

Pivotal Home Care (NW) Ltd

# Pivotal Home Care (NW) Ltd

## Inspection report

426 Barton Road  
Stretford  
Manchester  
M32 9RW

Tel: 07706781359  
Website: [www.pivotalhomecare.co.uk](http://www.pivotalhomecare.co.uk)

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Pivotal Home Care (NW) Ltd is a domiciliary care agency providing personal care to people in their own homes in the Trafford area of Greater Manchester. At the time of the inspection the service was providing personal care to 14 people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

There was no registered manager in post at the service. The provider had a good oversight of the service, however further embedding of their quality assurance processes was required. The nominated individual was going to register as the manager of the service until a new manager was recruited.

People and their relatives felt safe while being supported by the provider. Staff were recruited safely and received induction and training to enhance their knowledge. Medicines were safely managed. The provider had highlighted improvements to be made in relation to medication administration records (MAR).

People and their relatives spoke highly of the service. Care plans were detailed, and person centred. They contained clear information on the support required by each individual. People and their relatives were aware of how to raise any concerns with the provider.

An assessment was completed for all people beginning to use the service to ensure their needs could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 05/07/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection of a newly registered service.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Pivotal Home Care (NW) Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and one 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to ensure there would be someone at the office. On the planned day of the inspection the provider was unavailable. The inspection went ahead 24 hours later.

Inspection activity started on 10 December 2020 and ended on 21 December 2020. We visited the office location on 5 January 2021.

#### What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and nine relatives about their experience of the care provided. We spoke with four members of staff including the nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely.
- People told us they were supported by staff to receive their medication. Some people were supported with time-specific medication which needed to be given at regular intervals. A relative told us, "The staff are very aware that calls need to be on time as [name] has Parkinson's with dementia and it is important that [they] have medication given at regular times."
- The provider was updating people's care plans with additional information around people's medication to support staff knowledge.
- The layout of the medication administration records (MARs) was sometimes unclear. The provider acknowledged this and had developed a new MAR sheet that was in the process of being implemented. This has not impacted on the delivery of care.
- Staff told us, they could raise any concerns with medicines with the provider or the pharmacies in a timely manner.
- Staff had their competency to administer medication checked regularly. This also included a knowledge check for staff.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- All staff received training in safeguarding. Staff were aware of the signs of abuse and how to report concerns.

### Assessing risk, safety monitoring and management

- Risks for people were assessed and recorded in people's care plans. Staff were aware of the risks associated to individuals. Staff told us, risk assessments were updated promptly when risks changed.
- Environmental risk assessments were completed to ensure staff worked safely in people's homes.
- Risk assessments were also reviewed as part of six-monthly care reviews.

### Staffing and recruitment

- There were enough staff to support the current people using the service. The provider was recruiting more staff to support staff absence and expansion.
- Staff were recruited safely, and all necessary employment checks were completed before staff began supporting people in their own homes.

### Preventing and controlling infection

- All staff had completed training in infection control and additional training in coronavirus awareness.

- Staff were supplied with sufficient personal protective equipment (PPE) to safely support people in their own homes. One relative told us, "They (staff) always wear masks, gloves and aprons and will change gloves when dealing with the catheter care they are very careful and mindful of infection control."
- Care plans included clear guidance on infection control including PPE and regular handwashing.
- The provider had communicated the infection control measures in response to the pandemic to people using the service.

#### Learning lessons when things go wrong

- At the time of the inspection there were no recorded accidents or incidents at the service. The provider has a system in place to monitor accidents and incidents should they arise.
- Staff were aware of who to contact if there were any accidents and incidents and how to report any concerns.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider completed an initial assessment of people's needs before care provision commenced. A relative told us, "Before (staff) provided care they spent a lot of time talking to me and observing the person to be supported in the home."
- Care plans were detailed and promoted a good quality of life. A relative said "Staff are very good at identifying when things need to change to improve [name's] quality of life."
- People and their relatives spoke highly of the care they received from staff and the provider.

Staff support: induction, training, skills and experience

- An induction process was followed for all new staff which included training and shadow shifts. A relative said "The staff are very well trained."
- The provider liaised with the hospital to be able to provide effective support to people and had a video made by hospital staff to train to enable the staff to understand more about health conditions.
- Staff had regular supervisions. Staff expressed that they felt supported in their role by the provider. Staff told us, "I do feel supported" and "I know if there was anything, I needed I could ring."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans contained contact details for other healthcare professionals involved in the individual's care.
- Staff engaged with health care professionals to further their understanding. A relative told us, "[Name] has complex needs the care staff want to understand the clinical condition and they will visit when specialist clinicians assess (individual) and ask questions to better understand how to care for him."
- Staff were aware of the importance of supporting people's health. Relatives said "Staff play games and make sure [they] also exercise which is so important to [their] overall health." and "Staff are so good and respond to all needs that the care package we have has reduced the number of district nurse visits."
- People felt supported by staff when they became unwell. Staff sought appropriate health advice when people's health deteriorated. Relatives were kept informed throughout.

