

Person Centered Care Ltd

Person Centered Care Northants

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

This domiciliary care inspection took place over two days on 29 April and 4 May 2016.

Person Centred Care is a small domiciliary care agency that provides care and support to adults with a wide range of needs, including people with physical and mental health needs. Staff are provided to enable people living at home to retain their independence and continue living in the community.

When we inspected the service provided care and support to 14 people. The service is predominantly provided to people living in the Kettering, Wellingborough and Rushden areas of Northamptonshire.

A registered manager was in post. 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.

People benefited from receiving support from staff that were caring, friendly, and responsive to people's changing needs. People were supported in their own homes by trained staff that were able to meet their needs safely. Staff were able to demonstrate that they understood what was required of them to provide people with the safe care they needed to remain living at home.

People's care plans reflected their needs and choices about how they preferred their care and support to be provided. People were treated with dignity and their right to make day-to-day choices about how they preferred their care to be provided was respected.

There were sufficient numbers of staff employed to meet people's assessed needs. People were protected from the risks associated with the recruitment of staff unsuited to the role by robust recruitment systems. Risk assessments were also in place to reduce and manage the risks to people's health and welfare.

People benefitted from a service that was appropriately managed so that people received their service in a timely and reliable way. People had been kept informed in a timely way whenever staff were unavoidably delayed, or when another member of staff had to be substituted at short notice.

There were systems in place in place to assess and monitor the quality of the service and where appropriate and necessary people's relatives or significant others were consulted about the service people received. People's rights were protected. People knew how to raise concerns and complaints. There were procedures in place to ensure complaints were appropriately investigated and action was taken to make improvements to the service when necessary.

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 benefited from receiving care from staff that were mindful of their responsibilities to safeguard them from harm.

People received care and support in their own homes by suitable staff that had been appropriately recruited.

People were protected from unsafe care by staff that knew and acted upon risk assessments associated with providing care that had been agreed with people.

Is the service effective?

Good ●

The service was effective.

People received a reliable service. Arrangements were in place to ensure the continuity of the service when staff were sick or on holiday.

People were provided with the support that had been agreed with them and this was regularly reviewed to ensure people's needs continued to be met.

People were involved in making choices about how they received their care. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and how people's capacity, or lack of, to make decisions had to be taken into account and acted upon.

Is the service caring?

Good ●

The service was caring.

People benefited from receiving support from staff that respected their individuality.

People's dignity was assured when they received personal care and their privacy was respected.

People received their service from staff that were conscientious.

Is the service responsive?

Good ●

People's care plans were person centred to reflect their individuality and where appropriate had been completed with the involvement of significant others.

People's care needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them and, or, with their representatives, so that the agreed service met their needs and expectations.

People and, or, their representatives were assured that appropriate and timely remedial action would be taken if they had to complain about the service.

Is the service well-led?

Good ●

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that had the day-to-day managerial support they needed to do their job.

People benefited from receiving a service that was appropriately and efficiently organised.

Person Centered Care Northants

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 announced inspection was carried out by an inspector and took place over two days on 29 April and 4 May 2016. With domiciliary care agencies we can give the provider up to 48 hours advance notice of our inspection. We do this because in some community based domiciliary care agencies the registered manager is often out of the office supporting staff or, in some smaller agencies, providing 'hands-on' care to people at home.

Before our inspection, we reviewed information we held about the provider such as, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also took into account other information the provider had sent us about their service.

During this inspection we visited the agency office in Kettering. We met and spoke with two staff and the registered manager individually in private. We looked at the care records of four people who used the service. We also looked at four records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service and the day-to-day management of the agency.

We took into account people's experience of receiving care by listening to what they, or their representatives, had to say about the service. We visited three people at home with their prior agreement and spoke with three people by telephone. With people's permission, we looked at the care records maintained by the staff that were kept in people's home.

Is the service safe?

Our findings

People were protected from unsafe care. People's care plans provided staff with the up-to-date information they needed, including agreed changes to people's care plans. People had their care plans kept in their homes with a copy held at the agency office in Kettering. Care plans contained an assessment of each person's needs, including details of any associated risks to their safety, or that of the staff, that the initial assessment or subsequent reviews had highlighted. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. One person said, "I can rely on them [staff]. That's a good thing and it takes the worry off me. They [staff] look out for me and that makes me feel a bit more secure."

