

Pol Community Care Ltd

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Inspection report

Office 2, Liskeard Enterprise Centre
1 Holman Road, Liskeard Business Park
Liskeard
Cornwall
PL14 3UT

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Tel: 01503775050

Website: www.karonpcc.wix.com/pol-community-care

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

Pol Community Care is a domiciliary care service that provides personal care and support to people living in their own homes in the community. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals. Longer visits for a 'sitting' service are provided for some people.

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.

When we inspected the service was providing the regulated activity, personal care, to approximately 60 people in the St Austell, Saltash, Liskeard, Looe and Polperro areas of Cornwall.

People's experience of using this service

People using the service consistently told us they felt safe and staff treated them in a caring and respectful manner. People had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits.

Staff had a good knowledge and understanding of people's routines, likes and dislikes. Staff told us they enjoyed their jobs and were committed to providing a caring service. They were keen to support people to remain living in their own homes and retain their independence as much as possible.

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.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them.

Care plans were in place for everyone using the service. The service used an electronic care planning system and staff accessed this on their mobile phones. The information generated by this system was accurate, timely and detailed.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

New staff completed an induction which involved training and a period of 'shadowing' more experienced staff. Training was refreshed so staff were up to date with any changes in working practices.

There was a positive culture in the service and management and staff were committed to ensuring people received a good service. Staff told us they were well supported and had a good working relationship with each other and the management team.

People, their relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

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. (Report published on 5 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

Pol Community Care Ltd

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 team consisted of inspector.

Service and service type

Pol Community Care is a domiciliary care service that provides personal care to people living in their own homes in the community. This includes people with physical disabilities and dementia care needs.

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 24 hours notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that we could access the office premises to look at records and arrange to visit people in their own homes.

Inspection activity started on 28 October 2019 and ended on 1 November 2019. We visited the office location on 29 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, care manager, deputy manager and two care staff. We obtained consent from four people, who used the service, to visit them in their own homes. We reviewed four staff recruitment files, staff rotas, six care records and records relating to the running of the service.

After the inspection

We spoke with another five people and two relatives to seek their views of the service. We also spoke with five staff and a healthcare professional. We looked at training and supervision data and quality assurance records.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. Comments included, "No concerns at all", "We are satisfied with the service" and "All the staff are very good, I feel safe with them."
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- The provider had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. There was a positive approach to risk taking to enable people to regain and maintain their independence. Any identified risks were well managed.
- People had agreed the times of their visits and no one reported ever having had any missed visits. People told us they were kept informed of any change to their times or if staff were going to be late. Comments included, "The timings are fine and they let us know if they are running late" and "I know I can rely on them."
- A member of the management team answered telephone calls when the office was closed. People were given information packs containing details of their agreed care and telephone numbers for the service, so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The service only accepted additional packages of support where there were enough staff available to meet the person's needs.
- Staff confirmed their rotas included realistic amounts of travel time, which helped ensure they arrived for visits at the agreed times.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Staff were trained to support people with their medicines. This sometimes involved staff administering medicines for people.
- Medicine Administration Records (MAR) were kept to clearly record when people had received their medicines.
- Care plans included information about the medicines people had been prescribed.

Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures.

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.

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 Good. At this inspection this key question has remained the same. 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 before, or as soon as possible after, they started using the service to help ensure their expectations could be met.
- When it was not possible to complete an assessment before the service started, an experienced worker would carry out the first visit and the assessment at the same time.
- Assessments of people's needs detailed the care and support people needed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place regularly, as well as group staff meetings, where staff could discuss any concerns and share ideas. Management also completed annual appraisals with staff.
- Regular spot checks were also carried out to check staff competency and practices.
- Newly employed staff completed an induction comprising of training in a range of areas and a period of shadowing more experienced staff.

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

- Staff carried out, or supported, some people with meal preparation and people told us staff were competent in preparing food.
- Staff had been provided with training on food hygiene safety.
- People's dietary needs and preferences were recorded in their care plans.

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

- If needed staff supported people to see their GP, community nurses, and attend other health appointments regularly.
- The service worked with other agencies to help ensure people's needs were met. Staff recognised changes in people's health and sought professional advice appropriately.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make

their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- Staff received training on the Mental Capacity Act and demonstrated a good understanding of the underlying principles.
- People told us staff always asked for their consent before completing any care tasks.
- Staff involved people in decisions about their care and acted in accordance with their wishes.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. The service recorded when people had power of attorney arrangements in place.

