

People in Action

People in Action Domiciliary Care - North Warwickshire and Coventry

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: People in Action Domiciliary Care – North Warwickshire and Coventry (PIA) is a domiciliary care service that provides personal care for people in their own homes. There were 59 people receiving this service at the time of our inspection. Most people who used the service had a learning disability.

People's experience of using this service:

People felt safe with staff who visited them in their home.

People's safety had been considered and risks were managed to maintain their safety.

Staff had received training in relation to safeguarding and knew how to protect people from harm.

Medicine was managed safely.

The risk of infection spreading was reduced by good hygiene practice.

People told us they were supported to have choice and control of their lives, live independently and chose everyday how to spend their time. However, documents describing where people had the capacity to make their own decisions were not always clear and did not always show people's consent to their care arrangements.

At the time of our inspection visit the provider was offering staff and managers additional training in how to interpret the Mental Capacity Act 2005 (MCA), they were introducing new care records formats to better record decision making processes.

The provider delivered person-centred care. People's needs were assessed in detail to ensure the service could be tailored to meet their individual social, care and health needs.

People were treated kindly and compassionately by staff.

Staff respected people's privacy and dignity.

People were supported to take part in activities of their choice.

Information was provided in a range of formats to support people's understanding.

The provider had a complaints policy and process in place; people feel comfortable raising complaints.

When people reached the end of their life, the provider had policies in place to meet their wishes and preferences.

The provider had quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care.

People, stakeholders and staff had an opportunity to shape the service.

The provider invested in staff development to ensure people received care from experienced and caring leaders.

Rating at last inspection: Good. The last report for PIA was published in November 2016. At this inspection we found the provider had maintained their Good rating.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor the service to ensure it meets its regulatory requirements.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was not always 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 not always Well-led.

Details are in our Well-led findings below.

People in Action Domiciliary Care - North Warwickshire and Coventry

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by one inspector and an assistant inspector

Service and service type: PIA is domiciliary care service providing people with learning and physical disabilities with personal care in their own homes. Some people lived together in communal housing.

The service had an experienced registered manager. 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.

Notice of inspection: The inspection visit took place at the office location on 9 May 2019 and was announced. We gave the service 24 hours' notice of the visit to ensure we could speak with the registered manager. Following our office visit we spoke with people who used the service via telephone to gain their feedback.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injury. We sought feedback from the local authority and professionals who worked with the service. We assessed the

information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection visit: We reviewed three people's care records, to ensure they were reflective of their needs, and other documents such as medicines records. We reviewed records relating to the management of the whole service such as quality audits, training information, people's feedback, and meeting minutes.

We spoke with two people who used the service, and four people's relatives, who provided us with feedback about the service. We also gathered feedback from three care workers, three service managers, an operations manager, the nominated individual who was also the registered manager, and a quality assurance manager.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff in their own homes.
- The safeguarding policy described the different types of abuse people might face and included information for staff to follow if they suspected abuse.
- All staff had completed safeguarding training and knew how to keep people safe from potential harm or abuse.
- Detailed records were kept of safeguarding concerns and alerts and where necessary, information was shared with the local authority and the Care Quality Commission (CQC).
- People were provided with information in their home on how they should contact staff if they had any concerns. This showed the provider thought about how to communicate with people about keeping safe.

Assessing risk, safety monitoring and management

- People had risks to their health assessed by staff with the right level of competency and skills to keep them safe. There were risk assessment and risk mitigation documents in each person's care records, which described the risks to their care and wellbeing. However, we found that risk mitigation plans around falls could be clearer, to instruct staff on how they could take action to mitigate the risks of people falling. The operations manager explained they were currently changing their care records formats to make them more succinct and clearer to the reader.
- Staff had developed a good understanding of the risks to people, members of the public and themselves, and understood the steps they needed to take to reduce those risks. For example, risk assessments included what support people needed to assist them with anxiety, how staff could recognise and avoid triggers that may increase people's anxiety.
- Care staff knew people well, including their likes and dislikes.
- People were encouraged to stay as independent as possible and risk assessment procedures did not unnecessarily restrict people's freedom to make their own decisions.

