

Real PCS Limited

# Real PCS Solihull

## Inspection report

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Date of inspection visit:  
25 April 2022

Date of publication:  
06 July 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Real PCS Solihull is a domiciliary care and supported living service providing personal care and support to people in their own homes. They were providing a service to 23 people at the time of inspection; four of whom were receiving personal care. No people from the supported living setting were receiving 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

Risks to people's health and safety were not always recorded comprehensively to ensure staff had current knowledge of how to provide individual care safely. People's medicines were not always administered according to national best practice guidance. There was not always enough numbers of staff at the service to provide care calls. Systems were in place to maintain people's safety and staff were aware of their safeguarding responsibilities.

Staff did not receive accredited training for some care tasks relating to people's complex needs. Not all complex needs were comprehensively assessed to ensure personalised care was planned effectively. People were supported to eat and drink to maintain their health and the service worked alongside other health and social care professionals to ensure people's health was maintained. People were supported to make choices and decisions and staff promoted their independence.

Audits were not always conducted thoroughly in order to identify issues with completeness and accuracy of people's care documentation. Overall staff felt able to seek support and advice in order to carry out their role when needed. People had accessibility to the management team to raise any matters relating to their care. The provider requested feedback from people regarding the care they received in order to address any changes or improvements required. The service demonstrated openness to continuous learning in order to improve care.

Overall, people felt supported and cared for and staff spoke fondly of the people they supported. Care staff treated people with respect and compassion and ensured people's dignity was maintained.

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

The last rating for this service was good (published 23 October 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about the safe care and treatment of a person and the potential impact for other people supported by the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led section of this full report.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Real PCS Solihull

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of an onsite inspector and an Expert by Experience, who spoke with people by telephone. 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 homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 25 April 2022 and ended on 23 May 2022. We visited the location's office on 25 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people about their experience of care provided. We spoke with four members of staff, including the registered manager and three healthcare assistants. We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to 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

- Risks to people's health and safety was not always effectively assessed. Where people had complex health needs or equipment to support their mobility; the service did not always document the associated risks. For example, people requiring continence care did not have specific risk assessments in place for staff to follow or to monitor people's skin integrity due to these needs. The service did not record service schedule dates for equipment used to support people's mobility; and therefore, could not be assured the equipment was safe to use. This meant people were at an increased risk of avoidable harm.
- The registered manager was alerted to these issues and took immediate action to improve documentation and recording of information.
- Staff however, understood people's needs and risks and knew how to raise any concerns if they were to arise. A staff member told us, "We use reporting forms, or body maps to document any concerns and then report this to a senior carer or the manager." People felt safe when staff supported them with equipment. For example, a person told us "I do need the hoist and have no concerns with this. Staff are always very competent and I am very comfortable."

### Using medicines safely

- The management of people's medicine did not always follow national guidance or best practice. For example, three people's care records documented they required "as required" medicines. However, there were no "as required" protocols in place or the details of prescribed medicine was no longer current. Protocols should provide staff with information about when to offer or administer "as required" medicine. Staff knew which people were prescribed "as required" medicine, however, Medicine Administration Records (MARs) did not always evidence medicines were offered or the outcomes of administration recorded accurately. This meant there was an increased risk of people not receiving their prescribed medicine safely.
- The registered manager acted on the day of the inspection to ensure staff understood their responsibilities in the safe administration of medicine; and people's MAR's were current and reflective of their needs.
- Staff told us they had been trained in medicine administration and their competency to administer medicine safely were regularly checked. One person told us, "They do have to give me medication and this is done routinely without prompting." Where any issues or errors were identified during the auditing of medicine records, action was taken by the service to address these to reduce the risk of reoccurrence.

### Staffing and recruitment

- We found there was not always sufficient numbers of care staff in place to ensure care visits were completed as required. People we spoke with provided mixed feedback about the delivery of their care calls.

One person told us their night time care calls were cancelled at short notice. The registered manager confirmed this was due to shortness in staff and offered an alternative time slot, however this was declined. Another person told us, "I have two carers in the morning and afternoon but just one in the evening. There is never a shortage of staff when I need two [staff], they always arrive. There is never a problem with them meeting my needs."

- The registered manager informed us they currently had enough staff to complete the care calls required. However, the service had decided to delay providing new packages of care which included personal care until they had enough staff to fulfil these.
- Staff were recruited safely. Employment checks were completed including employment history, references and proof of identity was checked. Disclosure and Barring Service (DBS) checks had been completed which help to prevent unsuitable staff from working with people who are vulnerable. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we identified one member of staff did not have a new DBS check completed within a reasonable time period. The registered manager told us they had identified this issue and were in the process of renewing all DBS checks for staff as a precaution.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training. Staff we spoke with understood their safeguarding responsibilities and knew when to raise concerns.
- The provider had systems in place to record and respond to safeguarding concerns raised by the local authority and other statutory organisations.

Preventing and controlling infection

- Staff were provided with appropriate personal protective equipment (PPE) in order to provide care safely and minimise the risk of transmission of infection. One staff member told us, "PPE is always available; we only have to ask for it and it's provided to us."
- Staff received infection prevention and control training including extra precautions required due to the Covid-19 pandemic.
- The provider had infection prevention and control policies in place.

Learning lessons when things go wrong

- The provider had systems and processes in place to identify errors or respond to concerns raised.
- The registered manager proactively contacted statutory organisations to seek advice, guidance and updates about concerns being investigated in order to improve the service's practices and procedures where required.