□.

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

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 made in their best interests and as least



restrictive as possible.

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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Consent to care was sought prior to providing care and was recording in people's daily notes. One member of staff told us that "Everything has to be done with consent." A relative told us, "Staff always involve [name] and get [their] consent.'
- The current consent form did not always indicate the reasons for a relative consenting to care and support, although it was clear, from the care reviews, that the person receiving care had made the decision. The provider explained that they would update the form to make it clearer.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant that people were treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, respecting equality and diversity

- People who use the service and their relatives spoke positively about the care they received from staff. Comments included, "The carers are genuinely kind and show great compassion.", "[Name] is not a task to them (staff). [They] are a person." and "They [staff] know [Name] so well and we have a small team that provides continuity of care."
- Care plans contained clear information about the life of the person being supported.

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

- People and their relatives were involved in decisions about their care.
- People felt listened to by staff when they are expressing their views. One relative said, "Staff are very respectful of their relative's wishes and will listen to them." and "They (staff) are considerate and cannot do enough for you." Another relative said "They [staff] listen to me and I am always involved with care reviews."

Respecting and promoting people's privacy, dignity and independence

- Care plans promoted dignity and respect throughout. Staff knew how to provide personal care to people whilst maintaining their dignity.
- Staff promoted people's independence. Staff explained how they "Always give people the option" to complete tasks themselves.
- The care plans encouraged people's independence.
- People told us they were supported by a consistent team of staff.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised to meet the needs of people supported by the provider.
- There was clear, personalised information on the person's expectations for each call including prompts throughout promoting personal choice.
- Staff spoke passionately about the people they supported and their individuality. Staff were able to describe people's likes and dislikes. A staff member told us, "I learn about things that are important to them (person) so they are important to us." □'

Meeting people's communication needs

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

- Care plans included information about people's communication needs. Care plans encouraged staff to take the time to listen and communicate well with the people they supported. One member of staff said, "I always find there is time to engage." One relative told us their relative was unable to communicate verbally but the carers communicate well with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A 'Getting to know you' document in place which identified people's interests. Staff spent time with people ensuring they engaged in the area's they were interested
- The provider was aware of the reduced external support to relatives during the pandemic and was looking at ways to support families as well as people they support.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was shared with people using the service. At the time of the inspection there were no formal complaints recorded.
- Staff meeting minutes showed that when relatives had raised queries, this was discussed with staff and changes made to support people's preferences.

End of life care and support

- Advanced care plans were contained within the care plans. The nominated individual was passionate about supporting people and their families at the end of their life.
- Staff were aware of what good end of life care looked like. Making sure (people) are comfortable, calm and

if there is anything they need.

- Relatives of people who had been supported at the end of their life spoke positively about the support they had received. One relative said, "The provider organised all the clinical help that was required for end of life. They are so very compassionate and caring."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent.

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

- At the time of the inspection there was no registered manager in place. It is a condition of their registration that a registered manager should be in place. The nominated individual told us they were going to register as the manager of the service.
- The provider had good oversight of the service; however it wasn't always clear that systems were being formally reviewed. The service has an electronic call system in place. The way the calls had been planned showed staff being at calls in two locations at the same time. The actual call logs showed that staff were supporting people appropriately and at the correct time. There was no record of formal monitoring of the system to pick up on this overlap. The provider explained they are reviewing how information is entered into the system to ensure it is clear where staff need to be.
- Not all audits were dated which made it unclear when they had been completed.

Continuous learning and improving care

- The provider identified areas of development and had a clear action plan in place to drive improvements.
- The quality assurance systems in place required further embedding to ensure that the quality assurance of the service is well documented. The provider had also identified the MAR charts required improvement. The provider provided an example of what the updated form would look like. Staff training on the new form had already commenced.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There is a positive culture at the service. Staff spoke positively about the nominated individual and the support they received. Staff told us the nominated individual is "quite hands on". Staff felt empowered and listened to. Staff told us, when they asked for advice or for concerns to be passed on to health care professionals, the nominated individual, always contacted them to let them know the outcome.
- The provider has a clear caring vision for the service.
- Staff felt supported by the nominated individual and confident in his ability to follow up on any concerns they may raise.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The nominated individual understood their responsibilities under duty of candour. One relative told us, "[Nominated individual] listens to you, they [staff] are transparent in all things they do."

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

- The provider supported people with their care. The provider used this as an opportunity to engage with people using the service and seek their feedback.
- People were able to give feedback on the service at any time and through surveys. At the time of the inspection a survey had been completed but the responses had not been reviewed.
- Staff meetings have continued throughout the pandemic. Staff told us that "They work well together as a team."

Working in partnership with others

- Relatives of people using the service expressed how the provider had supported their engagement with the hospitals, doctors and pharmacies.