

## Person Centred Care Consultancy Limited

# Person Centred Care

### Inspection report

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14 July 2017

18 July 2017

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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

Person Centred Care is based in Cheltenham and provides personal care to over 48 people living in their own homes in Gloucestershire. Personal care is provided to older people, people living with dementia, a physical disability, a learning disability and mental health needs. Additional services can be provided and a further three people were receiving these without the provision of personal care.

At the last inspection on 20 August 2015, the service was rated Good. At this inspection we found the service remained Good.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People received individualised care which reflected their personal preferences, wishes and routines. Staff understood people really well and had developed positive relationships with people. They treated people with respect, dignity and sensitivity. People said, "Staff are doing a wonderful job", "Very pleased with the whole team" and "Staff are top notch - absolutely dedicated."

People were supported by staff who had been through a recruitment process to assess their skills and aptitude for their role. Staff completed an induction programme and training to equip them with the knowledge they needed to carry out their duties. They said communication between themselves and the office was good and they felt supported in their roles. The registered manager monitored the practice of staff through spot checks and from feedback from people and their relatives. Staff understood how to protect people's rights. People felt safe with the service they received.

The quality of care was monitored closely and the management team met weekly to review the service being provided. People, their relatives and staff were invited to take part in annual surveys of their experience of the service. A complaints process was in place and people knew who to raise issues or concerns with. Relatives commented, "We are extremely satisfied with the level of care given" and "We have been fortunate in the agency we chose."

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Person Centred Care

## **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 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.

This comprehensive inspection took place on 12, 14 and 18 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the manager would be in.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We visited four people who used the service and spoke with them, their relatives and their care staff. We had additional feedback from one person using the service and three relatives. We also spoke with a representative of the provider, the registered manager and three care staff. We looked at a range of records which included the care records for five people which included their medicines records, recruitment records for four care workers and training and supervision records for staff. We looked at a selection of records in relation to the management of the service. We have also used feedback given to the provider as part of their quality assurance processes.

# Is the service safe?

## Our findings

People's rights were upheld and they felt safe with the care they were receiving. People told us they felt "reassured" and "safe" with the care provided. Staff had completed safeguarding training and knew how to recognise and report suspected abuse or neglect. They were confident any issues they raised would be acted upon by management. The registered manager was aware of the processes to follow should a safeguarding concern need to be raised and which authorities to contact. There had been no safeguarding concerns.

People were protected against the risk of harm or injury. Risk assessments described any hazards they faced such as with moving and handling or poor skin condition. Staff said they promptly reported any concerns they had about people's changing needs with respect to their mobility. They worked closely with health care professionals to ensure the correct equipment was in place such as hoists, slings and standing aids. Staff were observed encouraging people to move around their homes safely using any aids which had been provided. The registered manager had also assessed people's homes and grounds to make sure there were no hazards which staff might have to take account of when accessing people's environments.

People were supported by enough staff to meet their needs. People had been assessed to make sure they had sufficient staff to help them with all their personal care needs and support for moving and handling. Staff often helped live in care staff to provide personal care, which ensured two members of staff were available when using mobile hoists or standing aids. People said they liked to have consistent staff which was mostly achieved. One relative commented, "We particularly appreciate the continuity of the support they provide. We currently have two regular carers who cover the whole week between them." On occasions due to last minute sickness or incidents people's care might be provided by someone they did not know quite so well. The registered manager and the owner of the service often provided care themselves in these situations. A relative told us, "On the odd occasion that she hasn't been able to come we have been contacted and very good cover has been arranged." People and their relatives said staff arrived on time and stayed for the correct length of visit. They said if staff were going to be late the office let them know. People told us there was some flexibility with the timings of visits which could be altered to accommodate health care appointments or regular social events such as going to a place of worship.

People benefited from staff who had been through a comprehensive recruitment process. A checklist evidenced when information had been received such as references and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check is carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. Any gaps in employment history had been followed up with applicants. New staff worked alongside existing staff until they felt competent to work alone.

