

Pacific Care Services (London) Limited

Pacific Care Services London

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

This inspection took place on 26 October 2017 and was announced. This was the first inspection of this service at its current location. It was previously registered at a different location which we inspected in January 2014. At that time we found they were compliant with all the regulations we looked at. The service is registered to provide support with personal care to people living in their own homes. At the time of inspection five people were using the service.

The service had a registered manager in place. 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.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Systems were in place to promote the safe management of medicines.

Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they were able to make choices about what they ate. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used the service.

We have made one recommendation in this report that the service uses the Care Certificate as part of its induction training of new staff.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Appropriate medicines procedures were in place although the service did not provide support to anyone with medicines at the time of our inspection.

Is the service effective?

Good ●

The service was effective. Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

People were able to make choices about their care and the service operated within the principles of the Mental Capacity Act 2005.

People were able to choose what they ate.

People were supported to access relevant health care professionals as required.

We have made one recommendation in this report that the service uses the Care Certificate as part of its induction training of new staff.

Is the service caring?

Good ●

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

The service had a complaints procedure in place and people knew how to make a complaint.

Good ●

Is the service well-led?

The service was well-led. People and staff told us they found senior staff to be supportive and helpful. There was a registered manager in place.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views of people using the service.

Good ●

Pacific Care Services London

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 was planned to check 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 26 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration and any notifications they had sent us. Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

We spoke with one person who used the service and two relatives. We also spoke with five staff, a director, the registered manager, the administrator and two care assistants. We reviewed records relating to four people including care plans and risk assessments and examined four sets of staff recruitment training and supervision records. We looked at the quality assurance and monitoring processes at the service and reviewed various policies and procedures.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "Oh yes, I feel safe." A relative said, "I'm sure we are safe"

Systems were in place to protect people from the risk of abuse. The service had a safeguarding adult's procedure in place which made clear their responsibility for reporting any allegations of abuse at the local authority and the Care Quality Commission [CQC]. There was also a whistleblowing procedure in place which made clear staff had the right to whistle blow to outside agencies if appropriate. The registered manager and staff were aware of their responsibility for reporting any allegations of abuse. The registered manager told us if they were made aware of an allegation of abuse, "I will inform the safeguarding team at [local authority] and suspend the care staff. I will also alert CQC."

A staff member said, "I have to report it immediately to my line manager." Another member of staff said, "You have to report it to your manager and if they don't take action you have to report it to the safeguarding team, [at the local authority]." The registered manager told us there had not been any allegations of abuse since the service was registered.

The service did not spend any money on behalf of people. This reduced the risk of financial abuse occurring. There were policies in place to help prevent financial abuse. For example, staff were not permitted to receive gifts from people or borrow money from them or be involved in drawing up a will on behalf of people.

Risk assessments were in place which included information about the risks people faced and how to mitigate those risks. For example, risk assessments about moving and handling including information about the people and equipment required for each task such a standing up or transferring from the bed to a chair. Other risk assessments included risks associated with the physical environment such as lighting, ventilation and trip hazards. Risk assessment were regularly reviewed to ensure they remained up to date and staff had a good understanding of the risks people faced and how to support the safely.

People told us staff stayed for the full amount of time allocated and completed all required tasks. Staff told us they had enough time on each visit to provide the support the person required. One member of staff said, "Yeah, of course we have plenty of time." The registered manager told us no one using the service at the time of inspection required the support of two people. They added there had not been any missed visits and people we spoke with confirmed this. People also told us that staff stayed for the full amount of time and that they were usually punctual. One person said, "They are very rarely late." Staff were aware of what action to take in the case of an emergency, telling us they would call for an ambulance and wait with the person until it arrived.

The service had robust staff recruitment policies and practices in place. There was a staff recruitment policy which stated staff could only be employed after various checks had been carried out on them. Records showed staff had been recruited in line with the policy and checks carried out included criminal records checks, employment references, proof of identification and a record of previous employment history. Staff

confirmed these checks had taken place. One staff member said, "They did all the checks. I had to do a DBS and give references." DBS stands for Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults.

The registered manager told us the service did not provide any support with the administration of medicines to people at the time of our inspection. People we spoke with corroborated this. The registered manager told us they would be able to support people with this as required and said staff would have to undertake training first which included an assessment of their competence. There was a medicines policy in place which covered the obtaining, storing, administration and disposal of medicines.

Is the service effective?

Our findings

Staff were supported by the service to develop skills and knowledge through the provision of training and supervision. On commencing work at the service staff undertook an induction programme. This included a mixture of classroom based training and shadowing experienced staff as they carried out their duties. Records showed the manager observed new staff providing support to people before they were signed off as able to work on their own. The registered manager said, "We have four days of induction, we do the principles of care, policies and procedures, care workers responsibilities." New staff completed the Common Induction Standards. This was a training programme specifically for staff that were new to working in the care sector. It was replaced in 2015 by the Care Certificate. The registered manager told us they were still using the Common Induction Standards for newly recruited staff. We recommend that the service uses the Care Certificate as it is the most up to date induction programme for staff.

