

Personalized Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 23 May 2017. This domiciliary care agency supports people with their personal care needs in their own homes. At the time of our inspection the service was supporting seven people.

There was a registered manager in post. 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.

Improvements were required to ensure that all staff received comprehensive training which reflected all aspects of care, relevant to the people that used the service.

People received safe care and support. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. There were sufficient staff to meet the needs of people that used the service and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Care records contained risk assessments to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. In addition, staff supported people to manage their healthcare needs.

People received care from staff that were kind and friendly. Staff understood people's needs and ensured people were given choices about how they wished to receive their care. People received care at their own pace and had their privacy and dignity maintained when receiving assistance with their personal care.

People's care needs were assessed to ensure the service could meet people's expectations before they began using the service. Care plans were written in a person centred manner and focussed on empowering people to receive the care they required. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People received the care they needed and a suitable complaints procedure was in operation to resolve any concerns people raised.

People and staff reacted positively to the registered manager and the culture within the service focussed upon supporting people's health and well-being which enabled people to stay in their own homes for as long as possible. Systems were in place to identify where improvements were required and these were effective at making improvements.

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.

People felt safe with staff providing care in their own homes.

Staff were clear on their roles and responsibilities to safeguard people from harm.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements were required to ensure that all staff received comprehensive training.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Staff received regular managerial support which supported them in their roles.

Is the service caring?

Good ●

The service was caring.

People were supported to maintain their privacy and dignity whilst receiving assistance with their personal care.

Staff promoted people's independence in a supportive and collaborative way.

People were encouraged and supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

Detailed assessments were carried out to ensure the service could fully meet people's needs before they began to use the service.

People received their care in a way they chose and preferred.

Appropriate systems were in place to record and respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was approachable and supportive.

People, their relatives, and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were effective in identifying and making improvements to the service.

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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 23 May 2017 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available. . The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service. We also contacted health and social care commissioners who place and monitor the care of people using care services, and Healthwatch England, the national consumer champion in health and social care.

During our inspection we spoke with two people who used the service at their home address, two relatives, one member of care staff, the deputy manager and the registered manager. We did not observe any staff support. We also received questionnaires from people and their relatives that used the service and we used these responses as part of our inspection.

We looked at care plan documentation relating to two people and two staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance documentation, training information for care staff, staff duty rotas, meeting minutes and arrangements for

managing complaints.

Is the service safe?

Our findings

People were safe whilst they received their care. One person's relative told us, "I feel [name] is much safer now they [the staff] come each day. They always come; they've never once let us down." We saw that people were supported to have the correct amount of time to receive their care and they were not rushed. One person said, "They always stay for the full time and help me with everything I need. Even when it took me a while to get to the door they still stayed the full time and were very patient."

People were protected against the risks associated with the appointment of new staff because there were appropriate recruitment checks in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start working with people who used the service.

There was enough staff to meet people's needs and to provide their care at the times they required it. We saw that staff rota's were planned in advance and were centred around the care and support people needed. One member of staff told us, "We usually do the same shifts and there is always plenty of travel time. We know what we're doing and where we need to be."

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. One member of staff could tell us about different types of harm and understood what they would need to do if they were concerned about anyone using the service. They said, "If I had any concerns I would report them to the manager straight away and I know if I need to I can call the police or the safeguarding team direct." The registered manager had a clear understanding that a prompt referral to the local authority safeguarding team and the Care Quality Commission would be required if there were any suspicions or allegations of harm.

People's needs were reviewed by staff so that risks to people were identified and acted upon. For example, where it was appropriate, risk assessments were in place to try and prevent people from having falls if they did not have strong mobility. One person said, "They [the staff] do their best to keep me as independent as possible. It's important. I don't want to lose what I can do." The staff understood the care that was in place and how they could support people to be independent whilst maintaining their safety.

There were appropriate arrangements in place for the management of medicines. There was guidance in place for staff about how people liked to take their medicines, and this was followed by staff. People were encouraged to administer their own medicines if they were able to but when staff support was required this was provided effectively and staff completed people's Medication Administration Records (MAR) when people had taken their medicines.

Is the service effective?

Our findings

Improvements were required to ensure that staff received comprehensive training so that all staff were aware of current best practice. One person told us they felt the staff were competent in their roles. They said, "They seem to know what they're doing. I don't have any concerns." One member of staff said, "We do have training and we talk about issues in our staff meetings." We saw that staff had received some training, for example in medication administration and safeguarding procedures, however not all areas of the Care Certificate standards had been covered. The registered manager was aware that this was an area that required improving and had already begun to make arrangements with staff to ensure training was completed in a timely way. However, further attention was required to ensure staff were appropriately trained.

Staff had the guidance and support when they needed it. Staff were confident in the registered manager and were satisfied with the level of support and supervision they received. The registered manager confirmed that staff had ongoing supervision and they regularly completed unannounced observations on the care they provided. The registered manager was aware that staff appraisals were required and these were due to be completed once staff had been in post for one year.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. There had been no applications to the Court of Protection to provide people their care as everybody using the service had provided their consent to the care they received. We saw that mental capacity assessments had been completed with regards to elements of people's care, for example, for managing their medicines. When it had been recognised that people did not have the mental capacity to make their own decisions, a best interest decision had been made to provide people with the extra support they required. The registered manager demonstrated a good understanding of people's mental capacity and we saw that care records recorded the assessments of people's understanding. Staff were aware that they had a responsibility to understand the principles of the MCA and how they could keep people safe.