Staffing and recruitment

- There were enough trained and skilled staff at PIA to assist people safely with their care and support needs. One person said, "I can always get support when I need it."
- The provider completed a detailed assessment of people's needs to ensure the right levels of trained and competent staff were available throughout the day and night. The provider employed staff to remain on site during night-time hours in some people's home, to respond to emergencies and unscheduled calls.
- The provider had completed robust checks to ensure staff were suitable for their role. These included checking their references and completing checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- Medicines were administered safely by trained and competent staff, who had their skills regularly assessed to ensure they continued to be competent in administering medicines to people in their own home.
- Medicines records contained information about people's health and the medicines they required.
- We checked people's medication administration records (MAR) and found staff recorded and logged people's medicines correctly and in line with the provider's policies and best practice guidance. A relative told us, "Staff know how important it is to give [Name] their medicine at the right time."

Preventing and controlling infection

- There were effective measures in place to ensure risk of infection was prevented and/or minimised.
- Staff understood the principles of infection control. Staff used personal protective equipment such as gloves and recommended hand-washing techniques to minimise the risk of cross contamination.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. There was an accident and incident policy and accidents and incidents were recorded and shared with the provider.
- The provider and management team analysed incidents and shared learning across the organisation to prevent future occurrences.

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.

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 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Care staff told us, and people confirmed, they sought verbal consent from people before providing care and support.
- People and their relatives told us they could make decisions about their care and support arrangements and were involved in planning their care. One relative said, "They discuss everything with [Name], including how they want to manage their money."
- Staff told us they knew people well and knew which decisions people might need support to make, and which decisions people could make themselves. One member of staff said, "Some people have arrangements in place for restrictions on their care, which we know are agreed through appropriate best interest's decisions and legally authorised."
- However, the provider did not ensure people's records consistently recorded their consent to their agreed care packages, where they had the capacity to do so. Records did not consistently show how staff should protect people's rights to make their own decisions.
- The provider had already identified the need to update care records to show how people made decisions and consented to their care.
- The provider had also arranged updated training for managers, which was being cascaded to all staff, on how to implement the principles of the MCA.

Staff support: induction, training, skills and experience

- Staff received an induction when they started work which included working alongside an experienced member of staff. One staff member said, "The induction and training is comprehensive, and has encouraged me to learn more." The induction was based on the 'Skills for Care' standards providing staff with a recognised 'Care Certificate'. Skills for Care are an organisation that sets standards for the training of care workers.
- Staff also received specific training in areas where people required support with specific medical conditions. For example, staff received training from health professionals to support people with specialist diets. One staff member said, "My training has given me an excellent foundation on which to build."
- Staff received relevant, on-going refresher training for their roles and staff were supported to complete national vocational qualifications in health and social care. A member of the management team explained, "I have been able to complete management qualifications to support my development."
- People told us staff were competent and knew how to meet their individual needs. One person commented, "Staff have a good skill mix and experience, it is good to have both male/female staff."
- The provider maintained a record of staff training, so they could identify when staff needed to refresh their

skills.

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

- People's needs were assessed with the person, health professionals and a manager before moving to PIA.
- Assessments included information on people's physical and mental health needs, social and personal history, and how they wanted their support to be provided to them.

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

- People made choices about what they ate each day, and staff supported them to prepare food and drinks where this was a part of their agreed care package.
- Those people who required support to follow a special diet, either for health or religious and cultural reasons were supported by staff to eat what they wished. One person told us they were supported by staff to follow a diet to lose weight and eat healthily, as they wanted to follow a healthier diet.