Staff told us and records confirmed that they had access to regular training. One member of staff said, "We do on-line training, they send a list of what we have to do. I did Deprivation of Liberty, equality and diversity, safeguarding." Another member of staff said, "I've had in-house and on-line training. I did equality and diversity, dementia, moving and handling, infection control, medicines and safeguarding." Records showed training completed by staff included moving and handling, equality and diversity, health and safety, basic life support, dementia awareness, professional boundaries and safeguarding adults and that it is up to date.

The registered manager told us they held one to one supervision meetings with staff, telling us, "We discuss about the work, any issues they may have. Find out about the service users, if there are any updates. What they are doing well and if there are any problems." Staff confirmed they had one to one meetings. One staff member said, "We meet with the manager and talk about service users, any training we need, that sort of thing."

Records of staff supervision showed it included discussions about people who used the service, areas for staff development and training. Records showed staff also undertook an annual performance and development review to monitor their progress and set out areas for further development.

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 told us they were able to make choices about their care. One person said, "Anything I want [member of staff] does it." Staff told us how they supported people to make choices. One member of staff said, "Encourage them to do what they want to do. Choice and preferences are very important." The same staff member told us how they supported people with choices, saying, "Ask them what they want, show them two things [items of clothing] and they will decide."

The registered manager told us where people lacked capacity to make decisions their family were involved in providing information about how to support people. Relatives confirmed this. One relative said, "They involve us in everything." Where people lacked capacity this was recorded in their care plan. People had signed consent forms to agree to the care and support provide in line with their assessed needs.

People told us where staff supported them with food preparation they were offered a choice. One person said, "On Saturday I wasn't very well so they got my breakfast. They got me cornflakes because they know I like it." Care plans included information about food preparation. For example, the care plan for one person sated, "Care staff to prepare breakfast of person's choice with a cup of tea. Ensure they leave fresh water out in a jug for the person."

Staff were knowledgeable about what to do if a person was unwell. They told us they would either call for an ambulance or contact the person's GP and inform their next of kin. Care plans included contact details of relatives and GP's. The service had been proactive in working with other care agencies where people had a need. For example, records showed a person had a fall. The service assessed this risk and made a referral to the local authority requesting extra support be put in place.

Is the service caring?

Our findings

People told us staff were caring and that they were treated in a respectful manner. One person said, "Oh they are very nice. I've got lovely [staff]. They are so good to me." The same person said they got regular care staff and said of one, "There is that little bit extra, [staff member] is just so gentle." A relative said, "They are flexible to fit in with what we need. The carers always turn up on time." Another relative said, "They are friendly and chatty."

Care plans included information about people's family and likes and interests. For example, the care plan for one person stated, "I enjoy watching TV, I enjoy spending time with family and knitting." This helped staff to get a good understanding of the person which helped them to build good relations. The registered manager told us they sought to promote continuity of care by keeping the same regular care staff working with the same people. They said, "I know who suits who, it's about knowing your clients and knowing your carers. We have two staff who regularly work with the same people so they don't have to see new faces."

People told us the service supported them to maintain their independence. One person said, "[Staff] watch me get dressed and if I can't manage she gives me a hand." A relative said, "Yes, they let [person] do things for themselves." Care plans included information about supporting people to be as independent as possible. For example, the care plan for one person stated, "Care staff should assist the person in the shower. Staff should encourage person to wash the areas of their body they are able to reach. Carers will dry person's body with towel, starting with feet first as this is how the person prefers it. Staff to encourage person to dry his private parts." The care plan for another person set out what they could do for themselves and what they required support with. For example, on dressing it stated, "Staff to assist person to pull their blouse or tee shirt up towards their neck, person will pull it off. Staff to assist to put night dress on and person will adjust it." Staff told us how they supported people to maintain their independence. For example, one member of staff said, "We try to get people to do as much for themselves as possible."

Staff told us how they promoted people's dignity and privacy. One member of staff said about providing support with personal care, "You need to cover the part of the body you are not doing. Dignity and privacy is very important." Another member of staff said, "Close the curtains and the door [when supporting with personal care]. Talk to them about what you are going to do, ask their permission." The service had a confidentiality policy in place. This stated staff were not allowed to disclose any information about people unless authorised to do so. This helped to promote people's privacy.

Assessments carried out included details of people's ethnicity, preferred language, religion and sexual orientation. The registered manager told us all of the service users at the time of inspection spoke English which meant staff were able to communicate clearly with them. The registered manager told us the service did not currently have any people with specific needs related to culture, ethnicity, religion or sexuality but said, "We treat each of them as individuals. We don't discriminate against religion, sexuality or ethnicity."

