

Personal Assistant Care Agency Ltd (PACA)

Personal Assistant Care Agency Ltd

Inspection report

Unit 13
Hampton Park West
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27 March 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Personal Assistance Care Agency Ltd. is a domiciliary care service registered to provide personal care to people living in their own homes. Not everyone using Personal Assistant Care Agency Ltd. receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 14 people were using the service.

People's experience of using this service:

Quality assurance systems were not effective. The service manager was assessing and monitoring the quality of care delivered. An improvement plan was devised and was based on their assessment which included care planning. Although the improvement plan was recently introduced this had yet to be embedded into practice.

There were people receiving personal care who were at risk of potential harm. The daily notes showed people's individual risks included mobility needs, people who experienced severe epilepsy and choking risks. However, risk assessments on how risks were to be mitigated were not available at the agency office.

The staff told us risk assessments were developed for some people. However, their comments indicated where risk assessments were in place they were not read by the staff and were in need of reviewing.

Risks assessments for the property were not in place. This meant the registered manager could not be certain that staff were working in a safe environment.

Customer details and comprehensive assessments were in place for some people. However, care plans were not developed from these assessments. There was no evidence that people's care needs had been reviewed.

Records of daily visits documented by staff lacked their signatures and times of visits. There was little evidence on how staff had met people's agreed outcomes.

People told us staff supported them with taking their medicines. The staff lacked an understanding on effectively recording the support they provided with medicines administration. For example, prompting and removing medicines from the packaging. This meant staff were not maintaining accurate records of medicines they had administered. Copies of medicine administration records were not available at the agency office for auditing. Comments from staff indicated that good practice guidance for medicines was not followed, NICE guidelines (National Institute for Health and Care Excellence).

Recruitment of staff was not well managed. Copies of application forms were not always fully completed. Applications forms did not always give the names of the most recent employer. There was no evidence that

references had been sought for all staff.

Disclosure and Barring Services (DBS) checks had taken place for all staff. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. Where DBS checks were returned with convictions there was no evidence that the registered manager had assessed with the staff the learning from these episodes. This meant the registered manager had not gained reassurances that these incidents would not be repeated.

Recruitment was ongoing and a team leader had been appointed. The registered manager and the service manager told us the appointment of the team leader would assist with the monitoring of staff practice, undertaking care plan reviews and updating records.

There was support for staff through staff meetings. The most recent team meeting was well attended and all areas of the staff's role and responsibilities were discussed.

People told us they felt safe while staff from the agency were present. The staff told us they had attended safeguarding of adults training. These staff knew the types of abuse and how to report any concern. There were three safeguarding referrals made before the inspection by CQC in response to concerns.

Although we received concerns that visits were missed, staff told us some visits were late but they were completed as required. People agreed with the staff comments. People told us they mostly had the same staff deliver personal care.

The staff told us the registered manager was approachable and supportive. People were confident the appointment of new managers would instigate improvements.

Rating at last inspection:

This service was rated good at the last inspection dated 22 February 2019.

Why we inspected:

This inspection was brought forward due to information of concern raised about staffing concerns and the impact this had on people.

Follow up:

The overall rating will remain Requires Improvement overall.

The provider will be required to tell us what action they will be taken to ensure compliance is met where breaches of regulations were found. We will monitor all intelligence we receive about the service which will inform when the next inspection should take place.

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

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 well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Personal Assistant Care Agency 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted by whistleblowing concerns. We did not inspect the key questions Effective, Caring and Responsive because ongoing monitoring did not raise any information about risks or concerns in these areas.

Inspection team:

This inspection was undertaken by one inspector and an 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:

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 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

The inspection site visit activity started on 21 March 2019 and ended on the 27 March 2019. We visited the office location on 21 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed all the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

This inspection included speaking with four people by phone. We spoke with eight staff, the registered manager and the service manager.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- There were people receiving personal care who were at risk of potential harm. Individual risks to people included mobility needs and epileptic seizures. Copies of risk assessments were not available at the agency office. This meant systems were not effective as risks assessments were not audited.
- The staff responses on how risks were managed was inconsistent. Some staff told us risk assessments were not available in people's homes. Other staff told us risk assessments had not been reviewed. All staff said they were shown by other staff how to minimise identified risks. It was evident from comments made by staff that where risk assessment were in place they had not been read.
- Risk assessments were not available on how risks were to be mitigated to people and others. Risk assessments to ensure the environment was safe for people and the staff were not in place. A member of staff told us "A lot of carers receive training and guidance is given. Risk assessments were done by previous team leader but [was] unaware they were reviewed." The comments from another member of staff indicated that equipment to minimise risk was available and that training was provided for people placed at risk of harm. However staff were not certain that action plans were in place on how to reduce the risk This meant people may be at significant risk of harm.

