

PTsmart Care

646B

Inspection report

646b
London Road
Westcliff-on-sea
SS0 9HW

Tel: 01702623461
Website: www.ptsmartcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

646b is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service provides care for older people and younger adults with needs relating to dementia and physical disabilities. There were two people using this service at the time of our inspection. 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 a registered manager in place who was open, transparent and approachable, but was not always in the office ensuring good governance was in place. They did not have a good oversight of the service. The registered manager was passionate about the care the service provided and acknowledged the shortfalls we found during the inspection. People complimented the service and their experience of the service was good. Planning and development was not always monitored or recorded in line with the providers policy and procedures. People were involved in their care and support and had the opportunity to give feedback about the service. The provider was aware of the duty of candour.

Risks were assessed, but not always recorded. Systems were in place to help protect people from harm and were in line with the providers policy and procedures. However, there were no systems in place to monitor when things went wrong, we were not confident incidents would be escalated or appropriate action would be taken. Sufficient numbers of staff were employed for the number of people using the service. Medicine systems were not in place as the service was not responsible for administering any medicines at the time of the inspection. The service followed infection control guidelines effectively.

Staff supervision and support was taking place, but not always recorded. People's needs were assessed. Staff were knowledgeable about the people they cared for. People's nutritional needs were recorded, but the service were not responsible for people's nutritional needs at the time of the inspection. The service supported people to work with other professionals and agencies to ensure they received effective care. People were involved in decisions about the environment in which they lived. People were supported to live a healthy life style. The service was not always following the principles of the Mental Capacity Act 2005, as they had not record appropriately information when someone lacked capacity.

People were cared for by kind, compassionate and polite staff. People were supported to express their views about their care and support and were treated with respect by the staff that cared for them.

People's communication needs were met, but not always in the format they could understand. People were empowered to make choices and have control of their life. People were aware how to make a complaint and raise a concern. End of life policies and procedures were in place should people wish to discuss their end of life care needs.

We have made a recommendation around mental capacity assessments and knowledge.

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

Rating at last inspection:

This service was registered with us on 19/03/2019 and this is the first rated inspection.

Why we inspected

This was a planned inspection based on the registration date of the service.

We have found evidence that the provider needs to make improvements. Please see the well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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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 team consisted of one inspector

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 March 2020 and ended on 13 March 2020. We visited the office location on 10 March 2020.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from other professionals who work with the service. We contacted the local authority commissioners.

Commissioners are people who work to find appropriate care and support services for people and fund the care provided. However, the local authorities we contacted currently did not have any commissioning arrangements with the service.

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 took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided.

On the day of the inspection we spoke with two members of staff, including, the registered manager and the nominated individual. 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 two people's care records. We looked at three staff files in relation to recruitment and supervision performed. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke to one person, two relatives and a personal carer for one person.

We continued to seek clarification from the provider to validate evidence found. We looked at quality data and a variety of policies.

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk associated with people's needs had been assessed. However, there were no risk assessments in place personalised for people, such as when a person had a shave.
- Risk assessments that were in place lacked detail of how staff would manage any risk, for example for people with bladder incontinence, pressure sores or when these risks should be escalated to other healthcare professionals. This meant staff had no instructions what they should do if risks were identified. Staff may not manage a person's risk appropriately until these records had been updated. The registered manager said they would review and address this. They provided some updates after the inspection, but still required further improvements.
- Staff told us they were aware of risks for people, as the registered manager had discussed known risks with them, but limited detail had been recorded.
- Risk assessments were in place to cover the general environment, such as hazards around the home. However, there were no personal evacuation plans in place for the care people would need should they have to evacuate the premises in the event of fire.

Staffing and recruitment

- Recruitment processes were not robust. The provider was not following their recruitment policy and procedure. One application had not been completed to include history of employment. References supplied were not as reflected in the providers policy and procedure. The policy stated "A minimum of two references will be contacted, one of whom must be the applicants current or most recent employer. We found there were two references from friends or colleagues on each staff file.
- The service had sufficient staff in place to meet people's needs at the time of our inspection.
- People told us there was enough staff to meet their needs.
- Staff told us they had completed an induction and shadowed the registered manager before providing care to people.

Systems and processes to safeguard people from the risk of abuse

- Policy and procedures were in place to report and manage safeguarding concerns, but no systems had been developed to monitor and manage safeguarding concerns to help protect people from harm. No safeguarding concerns had been raised, but we were not confident the provider was following their safeguarding policy effectively.
- The registered manager was fully aware of theirs and staff's responsibility to make sure people were kept safe. Staff gave an example of issues they would report to the registered manager.