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said, "Yes, they know what I need." People told us they were involved in planning their care. A relative said of the initial assessment, "It was a long visit, they talked through everything with us."

After receiving an initial referral the registered manager carried out an assessment of people's needs. This was to determine what support the person wanted and required and if the service was able to meet those needs. The registered manager told us, "I do the assessment with the service user and their family, to find out what they need, how they want their care. We go for person centred care." We saw the assessments were based upon what the person wanted, and included sections entitled 'What outcomes would you like to achieve' and 'What is most important to you in terms of support.'

Care plans were in place for people which were based upon the initial assessment. They covered support required with washing and dressing, food preparation, communication, continence and skin condition. Plans set out how to meet people's needs in a personal way around the needs of the individual. For example, the care plan for one person stated, "Person has two flannels, one for all areas of their body and the other for their private areas. Person will show you which is which. Care staff to assist with shower, assist to wash their legs, arms back and feet. Care staff to apply cream to person's feet." The care plan for another person stated, "Person prefers to shave after he is dressed, at the dining table in the kitchen." The care plan for a third person stated, "It takes the person 10 to 15 minutes to be fully awake. Staff to gently alert the person of their arrival in a low voice. Staff has to be very patient."

Care plans were reviewed annually or more frequently if there was a change in the person's needs. The registered manager said, "If anything changes, say they deteriorate, we review the care plan." By reviewing care plans this meant they were able to reflect people's needs as they changed over time.

People told us they had not had to make a complaint but knew who to complain to if required. One person said, "No complaints at the moment. I would talk to my daughter if there was a problem." A relative said, "I would complain to the manager."

The service had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. People were provided with their own copy of the complaints procedure so that it was accessible to them. The registered manager told us there had not been any complaints received since the service was registered and we found no evidence to contradict this.

The service maintained records of compliments. A relative wrote, "Thank you and all your carers for the amazing way you cared for my relative. The kind and respectful way you all helped to make her as happy as you could." Another relative wrote, "[Person] was so lucky to have you both here to care for him. We appreciate how you supported us too." A third relative wrote, "Pacific Care is a really professional company. All the carers that attend and look after my partner are absolutely marvellous."

Is the service well-led?

Our findings

The service had a registered manager in place. They were supported in the day to day running of the service by an administrator.

Staff spoke positively about the registered manager. One member of staff said, "[Registered manager] is keeping a high standard. We can call the office anytime if we have any concerns. They always check to see how the week has gone, calling to check everything is OK." Another member of staff said, "They are excellent to work for. We work as a family." The same member of staff said of the registered manager, "They are really nice to talk to. Anytime you can call."

The service had systems in place for monitoring the quality of support and care provided. Some of these involved seeking the views of people who used the service. The administrator told us, "I do call monitoring to make sure they are fine and happy. I usually do it on a two weekly basis, but at least once a month. I ask about the carer's time keeping and respect." Records were maintained of phone monitoring calls which showed they asked people about staff competence, punctuality and if they were treated with dignity and respect. Records contained positive feedback about the care people were getting. People told us a representative of the service regularly called them to see how things were going. One person said, "They call from the office and say 'How are you?'". A relative said, "They phone regularly to ask if I am happy with everything."

The registered manager told us, "We do a survey of staff and service users two times a year." This was confirmed by records and what people told us. A relative said, "They keep sending me surveys, I fill them in when I have time."

We saw completed surveys from the most recent survey which contained universally positive feedback. One person wrote on their survey form, "I am happy with everything." Staff confirmed that they participated in a survey and records showed it asked if they were happy with the training provided, if there was good communication with the office staff and if their workload was manageable.

The registered manager told us they carried out on-site supervision, saying, "The purpose is to see what time they [staff] get to the service user's house, how they relate with them, their attitude and behaviour, the way they carry out tasks. Seeing what they are doing right and if anything needs to be changed." Records were maintained of on-site supervisions which showed it covered the areas set out by the registered manager.

The registered manager told us and records confirmed that the service held staff meetings. They held two separate meetings close to each other with the same agenda. This enabled as many staff as possible to attend one of the meetings. The most recent staff meeting was on 26 September 2017 and included discussions about punctuality, service user issues and possible new contracts. A member of staff said, "We have team meetings, we talk about what we do, anything we want to talk about."

The service carried out various audits to monitor the quality of support. This included audits of training

records to make sure staff training was up to date, audits of care plans, and of staff recruitment documentation. In addition, the service employed an outside agency to carry out an audit of health and safety practices at the service on 30 May 2017. The report from this visit confirmed they were generally following good practice in relation to office safety.