

Pearl Home Care Ltd

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Inspection report

28 Verona Rise
Darfield
Barnsley
South Yorkshire
S73 9QW

Tel: 07415900881

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6 September 2018 and was announced.

Pearl Home Care Limited is registered to provide personal care to people. This service is a domiciliary care agency. It provides personal care to people living in their own homes.

At the time of our inspection the agency supported two people with personal care and employed two care staff. The service is located in Barnsley in South Yorkshire.

This was the first inspection to Pearl Home Care Limited since they had registered with us in September 2017.

The service had a registered manager who was also the provider of the service. 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.

The provider's staff recruitment systems did not always reduce the risk of unsuitable staff being employed. We did not always see evidence that staff completed an induction, completed training or had their background suitably checked prior to employment.

There were sufficient numbers of staff to complete all planned care calls at the times people expected and for the length of time needed. People told us they felt safe with the staff that supported them and knew they could contact the agency when needed.

People received their medicines as prescribed and staff had completed training to enable them to manage medicines safely and in accordance with best practice.

People had care plans which were personalised, and informed staff how people wanted their care and support to be provided. Care plans were sufficiently detailed and updated when required. Risks associated with people's care were assessed in individualised risk management plans for staff to follow to minimise known risks.

Staff were aware of risks associated with people's care and knew the signs to look for of potential abuse. Staff had a good understanding of the needs and preferences of the people and where appropriate supported them with meals and drinks to maintain hydration and health.

People felt staff had the knowledge and skills needed to meet their needs and spoke positively of the support they received. People, and where appropriate relatives, were involved in developing and reviewing

planned care so that they continued to be satisfied with the service they received.

People's privacy and dignity was respected and their independence promoted. The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent before care was provided.

The registered manager was aware of their legal responsibilities and provided effective leadership and support to staff. Quality assurance systems were used to monitor and assess the quality of the service to drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staff were not always recruited safely. There were enough staff to provide care and support to people.

Staff were trained in safeguarding and people were protected from abuse and avoidable harm.

Risks associated with people's needs were assessed and managed safely.

People were supported with their medicines safely.

Staff understood their roles and responsibilities in relation to infection control and hygiene.

Is the service effective?

Good 

The service was effective.

People's needs were assessed and care plans developed to ensure people received the support they needed. People were supported to maintain their nutrition, health and well-being.

People received support from a staff team, most of which, had the necessary training, skills and knowledge. Systems were in place to provide staff with on-going support.

Staff sought people's consent and understood people's rights. Capacity assessments were used to identify the level of support people needed to make decisions.

Is the service caring?

Good 

The service was caring.

People were cared for with dignity and respect by staff that were caring, friendly and kind.

People were supported to make decisions about how they wanted their care and support provided.

People's views about the service were sought to review the service.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed. Care plans were person centred and provided staff with clear guidance on how people wanted their care and support to be delivered.

Staff respected people's diverse cultural needs, wishes and views.

Systems were in place to respond to any complaints. People were confident that any concerns raised would be dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Staff recruitment and training records required improvement to ensure these were up-to-date.

People and relatives were satisfied with the service provided and the way the service was managed.

Quality monitoring processes were in place and people were asked their views of the service.

The registered manager understood their role and responsibilities.

Pearl Home Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 6 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We did not request a Provider Information Return (PIR) prior to the inspection. This is the form that asks the registered provider to give some key information in relation to the service, what the service does well and what improvements need to be made.

On the day of inspection, we spoke with the registered manager who considered themselves a member of staff as they delivered care and one person who used the service. We looked at the care records for two people using the service, as well as looking at a range of documents relating to the service including daily records, incident records and quality assurance audits. We also looked at two staff files.

During the inspection we spoke with one person using the service. We were unable to speak with the two staff employed by the service.

Is the service safe?

Our findings

We found that the registered provider had not always taken action to ensure that people were supported by staff that had been fully vetted. One staff file we looked at did not contain any references from previous employers despite the registered provider's policy stating two references were a mandatory requirement prior to commencing employment. Staff were subject to disclosure and barring (DBS) checks prior to commencing work with people. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

This issue is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The systems, processes and practices safeguarded people from abuse. People told us they felt safe with the care provided and staff who supported them. One person said, "I always feel safe with these people in my home, I have every confidence in them."

The staff understood their responsibilities in relation to keeping people safe, and could describe what they would do if they suspected or witnessed any form of abuse. The registered manager knew how to report any safeguarding concerns and told us they would work with the local safeguarding authorities in completing investigations when needed. There had not been any safeguarding incidents, however, the registered provider explained how any lessons learned from safeguarding incidents would be used to improve any aspect of service delivery.