- People and their relatives told us they felt staff would keep them safe. One person told us they felt safe with the staff that cared for them. Person said, "I most definitely feel safe."

Using medicines safely

- Staff had received training to ensure they were able to administer medicines safely if the need arose. However, staff were not responsible for administering medicines at the time of the inspection.
- Systems were not in place to audit medicines, as no one received their medication support from the service at this time.

Learning lessons when things go wrong

- Systems had not been put in place for when things went wrong.
- Staff were aware of the process to report accident and incidents. Staff described examples when they would report incidents to the registered manager. However, there was no process to analyse accidents and incidents to monitor themes and trends to reduce reoccurrence. There was a risk incidents may not be escalated, and appropriate action taken.

Preventing and controlling infection

- People were protected from infection; because the provider had a contingency plan in place to ensure people and staff were kept safe during the coronavirus. We saw discussions had taken place and NHS recommendations were in place to ensure infection control measures were followed.
- Staff had completed infection control training at a previous employment and followed processes in line with the providers infection control policies and procedures.
- People told us staff wore appropriate personal protective equipment, such as gloves and aprons. One person said, "Staff always wash their hands when they enter the house and when they leave. They wear gloves and aprons when they provide personal care to my relation."
- Personal protective equipment was in good supply and staff confirmed they had easy access to such things as hand sanitizer, gloves, aprons and if needed face masks.

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 for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 take particular decisions, any made on their behalf must be 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.

- Staff were not following the principles of the MCA. One person's initial assessment stated they lacked capacity, however there was no capacity assessment completed. The registered manager told us the persons family had power of attorney and was responsible for making decisions in the persons best interest. There was no evidence on the persons care file that the registered manager had seen documentation to clarify this. This meant the persons rights may not be upheld.
- The providers MCA policy and procedure stated, "An assessment of Mental Capacity will be used which will form part of the service user's care records." The provider was not following their policy and procedure.
- After the inspection the registered manager undertook a mental capacity assessment for the person.
- Staff had received training in mental capacity from a previous care role, but no in-depth training had been provided by the provider.

We recommend the provider consider current guidance on the mental capacity Act 2005 to ensure people's rights are upheld and take action to update their practice accordingly.

Staff support: induction, training, skills and experience

- One person told us they thought staff were trained and knew what they were doing. They had no concerns and felt staff looked after them well. They had the same carer each day. This meant there was continuity of the staff team.
- The provider monitored staff training and development to make sure they had the right skills to do their job. Staffs skills and experience were documented on the staff files we looked at. However, the provider had

not supplied any training at the time of the inspection. The registered manager told us they were in the process of arranging training for the staff to ensure their skills were current and up to date.

- Supervision had taken place. Staff confirmed they had received one supervision to discuss their training and development needs. The registered manager had a plan in place to complete supervision every two months. The provider undertook spot checks and observation on staff practice, but did not always record this.
- Staff told us they felt supported by the provider.

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

- People's needs were assessed and delivered as reflected in their care plan, but the plans were not person centred to ensure people's choice and preferences were documented. For example, one person had been assessed as wanting a shave, but there were no details how staff should complete this task or what equipment they should use. There was a risk the person would not receive a shave the way they wanted.
- Records showed the registered manager had established what assistance people required and support was provided accordingly.
- One person told us, "They [staff] provided very good care."

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

- The provider was not responsible for providing people's food and drink at the time of the inspection. One person told us their relative provided support for their nutritional needs.
- Peoples nutritional needs to maintain a balance diet were recorded in their care plan, for example, if they were on a soft or puree diet.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services and receive ongoing health and social care support. For example, if they needed to make an appointment or arrange for the person to see a GP.

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 people were safe and protected from avoidable harm.

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

- People were complimentary about the staff and the way they treated them. One person told us staff always treated them with dignity and respect. Their relative said, "They [staff] made sure [Name] was comfortable before carrying out any care."
- The registered manager and staff were kind, caring and compassionate towards people. They were knowledgeable of people's needs and preferences. This told us people were well cared for.

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

- People had completed surveys about the service they received, but they were not service specific. The registered manager told us they were in the process of reviewing this document to ensure it captured relevant information about the service.
- The registered manager told us they were in contact with the people they cared for and the family on a daily basis to make sure they were involved in decisions about their care. People confirmed there was regular contact from the service.
- Where people required support to make decisions their family had acted as an advocate. The provider told us they would sign post people to relevant advocacy services, such as age concern if needed. Advocacy services speak up for people on their behalf. This meant people's voices would be heard.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was upheld. People were supported and encouraged to stay independent.
- Staff were knowledgeable about protecting people's dignity. Staff gave examples of covering people up, closing curtains and giving people reassurance to ensure their dignity was protected. Staff also respected people's wishes and choices. People and relatives confirmed staff protected people's dignity and showed them respect.
- People's confidentiality was protected, and their records were stored in a safe way.