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Staffing levels

- We received concerns that staffing levels were not adequate to meet the needs of people receiving personal care. We were told that visits were often missed. The registered manager accepted that two visits had been missed due to staff shortage. These visits were covered by relatives.
- The registered manager said there were no other late or missed visits. This registered manager told us relatives were alerted when visits were late or missed. There were systems in place to ensure visits were taking place at the agreed times and that staff stayed the allocated time. The staff we spoke with told us visits were not missed although some had been late.
- People we spoke with told us they knew the staff that supported them. Generally, they had the same staff undertaking visits and staff stayed the allocated time. The staff we spoke with told us that while there were staff shortages, all visits were completed. Comments from staff included "At the moment its stressful as some staff have left but recruitment is happening", "A lot of staff have left and staff are covering additional hours" and "[NAME] is using another agency to cover hours.

- □ Staffing rotas were devised by the registered manager and were based on packages of care. People were made aware there was an acceptable half an hour either way to the agreed time of visits. People had a core team of staff to provide consistency.
- □ The registered manager told us there was a self imposed embargo on referrals for personal care until more staff were recruited. The registered manager said there were three full time vacancies. The staff we spoke with were aware that recruitment of new staff was taking place.
- □ Recruitment systems were not robust and did not ensure staff were suitable to work with people at risk. Applications for employment were not fully completed. References from the most recent employer were not always given and there was no evidence that references had been sought for all staff. DBS checks for staff were undertaken. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. However, risk assessments were not completed when DBS checks were returned with convictions. This meant the registered manager was not able to determine the best candidate based on their application forms, checks and DBS clearances. This meant unsuitable staff may be recruited.

Using medicines safe

- □ Medicine systems were not managed safely and may place people at risk of harm. The people we spoke with told us the staff supported them to take their medicines. One person told us "they put my pills in a pot for me. Then they record that I have taken them." The staff we spoke with told us they had attended online medicine training. Members of staff were unsure that assisting people to take their medicines covered prompting, reminding, removing medicines from packaging and administration.
- □ Completed medicines records were not available at the agency office. This meant the registered manager could not be certain that staff were administering medicines as prescribed. National Institute for Health and Care Excellence guidance (NICE) recommended that "When medicines change, the old list will need to be dated and kept. This helps to check the support provided for each medicine even if it was several months before."
- □ The comments from staff indicated that a record of prescribed medicines was not kept in people's homes. One member of staff told us "there should be a list of medicines prescribed." Another member of staff said, "there was a list of prescribed medicines but no description". This meant the staff were not able to recognise the medicines prescribed. NICE recommend for staff to only administer medicines when this is clearly documented in the care plan. The guidance states that "the prescriber's directions must be clear, specific and unambiguous".
- □ The staff comments on the recording of medicines administered were inconsistent. Their comments indicate that good practice guidance was not followed consistently. NICE guidance recommends that printed medicine administration records (MAR) should be used where possible. A clear record must be maintained on all support provided for each individual medicine. Where medicines were recorded as 'dosette' or blister pack, an accurate record must be kept of the medicines contained in the blister pack.
- □ Some staff told us they recorded the medicines administered in the daily notes. These staff told us a record of medicines prescribed was not kept at the person's home. One member of staff said "[I] record on the file daily record. I put everything that [I] do. I do it in the daily notes and put the date." There should be a list of medicines people are taking.

- Other staff were not recording the medicines administered. Their understanding was that the support they delivered with medicines was not covered under administration of medicines. One member of staff told us they drew up medicines that required stricter recording controls, they "prompted with [medicines in a dosette box and put them in a pot" for the person to take later that day. The member of staff told us a risk assessment was not in place for staff to leave medicines in a container for the person to take later.
- There were staff who were recording medicines administered on a "sheets". A member of staff said "medicine is recorded on a sheet. This sheet has a section that says T for taken."
- Other comments from staff on the administration of medicines included "We have a medication sheet in the red folder. You just log the medicines given, the time and if it was witnessed or administered." "Sheet to record, it's all in boxes. We watch her take it, we tick to say she has taken it. We try again if she refuses."
- This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- There were no recording of accidents and incidents at the agency office. Staff told us there were accidents forms in people's homes for them to record these events.

