new staff completed induction training and completed the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

Training records showed staff were up to date with training which included infection control, medicines, first aid, food hygiene, moving and handling, palliative care and safeguarding. We saw staff had also been enrolled on specialist training in topics such as catheter care and epilepsy care.

Most staff had recently joined the service apart from one staff member who had received a supervision. Supervisions are meetings that give staff the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to the registered manager at any time for advice or support. The registered manager was putting a programme of supervision in place as well as annual appraisals which look at staff performance and development over the year. The registered manager completed checks to ensure staff were competent to provide safe and effective care and support.

Policies and procedures were in place in relation to supporting people with their nutrition and hydration. At the time of our inspection, the service was not supporting anyone with their nutritional needs.

Staff had received training in first aid. Most people lived with their relatives who supported them with their healthcare needs. However, we saw where staff were concerned about people's health, they liaised with family to ensure the person's GP was contacted. One person told us, "They called the GP when I was feeling ill." We also saw in one person's records where the service had liaised with the district nursing team about a person's healthcare needs. We concluded people's healthcare needs were being met.

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. For people living in their own home, this would be

authorised via an application to the Court of Protection.

People using the service had capacity and had consented to POVA Care providing them with care and support. The registered manager understood their legal responsibilities under the MCA and told us if people lacked capacity, decisions about the care would be made in their best interests if no Lasting Power of Attorney (LPA) for health and welfare was in place. A LPA is a legal document that allows someone to make decisions for you, if you're no longer able to. One person's relative had LPA and we saw the registered manager had requested supporting documentation about this. This showed us the manager understood their responsibilities to act within the legislation.

Staff we spoke with were clear about requesting consent before providing care and support to people. People told us staff asked for consent before supporting them with their care and we saw people's care plans highlighted that staff should always ask for people's consent.

Good

Is the service caring?

Our findings

Staff treated people with dignity and respect. People who used the service and their relatives told us, "Fabulous. Wonderful people. They're all so friendly. They take time to chat with [person's name] and look after [person's] needs", "They are passionate about what they do and care about people. They are really caring" and "They always speak with sympathy and say, 'please'. They have good manners which is very important."

Care staff we spoke with appeared to genuinely care for the people they provided care and support to. Comments included, "I want to help [person]. I want to care for [person]. [Person] enjoys it (receiving care) with us – says,' I absolutely love you guys'" and "I really like the clients – they're lovely." The registered manager commented, "We have a really nice client base. We adore them all… I made two phone calls to [persons' name] over the weekend because I was concerned about [person]."

Staff communicated well with people to provide comfort and reassurance. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they ensured doors and curtains were closed when delivering personal care, although one person preferred their bathroom door left open, which staff respected. Staff told us they explained to people what was happening at each stage of the process when delivering personal care. Comments included, "I feel more in control. They treat me like a real person" and "They have towels and covers to cover me over. I feel comfortable that they respect my modesty. They are respectful about what I want."

People who used the service were supported to be as independent as possible and staff respected their privacy. For example, one person told us staff supported them to shower independently and only assisted when they couldn't manage a task. Another person told us, "They get me to do as much as possible for myself."

Care files contained basic information about people's life histories, interests and hobbies, although the registered manager agreed some care records would benefit from further information, particularly around people's life histories to aid staff better understand the people they were caring for. However, they told us they did not want to give too much information to staff as they wanted staff to find out information themselves by spending time and chatting with people.

Staff we spoke with clearly knew people well including their favourite activities and how they liked to be communicated with. What staff told us about people correlated with what was recorded in people's care records. For example, one person's care records documented that they used to be in the army and enjoyed talking about this. Staff told us they enjoyed talking with the person about army life.

People who used the service and relatives told us they had been involved in developing their care plans.

Staff were sensitive to people's needs. For example, the registered manager told us one person did not enjoy staff being around them when they were eating. This corresponded with what the person told us.

Records were stored securely at the office or on the office computer which was password protected. Policies and procedures regarding confidentiality were in place and staff reviewed these as part of their induction process.

