Person Centred Care Consultancy Limited

Person Centred Care

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

This was an announced inspection which included a visit to the offices of Person Centred Care on the 20 August 2015. This was followed up with visits to people in their own homes on 21, 24 and 26 August 2015.

Person Centred Care provides personal care to people living in their own homes in areas around Cheltenham and Gloucester. At the time of our inspection personal care was being provided to 15 people.

Person Centred Care has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People's care plans did not reflect the personalised and individualised care they were receiving. Staff understood how people liked to receive their care and the routines important to them but this information was not captured in people's care plans. Staff did not have access to information about people's background or history but learnt this during their interactions with people. This information had not been included in people's care records.

Summary of findings

People told us it was really important to them to have continuity of care and to have staff who they knew and who understood their needs. For the most part this was achieved and people felt they were given time and space to do things for themselves when they could and to be supported to maintain their life skills and independence. People gave positive feedback about the staff providing their care and were seen to have positive relationships with them. People were treated respectfully and sensitively by staff who were professional and kind. People were safeguarded from harm and staff understood how to keep people safe in their homes.

People benefited from staff who had been recruited using robust systems to make sure they were the right people for the right job. They had access to an effective training programme and to individual support helping them to develop professionally. Staff confirmed they felt supported and worked well as a team. They were valued by the provider and had incentives to recognise when they worked efficiently and well. People gave mixed feedback about whether there were sufficient staff to meet their schedule of visits effectively. Some people reported feeling rushed and visits being late but others said they had their visits as scheduled and staff had enough time to support them.

The service was well managed and resources were available to make improvements to systems to improve efficiency. The registered manager was aware of the challenges of providing a service of high standards. They worked closely with staff to promote their vision of "putting people first" and enabling people to continue living in their homes independently.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were protected against the risks of abuse or harm. Staff were thoroughly checked before they started working with people and completed an induction programme to assess their competency.

Staff understood their roles and responsibilities to keep people safe. People were supported to take risks whilst any known hazards were reduced.

People were supported to manage their medicines safely.

Good

Is the service effective?

The service was effective. People were supported by staff who had the opportunity to acquire the skills and knowledge needed to meet their needs.

Staff were aware of the Mental Capacity Act 2005 and its application, supporting people to make decisions and choices about their care.

People were supported to stay well; their health and well-being was monitored. Any changes in their physical or mental health were reported to the appropriate authorities.

Good

Is the service caring?

The service was caring. People were treated with care, kindness and sensitivity. Staff knew their backgrounds and personal histories and had a relaxed but professional relationship with them.

People were given information about the service. They were involved in making decisions about their care and asked for their views about their care and support.

People were supported with dignity and respect.

Good

Is the service responsive?

The service was not always responsive. People's care records did not reflect the personalised and individualised care they were receiving.

People knew how to make a complaint. Systems were in place to respond to complaints and offer an apology when mistakes were made.

Requires Improvement

Is the service well-led?

The service was well-led. Peoples were asked for their views and opinions of the service they received. Quality assurance processes monitored the service provided. Resources and support was available to drive through improvements.

Good

Summary of findings

People, their relatives, social and health care professionals commented on the high standards of care provided. The registered manager and staff promoted a service which “put people first” and aimed to deliver a high quality service.

Person Centred Care

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 20 August 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure they would be available.

This inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was caring for older people. Prior to the inspection we looked at information we had about the service including notifications. Services tell us about important events relating to the service they provide using a notification.

As part of this inspection we visited four people in their homes. We spoke with them and their relatives as well as the staff supporting them. We had telephone discussions with four people who use the service and one relative. We talked with the registered manager and four staff supporting people in their homes. After the inspection we had feedback from two social and health care professionals. We reviewed the care records for six people using the service, five staff files, quality assurance systems and policies and procedures.

Good

Is the service safe?