Systems and processes

- The people we contacted told us they felt safe during visits from agency staff. The registered manager told us there were safeguarding referrals made by CQC in response to concerns. Generally, the staff we spoke with were able to explain safeguarding procedures. They knew the types of abuse and that they must report their concerns. Staff we spoke with were not able to recall if they had attended refresher safeguarding adults training. Training records showed with the exception of one, the staff had attended safeguarding training in 2015.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the inspection dated December 2018 we rated Well Led as Requires Improvement. We found there was no overall system of auditing the quality and performance of the various areas of service provision.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirement

- Steps were being taken to assess and monitor the quality of care delivery. The service manager had developed an improvement plan on care planning and on the assessments of care delivery. The improvement plan although was recently introduced this was not fully embedded into practice.
 - Records of daily visits by staff lacked signatures and times of visits. There was little evidence on how the staff had met people's agreed outcomes.
 - Customer details and comprehensive assessments were in place for some people. However, care plans were not developed from these assessments. This meant there was no guidance to staff on how they were to meet the needs of people. There was no evidence that people care needs had been reviewed.
 - Copies of care plans kept at the agency office were not in place for the personal care being delivered by the staff. Comments from staff indicated that care plans kept in people's homes were not being read and were not reviewed. One person told us their care plan had not been reviewed every year.
 - Medicines were not audited to monitor that they had been administered as prescribed.
 - Systems on how risks were mitigated to people and staff were not in place. Risk assessments were not in place for individual risks. Environment risk assessments were not in place to ensure staff were working in a safe environment.
 - Recruitment procedures were not robust to ensure the staff employed were suitable to work with adults at risk.
- "This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and the Service Manager told us the appointment of the team leader will assist with monitoring of staff practice, undertaking care plan reviews and updating records. Staff told us the provider had employed managers to support with monitoring the quality of care delivery. One person told us there was a "new manager and they anticipated changes."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- A registered manager was in post. The people we spoke with told us they were able to consult with the registered manager about the contracted visiting hours. One relative told us they could "bank" cancelled hours which they then used for a "day out".

- The service manager told us the values of the agency included "giving people personalised care." Comments from staff indicated that staff feel valued and there was support to undertake their roles and responsibilities.

- Staff told us the registered manager was good. Their comments included "good. I can ring her and she always answers the phone. She is really good. She gives me the information [verbally]" to deliver care to people. "I left [the agency] for a short time but returned. [Registered manager] get along with her. She is approachable I don't have an issue" and "No problems contacting the agency. [Registered manager] will say to contact them whenever she is needed."

- The staff told us they had an induction which prepared to work with adults at risk. Staff had attended mandatory training which the provider had set. However, some training had expired and staff needed to attend refresher training.

- There were systems in place to discuss with individual staff their concerns, development and performance. However, one to one meetings were not taking place for all staff and was not regular. Staff meetings had taken place and were well attended by staff. At the team meeting dated November 2018 staff discussed the Mental Capacity Act, the challenges faced by staff and people they supported.

Engaging and involving people using the service, the public and staff

- The registered manager told us people's feedback had been sought using surveys. They said there was a poor response from people. One person told us that every six to eight weeks there is a "phone call checking up."

Continuous learning and improving care

The registered manager told us the learning from the inspection. This registered manager said "we learn everyday. Everything has to be monitored. It is the checking [of the quality of service delivery]. I know what good looks like." This registered manager said that challenges faced were "based on being a single sole provider."

The registered manager told us sustainability was to be achieved by "starting from scratch, auditing all systems and implementing action plans"

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were placed at risk of potential harm. Risk assessment on how to mitigate risk were not always in place and reviewed to ensure the actions minimised the risk.</p> <p>Medicines systems were not managed safely. Staff were not accurately recording the medicines administered. Audits of medicines were not taking place. Good practice guidance was not followed.</p> <p>Recruitment of staff was not safely managed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality of service delivery was not assessed and monitored. Improvement plans had not embedded into practice. Records were not accurate or up to date.</p>