Risks to people's safety was assessed and regularly monitored. Risk assessments identified any specific risk to people's health and well-being and how people's care and support needed to be provided to minimise the risks to an acceptable level. The assessments covered risks, such as, falls, moving and handling and pressure area care. Records showed risk assessments were regularly reviewed and when people's needs changed their care and support was altered to accommodate the changes. The registered manager confirmed they knew the procedure for responding to any accidents or incidents.

Where needed, people received appropriate support to take their medicines. The medicines support plans identified the level of support people required to manage their medicines safely. Staff knew the procedure for reporting any medication errors to ensure timely medical advice was received. The registered manager told us and records showed that medicine audits were carried out regularly. The medicine records viewed at the inspection confirmed that staff documented when people were supported with their medicines in a safe way.

There were enough staff available to support people at the times agreed and people received the support they needed from staff they knew. At the time of our visit there was a small team of three staff (including the registered manager) who completed personal care calls and they worked as a team to ensure all calls were completed as required. People knew the staff well and comments from people included, "Timekeeping is really good and it can change if I need it to, they are faultless." This demonstrated the service was flexible

when needed to meet people's needs.

Duty rotas confirmed all care calls were scheduled at the times people expected. The registered manager told us there was some flexibility within the rota to accommodate changes required at short notice to cover any emergencies. They told us they personally covered some of the calls if needed.

People told us staff protected them from the risk of infection. One person said, "They [staff] are very good at clearing up, they always leave things clean and tidy." People confirmed staff followed good infection control practice by using disposable gloves, aprons and hand sanitizing gels when needed. Discussion with staff demonstrated a good understanding of infection control procedures.

Is the service effective?

Our findings

People who used the service received support from staff who had the appropriate experience and skills to carry out their roles and responsibilities. The registered manager told us staff completed an induction programme when they started working for the service. This gave new staff the skills, training and knowledge to enable them to support people effectively. Training records confirmed that staff received a varied training programme and that the training was updated appropriately. However, one staff record we looked at did not contain the details of the staff members training history. The registered manager told us they had both attended the same training venue and undertaken the same training which included; infection control, information governance, fire safety, moving and handling, safeguarding, the Mental Capacity Act 2005 and equality and diversity so that they knew how to respect people's differences and ensure nobody was treated any less favourably due to differences such as their gender, disability or religion. The registered manager had only recently received their certificate of attendance and committed to chase up with the training provider, the certificate for the staff member.

The registered manager told us staff competencies were observed and assessed by the registered manager who often worked alongside staff which provided an opportunity to assess both staff competencies and also to mentor staff to ensure they followed good working practices. We saw records of the recent spot checks carried out on all staff employed by the service which ensured people were cared for and supported effectively and professionally.

The care, treatment and support people received promoted a good quality of life. People's needs were assessed prior to them using the service. People using the service told us they were fully involved in the pre-assessment process prior to taking up the service and their needs and personal choices had been taken into consideration and incorporated into their support plans.

We saw evidence of regular staff supervision meetings with the registered manager to discuss their work and any development needs. The registered manager said they used these meetings to discuss any areas where staff may need to improve. The registered manager also completed observation checks, to ensure staff remained competent to provide the care and support people required.

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 make 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 requirements of the MCA. Discussion with the registered manager demonstrated they understood the relevant requirements of the Act. Staff had received training to help them understand the MCA and were clear they should assume people had the capacity to make their own decisions and to monitor people's capacity and ensure they always worked in people's best interests particularly if they refused care on a regular basis that was detrimental to their health. People told

us they were not subject to any restrictions as a result of the way staff provided their care. This demonstrated staff understood the importance of not restricting people's care and working in their best interest. At the time of our visit nobody had any restrictions on their liberty.

The registered manager understood that they, and staff, were required to obtain people`s consent before they provided care and support. They told us that they always asked the person if it was ok to assist them and always respected the person's wishes.

People were supported with their nutritional needs by staff who knew what people's food and drink preferences were. One person said, "They [staff] always make sure my meals are prepared before they go and I always get a hot or cold drink within easy reach." Where required, staff monitored people's daily food and drink intake to ensure they had sufficient quantities.

Is the service caring?

Our findings

One person said staff were kind and looked after them in a caring way. They said, "You could not ask for better people to be in your home," and "They are simply wonderful." When asked if staff respected their dignity and privacy, they said, "Yes, absolutely."

People were treated with kindness, respect and compassion, and had developed positive relationships with staff. One person said, "The staff are always polite and gentle."

Staff were knowledgeable of people's needs and understood how they preferred their care and support to be provided. They knew how important it was for people to maintain their independence where this was possible. Care plans informed staff what tasks people could complete independently and what they needed support with. One person told us, "Staff know that sometimes I am more able than others so they always ask before doing anything." Discussions with staff confirmed they knew about information in care plans and supported people in ways they preferred.