Our findings

A person told us, "They (staff) support me with safe personal care". People were supported by staff who had completed training in the safeguarding of adults and who had a good understanding of what they should look for and how to report it. If people had unexplained bruising staff would record this on body maps and inform the registered manager. They were confident the registered manager would take the appropriate action. Staff talked about their understanding of safeguarding as part of team meetings. People had been asked by the provider if they felt safe receiving the service and if they had any concerns. This had been done in a variety of ways including reviews of their care or spot checks. The registered manager confirmed that although she had discussed safeguarding concerns with social care professionals about one person these had not been escalated as an alert. A social care professional said, "They monitored the situation and provided feedback to me. They did this very well and acted in a professional manner and managed the situation very well." There had been no safeguarding alerts or concerns.

People were encouraged by staff to stay safe in their homes. They checked to make sure they were wearing their lifelines and emergency call bells were accessible. Staff were given clear guidance about how to protect people's key safes and how to access people's homes. On leaving people's homes they checked to make sure front doors were secure. Staff were issued with identity badges and wore these at each visit. A person commented that they did not think staff wore these badges but staff had slipped their badge inside their uniform to avoid hitting the person when they were delivering personal care.

Emergencies to people or to the service had been considered. An out of normal working hours support system was in place. The registered manager described how she could access additional staff from the local authority if needed in an emergency. People confirmed there had been no missed visits and most said they were informed if their care staff were running late. Most people and their relatives said there had been late visits on very rare occasions and they appreciated these were due to delays with other people receiving the service. Although this was not everyone's experience. One person told us, "Sometimes they come very late" and another said, "The staff are late here". The registered manager described one missed visit and how they had responded to this. This had been due to a scheduling problem. New electronic systems were to be introduced which would reduce the risks of this happening. Staff had also been given cards to post through people's doors if they could not get a response. These stated staff from the agency had attended the person but had been unable to gain access to their home.

People were protected by arrangements to review and learn from concerns or accidents. When people had an accident, incident or near miss staff reported this to the registered manager. There had been two accidents to one person in the last twelve months. Their care records had been reviewed as a result and the registered manager had worked closely with their social worker to review their package of care and how they were supported. This had resulted in a medicines review and no further accidents had occurred.

Any risks to people were identified during the assessment process and then reviewed as part of their on going support. Risk assessments for moving and handling described how they were supported to be as independent as possible whilst minimising any known hazards. New systems were being piloted to monitor staff who were working alone. This allowed the registered manager to track their whereabouts to make sure they were safe and keeping to their schedule.

People were supported by staff who had been thoroughly checked before they started working with them. Robust recruitment and selection procedures were in place. Staff completed an application form and if there were gaps in their employment history these were explored with them for instance, a period of unemployment. Where staff had worked previously in social care with children or adults the reason why they left this employment was verified. Staff did not start work before a satisfactory Disclosure and Barring Service (DBS) check had been returned. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. The registered manager described how they had decided not to appoint an applicant because they had not declared offences described on their DBS check. New staff worked alongside existing staff for at least three shadow shifts during their three month induction period. The registered manager said this would be extended if needed or additional support would be offered.

Good

Is the service safe?

People benefitted from a small service which was able to respond flexibly to their individual needs. People confirmed visits could be altered if needed. The registered manager said they would always try to accommodate people's requests for changes to visits wherever possible. She said a package of care for a new person had been refused by her because she was unable to offer the times they wanted for their visits. It was important to make sure there were sufficient staff working in the right place at the right time. Most people were satisfied with the service they received but two people expressed concerns that there were not enough staff and felt their service was rushed.

People had consented to have their medicines administered or monitored by staff, if this was needed.

People's care plans described their medicine regime and the part staff were to play. For example, occasionally they only needed prompting to take their medicines or staff just needed to check they had been taken. One person told us, "They come twice a day, they keep an eye on me and check that I've taken my tablets." Staff had been trained in the safe handling of medicines and completed an externally verified booklet by a local college, to test their knowledge. The registered manager observed staff administering medicines in order to assess their competency. Medicines administration records were kept in people's homes which included a stock count for medicines if needed.

Good

Is the service effective?

