

Person Centred Care Services Limited

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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:

Person Centred Care Services are a domiciliary care service based in Stalybridge which is registered to provide personal care and support to people in their own homes. At the time of our inspection, 52 people were using the service. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service worked with people with a variety of different needs which included older adults, and those with different types of disability.

People's experience of using this service:

People and relatives were very positive about the service and told us, "I'm very pleased with the service." They said they had consistent staff who always turned up and were on time.

The staff we spoke with knew the people they were supporting well and had a good understanding of how to provide appropriate support. There were systems in place to ensure staff were available to cover any calls as required.

There were risk assessments in place which were detailed and specific to the individual and included moving and handling, eating and drinking and pressure care as well as environmental risks.

There were suitable systems in place to recruit staff safely and appropriate checks were being undertaken.

Staff received the training they needed to support individual's with their specific health and social care needs.

The service worked closely with other health care professionals and supported individuals to access appropriate health care services as required.

People's experience of care was regularly reviewed through quality assurance calls and surveys.

People, relatives and staff felt able to raise concerns with the registered manager and felt these were addressed quickly and effectively. Records demonstrated that complaints were full investigation and action to address concerns taken.

Rating at last inspection: At the last inspection the service was rated as Good (06 December 2016).

Why we inspected: This was a planned inspection to check that this service remained Good.

Follow up: We will continue to monitor the service through information we receive and inspect in line with our re-inspection schedule for services rated good overall.

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

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 remains safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains well-led

Details are in our Well-Led findings below.

Person Centred Care Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one adult social care inspector.

Service and service type:

Person Centred Care Services is a small Domiciliary Care Agency which provides personal care to people in their own homes. The service was supporting 52 people at the time of the inspection, of which 20 people were being supported with a regulated activity.

Not everyone using Person Centred Care Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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 visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to answer any questions we might have during the inspection.

Inspection site visit activity started on 23 May 2019 and ended on 03 June 2019. We visited the office location on 23 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures. Following this we made telephone calls to people and their relatives to speak with them about their experience of receiving support from Person Centred Care Services. We also spoke with staff about their experiences of working for the service.

What we did:

Prior to our inspection we requested a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and local commissioning teams to obtain their views about the service. We contacted Healthwatch, which is an independent organisation which collects the views of people who use health and social care services, for any feedback they had received. This information was used to identify key lines of enquiry as part of the inspection.

During the inspection we spoke with four people who were receiving support from the service, and two relatives on the telephone to gain an understanding of their views of the service and quality of support that people were receiving. We spoke with the registered manager and office staff and five care staff.

We looked at four people's care records which included a wide range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; four staff personnel files, staff training records, policies, procedures and quality assurance audits.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. One person said, "They are very good, I never have to worry about them." and a relative said, "The care workers are great. I know [family member] is being well looked after."
- The service had appropriate policies and systems in place to safeguard people. Staff had received training and were aware of the safeguarding and whistleblowing policies.

Assessing risk, safety monitoring and management

- People had individual risk assessments in areas such as moving and handling, and risk-taking behaviour. These were detailed and provided staff with guidance to reduce the potential risk.
- Environmental risk assessments of people's homes were in place and guidance provided for staff about how to manage these risks.

Staffing and recruitment

- The service had suitable policies and procedures in place to ensure staff were safely recruited.
- Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- There were enough staff to meet the needs of people and deliver a consistent service. The service was continually recruiting to ensure it could meet people's needs safely and had additional floating staff in place to ensure cover for any calls as required.

Using medicines safely

- People told us they received their medicines safely including prescribed creams, and records of administration were maintained.
- Care records contained information about how people were to be safely supported to take their medicines and clarified who was responsible for what actions, such as ensuring people's medicine was reordered as required.
- Staff received training to safely administer medicines and there were policies to underpin this.

Preventing and controlling infection

- Staff had completed training in health and safety, and infection control. Staff told us they knew how to reduce the risk of infection.
- People and staff told us they had access to the equipment they needed, including personal protective equipment (PPE) such as disposable gloves and aprons.

Learning lessons when things go wrong

- The service undertook audits of records including medicines, incidents and complaints to look for themes and patterns. Information regarding near misses was also analysed. Action was taken to ensure lessons were learnt and risks to people were reduced.

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

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

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

- People's needs were assessed prior to receiving support and people and their families were involved in developing the package of care.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed and people told us they felt involved in these conversations.

Staff support: induction, training, skills and experience

- Staff told us they received all the training they required to undertake their role and records confirmed this. One member of staff told us, "The training was definitely good. It covered everything I needed." and another said, "The induction was good. I shadowed more experienced staff. It gave me a chance to get to know people and what to do."
- Records demonstrated that staff had regular supervision and staff told us they felt well supported. They told us, "Support is definitely there. You only have to make a phone call if you are not sure about anything." and, "We get regular supervisions, I feel well supported."
- People told us that staff were well trained. People said, "They are very well trained and know what they are doing." "They are all well trained, some are more experienced though." and a relative said, "I've been very impressed. The staff are very well trained."

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

- Care records contained detailed information about how to support people with eating and drinking for staff to follow. People at risk of malnutrition and dehydration had risk assessments in place.
- People told us they were happy with how they were supported in this area. One person said, "Staff show me what I have in my fridge, so I can choose what I fancy. They make sure nothing is out of date."