# 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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training aligned to the Care Certificate Standard. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- However, where staff had received specialised training for people's needs, for example catheter care or swallowing difficulties; they felt the availability and quality of training could be improved upon. This was evident when speaking with staff where there were clear differences in the level of knowledge and confidence of staff when carrying out this care. The registered manager told us they would seek to address this issue with re-training of staff.
- Staff told us they received a full induction before providing care independently and their competency in providing care was regularly checked. For example, one staff member told us, "Senior staff come out and check we provide care safely every few months, and we cover any feedback during supervision."

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

- Assessment of people's needs were carried out prior to support being received to ensure the service could meet the persons' needs.
- Care plans contained details and guidance of the care people needed and staff recorded when this had been completed during care calls.
- People or their representatives were included in the assessment and care planning process and reviews of care were completed within the providers timescales.

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

- People's hydration and nutritional needs were met. People's needs were assessed, and care planned around the support they required or identified when they could meet their own needs independently. One person told us, "They sort out food and drinks for me and make sure I can reach them. I generally choose what I want them [Staff] to prepare and I have no complaints."
- Where people were supported with drink and meal preparation, this was documented by staff.

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

- The service worked with other health and social care professionals where needed to ensure people's needs were met. One person told us, "If I need the doctor or anything they will always sort it out and let me

know what is happening."

- Where other professionals were involved, this was recorded in the care documentation.

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 MCA 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.

We checked whether the service was working within the principles of the MCA

- People were asked to consent to their care, and this was recorded in their care documentation
- Where people required a legally appointed person to support them with making decisions relating to their care; this was included in care documentation.
- Staff were able to tell us how they supported people to make choices and decisions.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us care staff were kind, caring and recognised when people needed additional support. One person told us, "The staff are wonderful; they are so caring and will go above and beyond to help me. If they notice I am a bit down or depressed, they will always find time to sit with and talk things through."
- Staff we spoke with understood people well and what was important to them; explaining this with warmth and compassion.

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

- People were supported in contributing to the planning of their care. One person told us, "I have signed my care plan and this is updated regularly or when something changes and I need something different."
- Staff told us they read people's care plans to understand their preferences. One staff member told us, "There is lot's of information in the care plans about people's likes and dislikes and ill pick up on that and offer what's recorded or see if they want something else."

Respecting and promoting people's privacy, dignity and independence

- People received dignified care and their privacy was respected. One person told us, "I'm asked before they [staff] do anything, which is very good and I feel my dignity and privacy is kept where possible."
- Care documentation identified areas of people's needs they would like to complete independently. People felt they were supported to remain as independent as possible and encouraged with daily activities. One person told us, "They take me out shopping once a week, wherever I want to go, and we have a good time"

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- People were supported to have as much control over their care as possible. One person told us, "Sometimes, if I don't feel well, I won't go to the day centre. I ring [registered manager] and explain, and instead of sending the carer in early morning, they will change things around so my morning visit is later. It's really appreciated."
- Care plans were personalised and written clearly; identifying people's needs and the support they required or preferred to complete independently.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager informed us care documentation, advice and guidance can be made available in different formats upon request or identified need.
- People's communication needs were assessed prior to care commencing to identify any adjustments that were required to support effective and meaningful communication. This included specific training for staff based on people's individual communication needs.

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

- Care plans included details of people's relationships with family, friends and described the informal support people may receive or want to maintain. Where people wanted to access their local community or take part in domestic activities; staff supported with this.

Improving care quality in response to complaints or concerns

- People told us they knew who to speak with if they were unhappy with the service. One person told us, "I sometimes ring [staff member] in the office if I have a question or concern, [they] always listen to me and take me seriously, doing [their] best to help or advise me"
- The provider had systems in place to respond to complaints about the service. The service was managing concerns raised at the time of inspection and was completing further enquiries and investigation into these.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance and quality assurance processes were not always effective. Auditing of care documentation did not always identify issues relating to recording of risk assessments and medicine administration. This meant the provider did not have effective oversight of quality and risk in the delivery of care provided by the service. This increased the risk of harm occurring. The registered manager was alerted to the concerns during the inspection and advised us of the immediate action they would take.
- Where issues were identified during audits, this was documented for appropriate action to be taken; which was completed within the given timescales.
- The provider did not always have effective strategies in place to manage shortfalls in staff numbers. This meant, one person's full care needs could not be provided by the service and their night time care call was cancelled. The notice period given to the person was within the provider's timescales. However, not enough consideration was made in determining the risk to the person following this decision, despite offering an alternative care call time. The registered manager took the decision to suspend new packages of care until the service had sufficient numbers of staff to meet new care calls safely.
- Systems were in place for staff to document and escalate concerns when risks for people were identified. For example, care staff had access incident reporting forms and direct contact with the management team to raise immediate concerns.

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

- The provider's "statement of purpose" clearly defined the outcomes it aimed to achieve in providing care people the service supported. A statement of purpose is a legally required document which must include a provider's aims and objectives in providing the service.
- People and staff told us they knew how to contact the registered manager if required. In most cases people and staff said the registered manager was approachable and responded to any questions or concerns in a timely way.

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 was aware of their legal responsibility regarding duty of candour. The provider advised us of the processes it would follow in the event something went wrong regarding a person's care or treatment.

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

- People and relatives were asked for their views and experiences of the service regularly, by either feedback questionnaires or informal discussion.
- Staff told us they had the opportunity to discuss any concerns they had. Staff received regular supervision which included obtaining their views of the service, people's individual care and training development needs.

Continuous learning and improving care

- The registered manager told us how they used the feedback received to address any issues and improve people's experiences of the care. For example, the registered manager used feedback to match a service user with particular carers who shared common interests in order to improve rapport and confidence building.

Working in partnership with others

- The registered manager told us how they worked with other health and social care professionals to ensure people's needs were met. For example, people's care records showed when they had been referred to district nurses or when people's GP's had been contacted.