People told us they had been involved in planning and reviewing their care through regular discussions with staff and the registered manager. Information held within people's care plans showed they had been involved in planning their care and we saw a they had signed to confirm they had read them. The registered manager told us if people were not happy with their planned care, they were able to contact them and discuss this so any concerns could be resolved.

People's privacy and dignity was respected by staff. The registered manager told us their expectations of staff when providing personal care such as to ensure people were covered as much as possible and ensure curtains are drawn. They explained they made sure staff followed this guidance during "spot checks" they carried out.

Staff understood the need to keep people's information confidential and that information was only shared with other social and healthcare professionals on a need to know basis. We saw that people's care records were stored securely and electronic records were password protected.

The registered manager told us people's spiritual needs were respected and supported where applicable. No one had any specific spiritual needs at the time of this inspection.

Is the service responsive?

Our findings

People told us their care calls took place at the times they expected and staff stayed for the agreed amount of time to meet their needs. Comments included, "They are always on time" and "They never miss, and always stay for the right time." People told us if staff were going to be late they rang them to let them know but said this was rare. People said staff always asked if there was anything more they needed from them before they left and told them which staff would be calling next.

Staff told us they supported people without feeling rushed and worked together as a team to ensure people's needs were met. Staff said there was flexibility within their working arrangements to ensure they could respond to any emergency situations or specific requests people made for support.

People's support plans reflected their physical, mental, emotional and social needs, including their personal history, individual preferences, interests and aspirations, and they were understood by staff. Staff confirmed they had time to familiarise themselves with the individual needs of the person through reading the support plans before providing their care and support. They also confirmed that people's changing needs were well communicated. The registered manager said, "Because Pearl Homecare is so small, the communication between staff is brilliant."

Care plans we reviewed were personalised and were up to date. They contained information about people's physical, mental and emotional needs. They provided staff with step by step guidance to ensure care and support was delivered in accordance with people's preferences and wishes. This included for example, exactly what staff should do when a person wished to have a shower and detailed what equipment should be used.

Where people had health conditions, there were details on care plans about any support staff needed to provide. For example, supporting people with medicines to help relieve any symptoms or pain. Records contained information on people's medical history to assist staff in looking for any signs or symptoms that may suggest the person needed medical support.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager was aware of this framework and told us none of the people they supported needed information in different formats such as large print or different languages. They advised they had considered whether one person needed an interpreter but had found this was not required.

People told us they felt they had regular opportunities to feedback their views about the care they received. Records showed the registered manager carried out home visits to seek feedback from people using the service and their relatives.

We looked at how complaints were managed. People told us they knew how to make a complaint because

this information had been shared with them when they started to use the service. All people we spoke with told us they had no cause to complain and would feel at ease to approach the registered manager if they had a concern. Records confirmed there had been no complaints received.

Is the service well-led?

Our findings

The service had 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 2008 and associated Regulations about how the service is run.

Pearl Homecare had a registered manager that was also the registered provider. We spoke with one of the two people who used the service about their experiences of the care and support they received from the care agency. Feedback was consistently positive. The person told us, "They are absolutely wonderful, trustworthy and dependable and I can't praise them enough."

The registered manager worked at the service most days and was thus able to effectively monitor the care provided through direct observation. They were also on call out of hours to support staff or offer advice where necessary. The registered manager also carried out periodic spot check visits out of hours as part of their quality monitoring. Team meetings took place, usually monthly and were minuted. Feedback had been sought from relatives. Written feedback from a relative said, "The care given has been excellent."

We found the service operated in accordance with their statement of purpose which is a document that sets out what the service aims to do and how they will achieve the objectives. The registered manager told us they had invested time and effort in the development and continual improvement of the service they provided. For example, the care and support plan seen demonstrated personalised care and provided a high level of detail that enabled staff to provide the necessary support and care in a person-centred way.

The registered manager used an external company to support them in developing their policies and procedures which helped to ensure they were based on current best practice. However, when we checked staff recruitment files we found one contained no references from previous employers. We found quality assurance processes were not effective in ensuring compliance with regulations and identifying areas requiring improvement and acting on them.

The registered manager was aware of their responsibilities associated with their registration. They knew what statutory notifications they were required to send us and we provided further clarification of these during our visit.

We saw records of quality assurance checks that were used to continually monitor all aspects of the service including; infection control, care planning and medication. The registered manager also undertook, unannounced spot checks, satisfaction feedback, and scheduled reviews of people's care records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed References were not routinely sought before staff commenced employment.