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 the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's diverse needs were known and understood by staff. No-one reported experiencing any discrimination from staff.
- Staff treated people with kindness and compassion. Staff were friendly and caring towards people and knew what mattered to them. Comments included, "Staff always have a smile on their face and we have a laugh", "I couldn't manage without them" and "Staff are excellent at anticipating [Person's] needs and supporting him in a sensitive and caring manner."
- Some people lived with a relative who was their main carer. Staff understood that supporting the family carer was important in helping people to remain living at home. Relatives told us staff always asked how they were coping and supported them with practical and emotional support. One relative said, "Staff helped me when I was unwell and they are always happy to have a chat when I have a bad day."
- People's preferred routines were recorded in care plans and well known by staff. This meant staff were able to deliver care in line with people's wishes. As one person said, "Staff all fit in with what I need."
- People told us they had regular staff and new staff were introduced to them, when shadowing other staff, before they worked on their own with a person. This meant people received a consistent service. The relative of one person told us it was important they only had staff who had built a trusting relationship with them, commenting, "Pol Community Care have been great and we have the consistency we need."

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

- People were involved in day to day decisions and had control over their care package.
- Where people had difficulty communicating their needs and choices, care plans described their individual ways of communicating. Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support.
- People told us they were able to contact the office to discuss aspects of their care and support at any time. A manager visited people regularly to review their care plan and ask about their views of the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner.
- Staff supported people to regain and maintain their independence. One person told us how staff had supported them to regain their independence after being in hospital. They said, "They have done a really good job in helping me to get my confidence back and I am doing so much more for myself."
- Staff and management were aware they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy.

- People told us staff always stayed for the full time of their visits and were never rushed.
- Personal information was kept securely in the registered office. Information given to care staff was shared in a secure manner via mobile phone alerts.

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 the same. 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

- Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. This included step by step guidance for staff about tasks they needed to complete at each visit and how people liked things to be done. People's care plans were reviewed every three months or as people's needs changed.
- People had information in their homes which showed when their visit would be carried out and what would be provided for them. People told us they knew about this information and had been involved in the development of the care plan.
- The service used an electronic care planning system and staff accessed information about people's care needs on their mobile phones. Staff told us they were always informed of changes to people's needs as and when these occurred via their phones.
- Staff also used their phones to record daily notes to provide of an overview of the care people had received. Where people preferred to have paper records of daily notes, in their home, staff completed these as well. This was useful if families or healthcare professionals needed to view these records. However, it was possible for families and professional to access the electronic notes, with the person's consent.
- The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help or if times needed to be changed. One person told us, "We often ask for the morning call to be earlier, to go to a doctor's appointment, and the office have always accommodated this."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale. Information about the complaints procedure, and who to contact, were in the information packs kept in people's homes.

- People and their families told us they knew how to make a complaint and felt their concerns were listened to and actioned. As one person said, "I haven't needed to make a complaint, but if I did I am confident it would be sorted."

End of life care and support:

- The service sometimes provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- When people received end of life treatment specific care plans were developed.
- All staff received training in end of life care. Plans were in place for the service to develop a specialism in this area by developing some staff to become champions.

Is the service well-led?

Our findings

Well-Led – this means 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 registered manager/provider had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis, at the service, on meeting people's individual needs and providing person-centred care.
- People, their relatives and healthcare professionals told us they thought the service was well managed and communication with management was very good. Comments included, "I would recommend them", "We are satisfied with the service", "The service is fantastic", "I always feel able to feedback to Pol Community Care, often joint visits are undertaken" and "100% satisfied. Pol Community Care have delivered on what they said they would do."
- Staff were committed to providing the best possible care for people. They demonstrated a thorough understanding of people's individual needs and preferences. Commenting, "I enjoy making a difference to people lives" and "I mostly enjoy having a good relationship with our clients, seeing how us going in each day improves their quality of life."
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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 registered provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- The service was well organised and there was a clear staffing structure. The registered provider/manager was supported by a deputy manager, a care manager and senior care workers. All had a clear understanding of their roles and responsibilities.
- The management team worked together to manage the day to day running of the service. Including working hands on, alongside staff where required. There was a good communication between the management team and care staff.

- Staff said they felt respected, valued, supported and fairly treated. There was a positive culture in the service and staff made comments like, "I absolutely love it", "Managers are really approachable" and "We are welcome to go into the office at any time to speak to them and are encouraged to do so."
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. Information generated from the electronic care plan and rota system was accurate, timely and detailed. The registered manager monitored and analysed data covering all aspects of the service provided to people.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed at the service and on the provider's website.

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

- Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- People and their relatives were asked for their views of the service through questionnaires and regular visits from management. The results from the most recent survey had been positive.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- The registered manager/provider kept up to date with developments in practice through working with local health and social care professionals and being involved in social care provider groups.
- Systems used to plan rotas and monitor the service provision were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements to could be made.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.