People were supported to eat well and to eat the foods they enjoyed. One person's relative told us that the staff had a really good understanding of how their relative liked their meals. They said, "The carers talk to [name] about what they will be eating and they know exactly how to cut the food up so they can eat independently. [Name] prefers to eat alone and the carers respect this and give [name] the time they need." We saw that people that required support with the meals had a nutritional assessment to ensure staff provided people with the support they required.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person said, "If I need the doctor I know they would offer to call them if I couldn't do it." We saw evidence that when people needed help with their healthcare, systems were in place to do so, and to follow this up if necessary. For example, when one person reported that they had a sore arm staff ensured the doctor was contacted and their advice had been recorded, and the person's care plan had

been updated as a result.

Is the service caring?

Our findings

People were cared for by staff that were kind and passionate about providing good care. People and their relatives told us that the staff were friendly and treated them well. One person said, "They help me a lot. They're really nice and friendly." One relative told us that the staff were thoughtful and helpful. They said, "Sometimes it's just the little things that really help, like emptying the bins. It all helps."

Staff demonstrated a good knowledge and understanding about the people they cared for. One member of staff told us about people's preferences and the routines they enjoyed. Staff respected these and encouraged them to make their own choices wherever possible.

People were treated with respect and their privacy and dignity was maintained. One person's relative said, "They always keep [name] covered up and she tends to get changed in the bathroom so she doesn't have to go through the house in just a towel or something." A member of staff explained, "We try to keep people covered up with towels to maintain their dignity and to keep them warm. We just wash one half of the body at a time so they're not fully naked unnecessarily." We saw that care plans also provided guidance to staff to ensure people's privacy and dignity was maintained, and this was adhered to.

People were supported to maintain their relationships with their families, and they could be involved in aspects of people's care if they wished. For example, some families were heavily involved in supporting them to manage aspects of their care and other family members were more reliant on Personalized Homecare. The service took a flexible approach and ensured that they could meet people's needs as they wished.

The registered manager was aware of the impact social exclusion can have on people and took proactive measures to try to prevent this from happening. People were encouraged and given opportunities to try different community groups and day centres, particularly if people were at risk of isolation.

The registered manager had a good understanding of advocacy services and understood when there would be a need for people to receive support from an advocate.

Is the service responsive?

Our findings

People's care and support needs were fully assessed before they were accepted by Personalized Homecare. This ensured the service could meet people's needs, understand their expectations and ensure the appropriate staff were in place, in the right locations. For example, the registered manager was aware of the time it would take for staff to travel to each person, particularly at peak times of the day, and this was not always compatible with timely care. The registered manager said, "If I have to say no to new people then I do. It isn't fair if the staff can't get to them at the times they need."

People's care plans contained information about people's past history and interests which staff could use to help generate conversations with people. For example, one person's care plan detailed the person's previous occupation and staff could discuss this with them to help reminisce about the past.

People's care records detailed people's choices and preferences about how they liked to receive their care. For example care plans recorded people's preferences for the timings of their visits and we saw that care was scheduled to meet those needs. People told us they were kept informed if the staff were running late and staff confirmed they tried to keep people updated whenever possible. One person told us, "They usually come at the same time every day, and if they're ever running late they always let me know." Staff completed records for each visit which documented the care and support people received. This helped staff to keep track of when people's needs were changing, or they required additional support. We also saw that care plans contained guidance that was thoughtful to people. For example, one person did not always wish to get out of bed on cold days and the care plan contained guidance to ensure a heater was put on straightaway to try and bring the room up to a better temperature.

People and their relatives had regular reviews of the care people received. The registered manager met with people and discussed the care they had been receiving and whether any changes or improvements could be made. People were listened to and their views were recorded. When people had made suggestions for change we saw that these had been actioned. For example one person's relative had requested that when the staff left their relatives home they ensured that they left an extra drink within reach. This had been acted upon immediately and the relative was pleased with this.

A complaints procedure was in place and the contact details for the registered manager were provided in people's care plans which they kept at home. One relative told us, "We see the registered manager quite regularly so we can always talk to her if we need to." At the time of the inspection no complaints had been received.

Is the service well-led?

Our findings

Positive feedback was received about the management of the service. One person said, "I've known the registered manager a long time. I know her values and her commitment to care so that's why I started using this service. I wasn't happy with [a previous care agency] but I've had no problems since I started using this one." Another person's relative provided similar feedback and said, "I've never had any problems with the registered manager. Everything happens like it should." A member of staff said, "I love my job. The registered manager has a good reputation and we get lots of thank you cards. I can't complain."

The registered manager ensured that they spent time with people that used the service and also completed care shifts so they had a true understanding of people's needs. Staff felt this approach to be inclusive and allowed them to feel at ease if they wanted to make any suggestions. One member of staff said, "It helps if we think there are any changes, for example with people's mobility or health. The registered manager can see it for themselves." Staff felt confident and comfortable with the support the registered manager provided and felt they could raise new ideas if they wanted to.

The culture within the service focused upon supporting people's health and well-being, and encouraging people's independence when possible. One person's relative told us, "It works really well for us. It's all going well." The registered manager was committed to providing a high standard of personalised care and support, and this was evident from speaking with people, their relatives and staff that the care was flexible and person centred. Staff clearly enjoyed their work and felt the systems were in place to support them to be able to provide people the personalised care they required.

Quality assurance systems were in place to review the quality of the service and these helped to review the quality of care people received. The registered manager met with people every three months to review their care, and also carried out surveys every six months to allow people to give feedback overall about the whole of the service. As the service was new, the registered manager had taken a measured approach to ensure all care could be provided at a good standard.

The service had policies and procedures in place which covered all aspects relevant to operating a personal care agency which included safeguarding and recruitment procedures. Staff had access to the policies and procedures and staff were expected to read and understand them as part of their role. The registered provider understood the requirement to submit appropriate notifications to the CQC however at the time of the inspection no notifications had been required.