Staff working with together and with other agencies to provide consistent, effective, timely support

Supporting people to live healthier lives, access healthcare services and support

- Staff communicated effectively with each other. Systems were in place, such as daily care records and communication books to share information amongst staff. This meant that staff knew what was happening in people's lives and when changes had occurred that might affect their support needs. People told us staff knew them well, one relative said, "Staff support [Name] to walk using his frame, and to do his exercises daily to maintain his health."
- People had access to health professionals. People saw their doctor, dietician, dentist and other health professionals when needed to maintain their health. Where advice was provided from health professionals, care records were updated, and the advice was discussed with people to ensure they understood how this might impact on their health.

Adapting service, design, decoration to meet people's needs

- The provider focussed on delivering a service which was person centred and met people's needs. They offered people who lived in communal homes access to staff 24 hours a day.
- People had specific tools and equipment that helped them to live independently and safely. One person had an epilepsy monitor fitted to their bed. Another person had an audio listening device so that staff could respond to them immediately in an emergency.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were genuinely caring and had good relationships with the people they supported. One relative said, "Their home has a warm atmosphere and staff are content."
- People's responses indicated they were well treated and staff respected them and their privacy.
- The provider respected people's equality and diversity, and protected people against discrimination. Staff were recruited based on their values and abilities. People and staff were treated equally according to the guidance on protected characteristics.
- Staff had received training in equality and diversity and explained how they used this knowledge to reduce any possible barriers to care.
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choices and the gender of the staff member providing their personal care. People were supported to maintain relationships with people that were important to them.

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

- People were involved in decisions about their care. Most people could communicate their wishes verbally. We saw easy read documents, documents in picture format, and information was also available in different language formats where required. This meant people could be involved, as much as possible, in making decisions about their care and treatment.
- People had regular reviews to discuss their health and support needs, and to make decisions about how their care should continue to be delivered. One relative said, "We all met yesterday for our annual review, staff asked questions about whether [Name] wanted anything changed around their care and support."
- People were encouraged to maintain their independence. Staff and records described how people should be supported and encouraged to learn new skills and be encouraged to develop life skills.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

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

- Each person had care plans and records to show their health and support needs. Care plans covered topics such as people's physical and health needs, their life history, activity engagement and hobbies, daily routines, preferences and risk assessments.

- Care records documented they were written with the person, their representatives and professionals. A relative told us, "The manager keeps me informed of change or any problems. A comfort to me is staff will ask for my advice at times about any issues that may arise."

Records were reviewed and updated regularly. At the time of our inspection visit the provider was reviewing the format of their care records, to make care records more accessible.

- Staff demonstrated they knew people well and what support each person required to keep them safe.

- Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure people receiving care have information made available to them that they can access and understand. People had communication care plans to instruct staff on how best to communicate with them. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people effectively. For example, people were sent a copy of their monthly staff rota, so that they knew who was supporting them each day. These were produced for people in a picture format.

- People were encouraged to take part in activities and hobbies, where they were supported by staff to do so as part of their agreed care package. For example, people described going shopping, to bingo, and attending classes in their community. One person told us, "I go out with staff, and I like to do arts and crafts activities."

Improving care quality in response to complaints or concerns

- People knew how to raise concerns or complaints with staff and the management team if they needed to. A typical comment from people was, "I am happy with everything."

- The provider had a complaints policy and procedure that staff were aware of and these had been provided to people in an easy read format and large print. The easy read and different format information told people how to keep themselves safe and how to report any issues of concern or raise a complaint.

- Complaints were recorded. The registered manager responded to complaints according to the provider's policy in a timely way.

End of Life care and support

- The provider had policies and procedures in place to ensure people were asked about their preferences and wishes at the end of their life to support them and their families through this difficult time.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met.