Our findings

People said they liked to have the same staff supporting them with their care. This meant staff would understand their needs and the way they wished their care to be delivered. Relatives commented, "There is much more consistency when we have the same carers most days" and "It's important the carers know her and what she wants. We know the girls and have the same ones".

People were supported by staff who had access to training and support to develop their knowledge, skills and professional development. A social care professional commented, "Carers have always been skilled and professional. This is also the feedback from people who receive care." People told us staff had the skills and knowledge to support them and one person said, "Some girls seem more experienced." New staff completed an induction to introduce them to Person Centred Care and its systems. They then started the Care Certificate and training the provider considered to be mandatory such as safeguarding and infection control. Not everyone had completed first aid training but the provider had arranged for this to be delivered by a local training organisation. Each member of staff had an individual training profile confirming training they had completed, their training needs and when refresher training was due. The registered manager was a trainer and also an assessor. She supported staff to develop professionally for example completing the diploma in health and social care or specialising in areas such as autism or dementia. Staff were observed carrying out their work to make sure they understood their training and were competent to perform their job.

When people's needs changed, additional training was provided to make sure staff had the appropriate knowledge and skills to continue to support people. Staff confirmed if they needed training specific to someone's needs this was arranged. For example, staff had recently completed training in continence, catheter care and pressure ulcers. Staff had also completed epilepsy awareness and end of life care.

Individual meetings with the registered manager enabled staff to talk about personal or professional issues, to reflect on their performance and to identify their training needs. She said these meetings were scheduled to take place every two months. An annual quality questionnaire formed part of the annual appraisal for staff. This gave them an opportunity to express their views about the service they provided as well as highlighting their developmental needs. New staff completed this when they had finished their induction.

Staff had completed training on the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The registered manager confirmed they would be talking about the MCA and how this impacted on their support for people at the next team meeting. All staff had been given a booklet with information about the MCA.

People had been asked if they gave their consent for their care and support to be provided in line with their care plans. Signed records confirmed this. Staff asked permission from people before delivering personal care and offered them choices about how they were supported. One person told us, "Yeah, (they provide choice) what I want to wear, I look in wardrobe and I pick what I like" and another person responded to a question about whether they made choices, "I suppose so yes, they all seem reasonable to help him". The registered manager was aware of when to make decisions in people's best interests and the process to be followed. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. At the time of our inspection everyone was able to consent to their care and support.

People's nutritional needs were highlighted in their care plans for example if they were living with diabetes or at risk of malnutrition. If people had any allergies to food or fluids these were noted. Staff asked people what they wished to eat and drink and how they wished their food or drinks to be prepared. One person commented, "They know how I like my breakfast, with fresh fruit." Staff knew how people liked to have their food and drink prepared but did not make assumptions about people's preferences, asking them each time. Staff were prompted to make sure people at risk of malnutrition or dehydration had food and drink left within their reach.

People's health and well-being was promoted. When staff noticed changes to their physical or mental health they contacted their family or health care professionals. If

Good

Is the service effective?

emergency services were needed they were alerted and staff remained with people until they had arrived. Good systems to pass on information to the registered manager were in place who immediately updated records kept in the office. The registered manager said they worked closely with health and social care professionals. A social care professional said, “They kept in contact with me and were part of our joint working with an individual.”

Good

Is the service caring?

Our findings

People said, “All the staff are very nice pleasant and will do what you ask them to do” and “I have no grumbles, they are all very good and they are polite”. In their feedback to the provider, relatives commented, “Thank you for the amazing care and kindness shown to Dad towards the end of his life”, “Thanks for your support and compassion” and “Excellent carers for their total dedication, invaluable care and the sincerity with which they undertake their daily tasks”. Staff told us, “This company really do care” and “They look after the staff and people well”. Staff treated people kindly, with sensitivity and patience. Staff we observed supported people at their own pace, never rushing them and taking time to chat with them. However this was not reiterated by other people who said at times they felt rushed by staff.