People's medicines were managed safely. Staff had completed training in the safe management of medicines and were observed to assess their competency before administering people's medicines. Most people had their medicines dispensed in blister packs and a full record of the medicines they were taking was recorded in their care plans. The registered manager confirmed this was kept up to date.

## Is the service effective?

### Our findings

People were supported by staff who had access to a range of training to equip them with the skills and knowledge they needed to meet people's needs. People told us, "Staff are professional" and "Staff are excellent". Staff confirmed they had access to "brilliant" and "amazing" training and were supported to develop professionally. Training records confirmed new staff completed an induction programme which included the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Additional specific training relevant to people's individual needs was provided such as epilepsy, diabetes and dementia awareness. Staff had individual support meetings to reflect on their training needs and their performance as well as annual appraisals. Staff said there was "good communication between all of us" and they felt "really supported". The provider information return stated, "We constantly strive to encourage and motivate our staff."

People's capacity to consent had been assessed in line with the Mental Capacity Act. 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. Care records identified when people were unable to make choices or decisions about their care and support. We discussed with the registered manager ways in which care records could clearly evidence when decisions had been made in people's best interests. These improvements were made during the inspection. People were observed being offered choices about their day to day lives such as what to wear and what to eat or drink. This was in line with their care records. People's care records identified when lasting powers of attorney were in place. Where a lasting power of attorney was appointed they had the authority to make specific best interests decisions on behalf to that person, if they were unable to make the decisions for themselves.

People's dietary needs had been discussed with them. Staff were observed encouraging them to drink fluids and leaving drinks within easy reach. People's personal preferences with relation to food and drink were respected and any allergies had been highlighted in their care records.

Any changes to people's physical or mental health were reported to their family and the office. The registered manager described close working relationships with people's GPs, community nurses, speech and language therapists and occupational therapists. The registered manager shared feedback from emergency services after a member of staff took the appropriate action when a person was choking. The paramedics said the carer's quick actions and training "cleared a fully obstructed airway certainly saving the individual's life".

## Is the service caring?

### Our findings

People had developed positive relationships with staff. They liked having the same staff to support them with their care. They said wherever possible this was achieved and they understood other staff would have to cover sickness and absences. One person commented, "[Name of registered manager] will often help out if needed" and another said, "We particularly appreciate the continuity of the support they provide." People told us, "Staff are doing a wonderful job", "Very pleased with the whole team" and "Staff are top notch – absolutely dedicated." A relative commented, "They satisfy his needs in an efficient but caring way." Staff understood people's needs well and treated them with care, sensitivity and kindness. People enjoyed the company of staff and they were heard laughing and joking together. One person said they enjoyed this aspect of their visits and really looked forward to staff coming to see them. Staff reflected, "It's brilliant", "Amazing" and "I really enjoy my work."

People's care needs were discussed with them. They confirmed they and their relatives talked with the registered manager about the care and support they received. People received information about the service to be provided which detailed their visit times and the care and support they had requested. People said they appreciated when changes could be made to their visit times to take into account their lifestyle and day to day commitments.

People's personal preferences had been discussed with them. Their religious and cultural beliefs had been noted and visits could be arranged to accommodate these. People's right to a private, family life were respected. Staff supporting couples or a spouse when their partner was present were discreet and included both people in conversations and exchanges. People's right to confidentiality was considered. Any information about them was kept securely in the office and on electronic devices (telephones or computers). Staff did not talk about people in front of them or their relatives. People living with dementia were treated with compassion and patience. They were encouraged to maintain their independence and offered choices about their care and support.

People were treated respectfully and with dignity. Staff took care to close doors and curtains in communal areas. People told us, "They look after me well, I am truly blessed", "Staff are lovely and respectful" and "They respect the way I like things done." If people had preferences about the gender of staff providing their personal care this was respected. One person told the provider, "I'm happy to have a male carer all the other visits but not in the morning." The registered manager described how staff often went over and above. For example, staying for longer for visits to make sure people's needs had been met and they were safe. He described how a member of staff had re-visited a person who was unwell to make sure they were satisfactory.