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

- Records demonstrated that the service worked closely with healthcare professionals and supported people to attend appointments.
- Advice from health care professionals, such as advice from district nurse in relation to managing pressure sores, was recorded within people's care records and staff followed this guidance.

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.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People told us they were always asked for consent by staff when being supported with personal care. One person told us, "They check with me, ask whether I am ready [for support with personal care]."
- Care records contained consent forms and people were clearly involved in developing their care and treatment plans.
- At the time of the inspection training in MCA was being rolled out throughout the staff team.

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

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 were very positive about the service and the staff supporting them. They told us "The carers are terrific." "They are very caring." and, "I'm always pleased to see them."
- People told us they were supported by the same staff. One person said, "I never have to worry about whether they will turn up. They always come." One relative told us, "[family member] has the same carers. They are the best carers I've ever seen. We couldn't be more pleased."
- Care records included information about people's interests and hobbies and people were supported to engage in other activities and interests where possible. Protected characteristics were considered with in care records and the registered manager understood how to support people with specific needs in a person-centred way.

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

- People and staff spoke positively about one another and the registered manager told us that they tried to match people and staff based on interests and preferences where possible.
- People told us they felt involved in their care. One person told us, "They always give me choice." and another said, "I can tell them what I want them to do and they will do. They are very good like that."
- The registered manager knew how to support people to access advocacy services where this type of support was needed. They told us they could adapt information into a variety of formats, depending on individual needs, to ensure it could be understood and met the accessible information standards.
- Care records contained detailed information about people's preferences. Staff knew people's needs and preferences well and respected the individual's choices.
- The service asked for regular feedback from people. This included regular quality assurance conversations and surveys. The feedback the service had received was very positive.

Respecting and promoting people's privacy, dignity and independence

- People told us that their dignity and privacy was respected. One person told us, "They always make me feel comfortable, [when they are supporting with personal care] it never feels awkward."
- Care records demonstrated that consideration of what support people needed and how staff could promote independence was assessed and recorded.
- The service was part of the Daisy dignity in care scheme and staff had all completed training in dignity. The Daisy Standards are designed to foster an environment where Dignity in Care is at the forefront of everything that is done.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were detailed and contained specific information which covered the individual's care needs. This included areas such as physical health, dietary needs, and communication. Objectives in areas such as promoting independence, and social inclusion were clearly detailed within records.
- Staff knew the people they supported well. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One member of staff told us, "Care plans are good. They definitely reflect the person and their needs."
- Care records were reviewed, and regular feedback was sought from people. We saw that this feedback was used to update care record and updates provided to staff. One person told us, "I am able to tell them [staff] how I want it done and they respond." and a relative said, "I'm kept well informed, communication is good."

Improving care quality in response to complaints or concerns

- People told us they felt able to raise concerns and were confident that any issues would be quickly addressed. One person told us, "I know I could raise concerns and they would listen. I don't need to, I've never had any problems. I feel very lucky."
- We reviewed how complaints were managed by the service. Records demonstrated that any concerns raised by people were fully investigated and action taken to reduce reoccurrence of these concerns.
- The service had a suitable complaints policy in place which people, relatives and staff were aware of.

End of life care and support

- The service provided support to people at the end of life and we saw that they worked closely with other agencies, such as District Nurses and Macmillan support, to ensure people received appropriate end of life care.
- Staff would complete end of life care training when they were delivering this type of support and additional assistance was put in place to ensure staff felt well supported when undertaking this type of care.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and families told us that systems of communication were good. One person said, "Communication is good. We always know who is coming and they always turn up on time." and a relative said, "They are very reliable, and communication is good."
- Staff told us that they were well supported and had regular meetings, supervisions and appraisals. Records confirmed this.
- The registered provider was clear about the role of the Duty of Candour in improving the sharing of information and development of high-quality services.

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

- Staff had clear roles within the organisation. Staff were very positive about working for the service and said, "It's very well organised, you always know what you are doing. It's consistent." and, "Everything we need is in place. I think we are a really good team and work well together."
- Staff felt well supported by the management team and told us, "We get all the support we need. There is always someone at the end of the phone if you need them." and, "[Line manager] is great, they are very supportive and always listen."
- Quality checks and audits were completed by the registered manager. These included care records and paperwork of accidents and incidents. Work was ongoing to improve systems of oversight including the use of electronic systems.

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

- Staff were positive about the service and felt able to contribute ideas. One staff member said, "I love it here. It's one of the best companies I could have picked. I can bring suggestions and ideas to meetings."
- The service had various ways to engage people, families and staff in the service. This included staff and service user surveys, staff meetings and regular quality assurance telephone calls with people and their families.

Continuous learning and improving care

- The service was committed to continual learning. Staff told us they could access a wide range of training and learning and were encouraged to continually develop.
- The service had policies and procedures in place to provide guidance for staff on a variety of matters. These

were regularly reviewed to ensure they were suitable to the service and updated when required.

Working in partnership with others

- Records showed that staff communicated effectively and worked closely with a range of health care professionals to ensure that people accessed the support they needed.