People were safeguarded against the risk of being cared for by unsuitable persons because staff were appropriately recruited. 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 work and provide care to people. References from previous employers were also taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their care duties. Staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their care duties.

People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. There were clear safeguarding procedures in place for staff to follow in practice if they were concerned about people's safety.

Is the service effective?

Our findings

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. The staff team were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). The 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 take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. Where people lacked capacity to consent to their care because of their condition we saw that there was an assessment in their care records that included details of the representative, such as a spouse or other relative that took decisions in their best interest.

People received care and support from staff that had acquired the experiential skills as well training they needed to care for people with diverse needs living in their own homes. One person said, "When they [staff] come here [to service user's home] they know what I need. I don't have to keep explaining."

People received a service from staff that had been provided with the appropriate guidance and information they needed to do their job. Staff had a good understanding of people's needs and the individual care and support that had been agreed. Timely action had been taken if there were concerns about people's health or general wellbeing, raising these concerns directly with family members where appropriate or, again with people's consent, with external community based healthcare professionals.

People's needs were met by staff that were supervised, although the registered manager acknowledged that scheduled supervision meetings with individual staff needed to be more frequent throughout the year. The registered manager confirmed that arrangements were in place for this to happen at regular intervals. A revised schedule of supervision meetings, including individual staff performance appraisals, had been organised for the year ahead.

Is the service caring?

Our findings

People's personal care support was discreetly managed by staff that treated them with sensitivity. People were treated respectfully as individuals that have feelings and natural anxieties about needing help in their own home to retain their independence. Staff were mindful of the need to protect people's privacy and show respect for their personal property when they came into their homes to do their job.

People received their care and support from staff that were compassionate, polite and friendly. Staff were familiar with people's routines and how they liked to receive the care and support they needed. One person said, "I do what I can for myself and they [staff] help me with what I'm not so good at." People said that staff took time to listen to them and respected their wishes. One person said, "They [staff] never make me feel I'm just a problem for them. They do their best for me." A staff member said, "We never hurry people along just so we can get to our next call. No-one likes that. We [staff] don't and neither does [registered manager]. It wouldn't be acceptable."

People received a package of information about their service and what to expect from their staff. This information was provided verbally and in writing. It included appropriate office contact numbers for people to telephone if they had any queries.

Is the service responsive?

Our findings

People's care plans were personalised and tailored to meet their individual needs. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. People's care plans contained information about their likes and dislikes as well as their personal care needs and provided staff with the guidance they needed to adapt to changing circumstances. People's care plans contained information about how people communicated as well as their ability to make decisions about their care and support.

People received the flexible care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period when the passage of time introduced additional care needs. Scheduled support visits were organised to meet people's assessed needs in line with their daily routines. Where it was not feasible to accommodate people's time related preferences they were offered alternative timings when their needs were first assessed, or when their needs changed and required a review of the timing of the service provided.

People were encouraged to make choices about how they preferred to receive their care, each according to their capabilities. Choices were promoted because staff engaged with the people they supported at home.

People or their representatives knew how to complain and who they could contact if they were unhappy with their service. There was a complaints procedure in place. There were timescales in place for complaints to be dealt with and options available to people if they were still dissatisfied with the service. One person's representative said, "I have phoned the [registered manager] in the past when I wasn't sure whether [relative's] was always getting the support best suited to their needs. I was pleased with [registered manager's] response and how things were dealt with to make changes."

Is the service well-led?

Our findings

People benefited from receiving a service from a team of staff that felt valued and motivated to do their job well. A registered manager was in post when we inspected that had the knowledge and experience to motivate and guide staff to do a good job. Staff confirmed that the registered manager was always available if they needed guidance or support. Staff said they felt confident that if they witnessed poor practice they could go directly to the registered manager and that timely action would be taken. They had also been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People were assured of receiving a domiciliary service that was competently managed on a daily as well as a longer term basis. People benefitted from receiving care from a team of staff that were encouraged to reflect on the way the service was provided so that good practice was sustained.

People's care records were fit for purpose and had been regularly reviewed to include pertinent details related to changing needs. Care records accurately reflected the daily care people received. Risk assessments relating to people's care and how that was to be provided were reviewed and were up-to-date and accurate. Records also clearly set out what measures staff needed to take to minimise the risk of unsafe care. Recruitment and training records were also fit for purpose. They reflected the training and supervision staff had received. Records were securely stored in the agency office to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been regularly reviewed and updated when required.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required.