## Is the service responsive?

### Our findings

People received individualised care which reflected their wishes, aspirations and routines important to them. The registered manager met with people and assessed their needs to make sure they were able to provide the care and support they needed. People's care was monitored and reviewed with them each year or sooner if indicated. Care records were amended to reflect changes in people's needs such as changes to medicines, moving or assisting needs or their physical wellbeing. A new encrypted electronic database was being introduced to maintain people's records and improve accessibility for staff. This enabled staff to receive information about people's changing needs immediately. People told us, "Staff think for themselves and [Name] has improved amazingly under their care" and "I will raise a concern about changing my needs when needed."

People's changing needs were responded to effectively. Staff confirmed they contacted the family and the office who would liaise with health care professionals if needed. Staff told us they raised concerns about people's changing needs straight away. One member of staff reflected how they had called the office after a visit that morning due to concerns about a person's mental wellbeing. By the time we arrived back at the office, later that day, the registered manager had passed this information to social care professionals. Relatives feedback included, "Thank you for providing my mother with a tailored care package" and "Any concerns or changes to our care plans are always dealt with quickly by PCC and we are always kept well informed about any changes in staffing etc."

People had access to a complaints procedure. This information was stored with their care records in their homes. The registered manager said they dealt with concerns as they were raised and before they escalated into formal complaints. People and their relatives spoke about good communication with the office; "Communication to and from PCC is excellent." They said they were confident they would be listened to and action taken in response. Face to face meetings were held wherever possible to talk with people if they had any issues and to find common ground for agreement. For example, if people had particular preferences for certain staff or did not want individual staff helping them. No formal complaints had been received by the provider. A relative commented, "We have information about how and who to contact if we need to and feel comfortable in doing so." A person told us, "If there are issues I take them up with [Name of registered manager] and they would be solved."



## Is the service well-led?

### Our findings

People's views were sought to assess the quality of care provided. There were a variety of systems in place to enable people, relatives and staff to give feedback about the service. Annual surveys were sent out, analysed and actions identified where improvements were needed. For example, extending training for staff to make sure they had access to training specific to people's needs such as dementia awareness. People and their relatives had commented, "You are doing a wonderful job" and "Marvellous, so patient and helpful." Feedback from staff included, "We are treated fairly" and "Excellent company to work with." As part of the quality assurance process, spot checks were carried out to assess the quality of service provided, which included feedback from people and their relatives. During staff team meetings and individual meetings staff were able to bring up issues and follow up on any actions taken. For example, changes in people's mobility which had been referred to health professionals and resulted in the use of new equipment.

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. The registered manager was aware of their responsibilities with respect to CQC and submitting statutory notifications. We discussed with him making sure the statement of purpose and service user bands had been updated to reflect the expanding service being offered to different types of people for example, people with a learning disability. This was done during the inspection.

The registered manager discussed their values which included providing "staff who are confident and happy and take people's worries away" and "to put clients first, this could be me or you". The registered manager said, "We care. Our staff are very caring and are not afraid to highlight issues." He said "We aim to give the best service possible and support clients the best way we can." Relatives commented, "We are extremely satisfied with the level of care given", "We have been fortunate in the agency we chose" and "They have got to know both my parents and our live-in carers well and are able to provide consistent high quality care."

The management team met each week to monitor and review the quality of service provided. The registered manager and owner of the service completed spot checks to make sure staff carried out their duties to the standards they required. This included observations of staff administering medicines and delivering personal care. They also provided personal care to people when needed to cover last minute sickness or emergencies. This gave them a good overview of the service being provided and where support or action was needed to maintain their standards of practice. Staff had been given codes of conduct detailing the expectations of them. The management team kept their practice and knowledge up to date through membership of local and national organisations. Future improvements for the service included consolidating the use of electronic care records and promoting a mentoring support network between all staff to facilitate greater engagement from staff.