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

- The registered manager was also the nominated individual for the service, and were supported in their role by an operations manager, a team of managers and assistant managers.
- Staff told us their managers were approachable and there when they needed their support. The provider operated an 'out of hours' support line for staff to call when they needed support. One staff member told us, "I have found both my Manager and Assistant Manager have always been approachable. If I have needed advice they are there. They are also prepared to listen."
- Staff received regular supervision in line with the provider's policies. One staff member told us, "I feel the frequency of meetings with my managers is right, as we can always talk to a manager if needed."
- Managers performed regular spot checks on staff competency to ensure they used their skills and training to effectively meet people's needs.
- Staff spoke with pride about the service. A member of staff said, "I would have no hesitation in having a member of my own family cared for by People in Action."
- The provider was investing in their staffing group to increase their commitment to PIA. They offered staff incentives and bonus schemes and encouraged friends' recruitment to attract new staff.
- The registered manager understood their role and regulatory responsibilities. The latest CQC inspection report rating was on display and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The provider notified us of important events as they were required to. This demonstrated the management team was clear about their role and in being so, provided people with a good service.

Plan to promote person-centred, high-quality care and good outcomes for people.

- The systems in place focused on the individuals using the service and sought to meet their needs and provide them with high quality care. These systems measured and monitored outcomes for people with a view to making improvements where possible and thereby making people's lives better.
- One manager explained they checked how people used their agreed number of allocated hours, where staff supported them, to ensure people always utilised staff support in a way which met their needs and made the most of the time.
- The provider had a range of checking and auditing procedures to ensure people received high quality care. This included managers visiting communal homes weekly, and managers cross checking the work of other managers to identify learning and development opportunities.

Engaging and involving people using the service, the public and staff

- Regular customer satisfaction surveys showed areas for improvement were identified, and people were satisfied with the care they received.
- The provider communicated with people through newsletters, and information on community noticeboards, to let them know how the service was being developed and feedback from surveys was being acted upon.
- The provider was working on ways to communicate with people more effectively. The provider was trialling a new way of gathering feedback, through telephone conversations and planned visits to people's homes. The provider was also exploring new technology such as smart phones to gather feedback from people. The quality manager told us, "We are reviewing the way that we communicate as providers with people, to ensure they are aware of any changes and that open communication is actively encouraged."
- People were offered an opportunity to provide their feedback about the running of the service at an annual general meeting, review meetings and regular meetings in communal housing homes.
- Staff meetings were held where topics were discussed including the care needs of people, safeguarding, mental capacity, equality and diversity, expectations within employee roles, and any changes at the service or provider's other services. This showed staff were involved in shaping and understanding the service.

Continuous learning and improving care

- The registered manager and the management team conducted regular daily and weekly checks and audits on the care people received.
- Audits included checks on medicines, infection control and health and safety.
 - All actions from audits were added to an action plan the registered manager and provider oversaw. The audits and action plan helped the provider to monitor and improve care for the people using the service.
- The provider had an improvement plan for the service, which detailed their plans to continuously improve the quality of care people received. Each manager also had an individual improvement plan, for the services they oversaw and their personal learning and development plans. Improvement plans included learning from recent internal audits and feedback from local authorities.
- The provider told us about their improvement plans around their induction programme. A pilot to induct new staff in a residential setting, where they could gain support from other staff and view good care being practiced, was being introduced to encourage best practice and confidence for new staff
- The provider learned from registered managers and senior staff at their other services and shared this learning across their services. They held regular meetings and briefings to share learning and best practice.

Working in partnership with others

- The service had links with external services, such as community groups, charities, commissioners of services, nurses and health professionals. These partnerships demonstrated the provider sought best practice to ensure people received good quality care and support.
- The provider had developed a range of opportunities for people in the community to access, as they felt local community opportunities were diminishing. Some of these initiatives included gardening events, arts and crafts projects, providing community spaces for people to meet, and hosting day services for people to attend at their head office.
- The registered manager joined registered manager networks to share best practice and attended conferences and discussion forums. They cascaded their learning to the management team through regular meetings and updates, that kept managers updated with changes within the care sector.