People and their relatives had told staff what was important to them, their background, their routines and likes. A relative mentioned that staff could talk with their husband about his enjoyment of sport and it was comforting to hear them laughing together. Staff knew people well and had developed an understanding of their personal histories. For example, one relative told us, “Some of them talk to me nicely, and even talk to my husband about tractors.” Staff respected people’s preferences and routines for the way they wished to be supported. For instance, one person liked to get out of bed and have a hot drink before they started their personal care.

People’s diverse needs had been discussed with them and consideration given to whether this impacted on the care being provided. Where people had requested their personal care was delivered by care staff of a particular gender, this was respected. Staff understood how to support people with sensory needs; for example making sure they explained in detail to a person with a visual disability everything they were doing and where they were placing objects.

When people became unwell staff said they responded quickly contacting the appropriate health care professionals and liaising with relatives and their registered manager. People were made comfortable by staff, who checked before leaving they had everything they needed.

People were given information about the service they were to receive and confirmed they had copies of the statement of purpose for Person Centred Care as well as a service user guide. People and those important to them were given the opportunity to feedback their views about the service being provided. New people to the service were asked to complete a quality assurance questionnaire about their experience and whether anything could be improved. The registered manager also completed spot checks which included seeking the views of people and their relatives about the service. Reviews of people’s care reflected their opinions and changes were made where needed to reflect these.

People’s information was kept securely in the office and staff understood their responsibility to respect people’s right to privacy. People were treated respectfully. There was a relaxed atmosphere in people’s homes and staff maintained an air of professionalism. A relative commented, “They respect his dignity and they are always very polite”. People were encouraged to do as much as they could for themselves. Their care plans indicated what they could do and what they needed help with. A relative reflected, “They encourage him to be independent, prompting him to do things for himself. Staff talk through tasks with him.”

People using Person Centred Care received a service from a provider who promoted their dignity and human rights. Staff said they were supported well and were encouraged to provide a service which was respectful of people. They worked together as a team to deliver consistent care. People commented, “[Name] is courteous and respectful and observant of my needs, very helpful” and “Oh yes they definitely do (treat with respect), you couldn’t fault them”.

Requires Improvement

Is the service responsive?

Our findings

People's care reflected their individual preferences, routines, likes and dislikes. Staff were observed supporting them in a very personalised way. For example, checking to see whether they needed additional foot support or which clothes they wanted to wear according to their plans for the day. People's care plans however did not reflect this. They stated "assist with personal care" or "assist with shave". Some people needed quite complex tasks completing and although staff understood these, their care plans did not provide the level of detail describing the support given. Where people or their relatives were able to guide people this level of care and support was achievable. However for people living with dementia or short term memory loss those little routines so important to them could potentially get lost if they were supported by staff new to them. A relative commented they prompted new staff about routines and how to use equipment. This particularly impacted when staff left and had been replaced by new staff, which had recently happened.

People's backgrounds were briefly described in their care records. Staff had obviously built up a rapport with people and knew far more about them than was recorded. One member of staff reflected that the care records were live documents and it would be useful for this information to be included. Despite the lack of information in people's care records staff endeavoured to deliver care which reflected people's preferences and aspirations.

One person's needs had changed considerably and although the records kept in the office reflected this, those in their home had not been updated with changes in their care and support or risk assessments.

A complete and contemporaneous record had not been kept in respect of people using the service. This could put them at risk of receiving inappropriate care or support. **This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People were asked what the five most important outcomes for them were. For example, maintaining their independence or remaining at home. This provided a guide for staff to work from and to deliver care which took these into account. One person living with dementia was prompted to carry out tasks for themselves promoting their independence and maintaining their life skills. When people refused care or support, this was recorded in their daily records. The registered manager reviewed daily records to monitor if any trends were developing which needed escalating to health or social care professionals.

People were having their needs reviewed with the registered manager, people important to them and with health or social care professionals. When there were changes to their needs their care records were amended. Records provided an at a glance summary of the changes so that staff could be kept up to date. Staff confirmed they reported any changes in people's needs or concerns about people's well-being to the registered manager who liaised with the appropriate community professionals.