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 Requires improvement.

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

- People told us staff understood them. One person said, "Staff know what I like. I make my own decisions and choices."
- Care plans were not personalised or written to include all choices, needs and preferences that people may require. They were task orientated. Where a person required cream for their skin integrity there was no record where staff should apply the cream on the person or what the cream should be used for. When speaking with staff they were knowledgeable where and when to apply creams, but this was not recorded.
- People were not supported to participate in hobbies and interests, for example, going shopping or out and about in the community. One person told us they hoped this would be something that would happen once the weather was better. The registered manager told us this was not something they did at this time, as family were responsible for people's social activities and outings. However, they would consider this for the future.
- Staff and management were passionate about people's care needs and ensuring people and their family were involved in decisions about their care.
- People's needs were responded to in a timely way. Changes were discussed and updated with the staff, but not always recorded on the care plan.

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.

- Standard information was not available in different format for people to access and understand, for example, large print. The registered manager told us they would research other options and formats to make sure they assist people with this process.
- Staff understood how to identify people's communication needs, such as, if a person was nonverbal. Staff told us if a person was not able to communicate, they would use signs, pictures or facial expressions to ensure they were able to communicate with the person.
- Care plans identified where a person could understand and hear what was said to them. There were instructions for how staff should communicate with the person.

Improving care quality in response to complaints or concerns

- Systems were in place to ensure complaints were dealt with in line with the providers policy and procedure. The registered manager told us and people we spoke to confirmed there had been no

complaints.

- The service user guide had information and guidance for what people should do or who they should contact if they had any issues or concerns and needed to raise a complaint.

End of life care and support

- Policy and procedures were in place for end of life care, but no discussions had taken place with people about their end of life wishes. The registered manager told us they were not supporting anyone on end of life at the time of the inspection.
- Staff had not attended any end of life training. The registered manager said when someone was identified as being at the end of their life, staff who were to support that person would be provided with end of life training and a care plan and risk assessment would be put in place.

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 some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was aware of their responsibility, they told us they provided support for people. This meant they were out of the office a high proportion of their time, which had impacted on their ability to develop the service and review practice. They did not have a clear oversight of the service. The registered manager had not identified some of the shortfalls in the systems and processes identified at the inspection. Such as, recording of risk assessment and ensuring they were consistent and in line with support plans.
- There were processes in place to monitor the quality of the service, but these were not always recorded. Audits had not taken place to ensure the service was providing quality care. Spot checks and staff supervision had not been recorded.
- Policy and procedures were generic not service specific.
- Staff files were in order however, there were discrepancies with their application forms, as they had not been fully completed. References requested were not in line with the providers policy and procedures.
- Information had not been recorded efficiently, for example, mental capacity and risk not always recorded. There was no process in place to analyse accidents and incidents or to monitor themes and trends. All of the above meant the provider was not operating effective systems and processes to make sure they assessed and monitored the service.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt the registered manager was very supportive and in regular contact with them by telephone. Staff said they had a good relationship with the registered manager who was approachable, and it was good to work with them.
- People told us their experience of using the service was good. One person told us "Staff are bright and cheerful, they make me feel happy." Relatives confirmed people had a good experience when using the service.

Continuous learning and improving care

- The registered manager was open and transparent about shortfalls within the service regarding risk assessments, detailed care plans and recording issues. They assured us they would take immediate action to make improvements. After the inspection the provider shared with us some improvements they had made, but they were not robust enough.

- The provider was passionate about providing people with a high standard of care and showed determination and commitment in providing care for people. They acknowledged they needed to make improvements as they wished to extend the service. The registered manager was aware the day to day running of the office needed to be addressed.
- The provider was reviewing to subscribe to an electronic call system to help monitor calls when care packages increased. This meant the provider was proactive to ensure they provided effective responsive care.

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 registered manager told us they were aware of notifications they should submit to the care Quality Commission (CQC) and would notify us if incidents or issues did occur. They said, "There had been no incidents to report. Where minor concerns had occurred, the provider contacted relatives and next of kin to ensure they were kept updated and informed of their relations condition.

Working in partnership with others

- The registered manager had plans to develop networks with other professionals, such as working with the local authority, attend provider and manager forums, research the internet for NICE guidance (NICE guidelines make evidence-based recommendations on a wide range of topics.) to share knowledge and best practice.
- The provider worked alongside GP's and district nurses when recommendations were made to ensure people's health was maintained.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to provide good governance as they was not operating effective systems and processes to make sure they assessed and monitored the service appropriately.