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. For example, people's religion and choice of carers was respected. One staff member told us they were going to support one person who had just started receiving support to attend the local mosque. The registered manager had recruited a male care staff member and was interviewing others to support people who preferred to be supported by care staff of specific gender.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed and care plans developed with people and/or their relatives before people started receiving care. The registered manager contacted people regularly to ensure their needs were being met by the current service. We saw where people's needs had changed, the service had accommodated to cover these, such as offering increased support. People told us, "I had meeting with [registered manager's name] before commencing the package to discuss my care and support needs", "They asked me what I wanted when I started the service", "We had a meeting with [registered manager] about care and support needs and she then brought the care worker round for a meeting" and "[Registered manager] rings regularly to check if everything is okay."

Care records generally reflected people's individual care and support needs and how staff should cover these needs on each call visit. For example, one person's care records stated, '[Person's name] likes carers to assist to clean [person's] teeth with an electric toothbrush, gently.' People's needs and preferences were taken into consideration when staff were allocated to the call; for example, preferred language and male or female carers. However, one care record we saw required more detail about how staff could promote choice and how staff were to promote the person's independence. We spoke with the registered manager who agreed to take action to rectify this. From reviewing daily records, and speaking with the person and staff, we were satisfied this was done during their day to day care and support of the person.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans were subject to regular review to address and minimise any identified risk. Staff told us they read and understood information contained in care records before they commenced providing people with care and support. The registered manager told us, "It's part of my piece of mind that care staff read the care plan in the office before they go out to people's houses."

End of life care was not an issue at the time of our inspection. The registered manager appreciated care plans would need to be put in place in line with people's wishes and preferences about how they would wish to be supported.

A complaints procedure was in place. A copy of the complaints procedure was detailed in people's care plan folders kept within their homes. This was both in printed format and in easy read format. The complaints procedure was also detailed in the service user guide given to each person receiving care and support, including contact numbers for the service. This gave us confidence complaints would be taken seriously and investigated. No complaints had been received at the time of our inspection. People told us, "No concerns in the slightest. If we have any concerns, we would speak to [registered manager]", "We've been given a copy of the complaints policy" and "; "I know how to complain. I've had no complaints. They are very, very decent."

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and

understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs. Each person received some service information, such as the complaints policy in 'easy read' format and service information was available in different languages or on CD/DVD if required.

Most of the people the service supported lived with relatives. However, the service supported some people with community involvement, such as taking people out shopping and to the local mosque.

Good

Is the service well-led?

Our findings

There was a registered manager in post who provided leadership and support. People who used the service and relatives told us the management team were well thought of and said they were approachable and empathetic. Comments included, "[Registered manager] is very pleasant. She says, 'If you ever need us, we're always here'.", "[Registered manager] rings regularly to check if everything is okay. For example, she chased up night bags that hadn't arrived. She's very helpful. She has a passion for the role. She's very hands on – she delivers care sometimes" and "If we have any concerns, we would speak to [registered manager]. She is very approachable." Everyone we spoke with told us they would recommend the service as a place from which to receive care and support.

Staff we spoke with were positive about their role and the registered manager. Comments included, "They [registered manager] are really nice and lovely. It's a really nice company to work for. I enjoy coming to work", "They're really friendly. I really enjoy working with her (registered manager). She sometimes goes out and does the care" and "It's very good to work at POVA. I'm enjoying it. I find this is a lot more personal than my previous job… a chance to get a lot closer to clients."

We found the registered manager open and committed to make a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care, and achieving good outcomes for people living at the service. The registered manager set a clear example to other care staff and completed care calls themselves to ensure they remained in touch with what was happening in the service.

Staff morale was good and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first. One person commented, "They treat you like a normal person."

This was the first inspection of the service since it was registered in November 2017. A service had only been delivered to one person until recently when four more people commenced support, the most recent commencing four days prior to our inspection. This meant the provider had not yet commenced formal service checks and audits. However, they were working with an independent consultant to devise regular checks on areas such as care records, call times, medicines, finances and infection control.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. The provider was aware of their responsibilities but had not needed to make any notifications.

The registered manager liaised with the local authority, GPs, district nurses and social care professionals as required to ensure people received optimum care and support and to share best practice. The registered manager kept themselves updated with best practice guidelines through the Care Quality Commission (CQC) website, newsletter and updates. They told us they were planning to attend the local authority

provider forums to forge links and share best practice with other providers in the local area.

People who used the service had been asked for their views about the service they were receiving and the person who had been using the service for a longer period had received a quality questionnaire. The results of this and responses from people we spoke with showed they were highly satisfied with the care and support they received.