People's diversity was recognised and their care records highlighted when staff needed to be mindful of their age, disability or beliefs when delivering personal care. A person said, "The girls know the way I like things to be done and my routines." The registered manager said it was important to be able to give people time during the visits to feel valued and for staff to not only focus on their tasks. For this reason they did not take on short visits. Staff confirmed this telling us they valued the time to help people with their care and to not feel too rushed.

People confirmed they knew how to make a complaint. They said they had been provided with information with their care records. One person told us, "I've had issues and they have pretty much resolved them." A person told the provider as part of their quality assurance feedback, "We have details of how to make a complaint if required". People told us they had not any raised any concerns or complaints with the registered manager. As part of the quality assurance checks with new people feedback had indicated two new people did not know how to make a complaint. The registered manager said they went back to them and explained the process and where to find the information. The registered manager discussed with us their response to one complaint they had received. Robust records were kept of the concern and the action taken in response. The registered manager spoke with the complainant face to face and investigated their concerns. They were happy with the action taken commenting, "Your response is both reassuring and appreciated." The

Requires Improvement

Is the service responsive?

registered manager gave a written apology to the complainant. They said they had reflected on the issues raised and discussed the learning from this with the staff team.

Good

Is the service well-led?

Our findings

People were asked for their views and feedback about the service they received. This was done through quality assurance checks with new people and an annual quality assurance survey which was carried out in March/April 2015. Comments from people included, "We are very happy with the service all the carers provide" and "An excellent beginning". Spot checks were completed to observe staff delivering care and people also had the opportunity to give the registered manager face to face feedback. People told us, "It's the best company that I've been with and I've had care for some time" and "Compared to other companies I've had, it's brilliant, it's second to none".

The service had a clear vision; "Putting people first". The registered manager said they aimed to let people have their choice about their care, making sure their care was around them and promoting dignity and privacy. Staff spoken with reflected these values and demonstrated them throughout their visits with people. People told us, "I couldn't compliment the carers enough, I am really happy with them" and "They are lovely".

People felt able to raise concerns and staff also said they would talk to the registered manager about any issues they might have. They were confident the registered manager would respond in an appropriate and timely manner. One person commented, "I would give them top marks, I couldn't have a word against any of them." Staff said communication with the registered manager was strong and they worked together well as a team. They had individual and team meetings to discuss their individual needs and people's needs. The registered manager discussed how staff had been made to feel valued members of the team by offering reward incentives and electing an employee of the month who received an award and a gift.

The registered manager had considerable experience in the field of adult social care, was an assessor of the Health and Social Care Diploma and Care Certificate as well as a trainer. The registered manager was aware of her responsibilities with respect to submitting notifications to the Care Quality Commission (CQC). Statutory notifications are information the provider is legally required to send us about significant events. The registered manager was a member of a national network of managers to promote outstanding practice and to share experiences. She had completed management courses and was considering further professional development. She said she kept up to date with national best practice and changes in legislation through subscription with care magazines, social care television, liaising with local colleges and alerts from CQC.

The registered manager was well aware of the challenges of developing a small service delivering care in the home. The service had a good reputation with local social and health care professionals who commented, "The quality of care is excellent" and "It's a brilliant service, I couldn't praise them highly enough". The registered manager said resources and support was available to drive through improvements. She talked about new electronic systems which were being put in place which would introduce new care plans and a system for scheduling rotas. She was also testing a pilot system to safeguard staff whilst out in the community which tracked their whereabouts.

People's experience of their care was captured each month in an overview of concerns, accidents and incidents and feedback from people. The registered manager recognised the skills of the team and the importance of training to develop staff. She said she would respond the same day to requests for support from staff and people using the service. The registered manager was extremely organised and kept robust records in relation to the management of the service. She reflected people's feedback that they liked a small agency. Her aims were to "Deliver a high quality service, which enabled people to remain living independently in the comfort of their home."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance An accurate, complete and contemporaneous record had not been kept in respect of each person in relation to the care being provided. Regulation 17(2)(c)