

Private Personal Assistance Limited

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Inspection report

Police Station
Long Lane
Sedbergh
Cumbria
LA10 5AL

Tel: 07500695798

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18 September 2019
15 October 2019

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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

About the service

Private Personal Assistance is a domiciliary care agency providing personal care, support with domestic tasks and socialising in the small town of Sedbergh and surrounding rural areas.

Not everyone who used the service received 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. At the time of our inspection 31 people were receiving the regulated activity.

People's experience of using this service and what we found

People were supported by a small team of regular staff who they knew well. The provider who is also the registered manager carried out checks on new staff to ensure they were suitable to work in people's homes.

People received the right level of support they needed to take their medicines. The staff were trained in how to provide people's care in a safe way. Staff told us their training was 'good' and they could ask for any support or specific training.

People received the help they needed to enjoy their meals and drinks. The senior care staff assessed the support people required on a regular basis to ensure the service provided was suitable to meet their needs.

The staff included people in decisions about their care and respected people's rights. 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.

Staff treated people in a kind and caring way. People valued the service and the support the staff provided. The staff treated people with respect and supported them to maintain their independence and dignity.

The service was responsive to people's needs. The agency was committed to providing the support people needed to stay in their own homes. Where people requested changes to their support the agency was flexible. People received care and support that was person-centred.

The staff knew people well and provided support to meet people's needs and respected their wishes. People knew how they could raise any concerns and were confident the provider would resolve any issues they raised. The service worked well with other agencies and provided the support people and their families needed as individuals reached the end of their lives.

This was a small service and the provider worked with the staff team to provide people's care. This gave the provider a good oversight of the safety and quality of the service. People knew the provider well and told us they were comfortable speaking to her. The provider used formal and informal ways to gather people's

feedback and used this to improve the service they received.

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

Rating at last inspection

The last rating for this service was good (published 17 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Private Personal Assistance Limited

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 inspection was carried out by two inspectors.

Service and service type

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 who is also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider / registered manager would be in the office to support the inspection.

Inspection activity started on 18 September 2019 and ended on 15 October 2019. We visited the office location on 18 September 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with the provider/registered manager, senior care worker and two care workers. We visited two people, with their permission, in their own homes and contacted two relatives of people who use the service by telephone.

We reviewed a range of records this included four people's care and medication records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People and their relatives trusted and felt safe with the staff who provided their care. One person told us, "I feel very safe and I can trust them [staff]."
- The staff understood their responsibilities around protecting people from abuse. We saw, where necessary, appropriate referrals had been made to the local safeguarding team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The staff had identified and managed risks to people's safety. Any potential risks were recorded in the care plans and gave guidance for staff about the actions to take to ensure the safety of the people they were supporting.
- The provider reviewed any incidents to ensure appropriate actions were taken. Risks were reassessed to prevent reoccurrence where possible and where lessons had been learned these were shared throughout the staff team.

Staffing and recruitment

- There were enough staff to support people. People were supported by a regular small team of staff who they knew. The provider planned people's support to ensure they had time to get to know the staff who were caring for them. One person told us, "The staff are all lovely and I always know who is coming."
- The provider carried out checks on all new staff before they were employed which helped to ensure the were suitable to work with vulnerable people.

Using medicines safely

- The staff gave people their medicines safely and as their doctors had prescribed. Staff who handled medicines had completed training to ensure they had the skills required. The provider had systems to audit medicines to check people had received their medicines as they needed

Preventing and controlling infection

- People were protected from the risk of infection. The staff were trained in preventing infection and in food handling and hygiene. The staff used personal protective equipment, such as disposable gloves and aprons, to reduce the risk of infection.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed, and documented people's needs and preferences in relation to their care and developed their care plans based on this.
- The provider regularly reviewed people's care plans and where changes had occurred their care plans had been updated. Some people were supported by specialist healthcare services. The needs assessments included information provided by the other services which supported staff in meeting people's specific needs.

Staff support: induction, training, skills and experience

- Staff told us they had access to ongoing training and development relevant to their role. This included refresher training and updates in specific skills to meet individual's specific needs. One person told us, "The carer's that come to me all know how to manage my condition."
- Staff told us, and records confirmed they received regular supervision and annual appraisals. The staff team met regularly to ensure current information about people's needs was shared.

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

- People told us the staff supported them, if they wished, to access healthcare services such as attending the doctor's surgery.
- Records showed there was effective working with other health care professionals and support agencies.
- The provider worked with other care providers to ensure people received good care that met their individual needs. The provider had established good relationships with the community healthcare teams and followed any guidance they gave.

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

- People were provided with meals and drinks they enjoyed. The staff provided the support people needed to eat and drink enough to maintain good health. People we spoke with told us the staff "always" asked what meal they wanted them to make and respected the choices they made.
- Staff had completed nutritional assessments to identify people's needs and any risks they may have when eating.

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

- The staff were knowledgeable about their responsibilities under the MCA and people's rights were protected. The provider had, when required, supported people to access independent advocacy.
- We saw people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. Consent to care and treatment in the care records had been signed by people with the appropriate legal authority to do so.
- The staff knew people well and were patient and respectful in supporting people to make choices about their daily lives. There was no one being supported by the service who required restrictions on their liberty to receive care.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The provider considered people's equality and diversity needs in their care plan. Staff understood people's needs and respected them.
- People told us they were well cared for one person said, "The staff are very nice, polite and helpful." Another person told us, "I couldn't ask for better care. I feel very lucky to have them."
- We saw caring and friendly interactions between staff and people using the service. Staff spoke to people in a friendly and respectful way.

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

- People were included in all decisions about their care and the staff respected the choices people made. One person told us, "They [staff] would never dream of doing anything without asking me and explaining things."
- Care records showed that care planning was centred on people's individual needs and preferences. The provider reviewed people's needs regularly including consultation with relatives and any professionals involved.

Respecting and promoting people's privacy, dignity and independence

- The staff supported people to maintain their independence. Care records were written in a positive way and included information about the tasks people could carry out themselves as well as detailing the level of support they required.
- The staff took appropriate actions to maintain people's privacy and dignity. The staff spoke about people in a respectful way.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's needs had been assessed and staff supporting them had a good understanding of their personal preferences. This enabled them to provide personalised care tailored to their needs and wishes.
- Staff communicated with relevant others regularly. Involving them in the care and support plans, to express their views and make choices about the care delivered. A relative told us, "They [staff] are regularly in touch and let me know if things change."

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.

- The provider had identified how people needed information to be provided and people's communication preferences and needs were detailed in their care records.

Improving care quality in response to complaints or concerns

- People knew how they could raise concerns about the service and were confident the provider would take action in response to any issues they raised. No one we spoke with had made a formal complaint about the service provided. One person told us, "If I have any concerns I just tell my carer and it gets sorted." Another person said, "If I was unhappy with anything I would just tell [name] the provider."

End of life care and support

- People received the support they required as they reached the end of life. The provider and staff worked with other health agencies to support people who were reaching the end of their lives.
- The provider understood the importance of supporting people's families as well as the individual. Staff had received specific training from the local hospice.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had developed a positive culture which placed people who used the service at the centre of their care. Staff had very good understanding of equality, diversity and human rights.
- People told us the service was well-led. One member of staff said, "It's like working with your extended family. The provider is great to work for."

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; Continuous learning and improving care

- The provider understood their legal responsibilities. We had been notified of any significant events which had occurred. We saw the sharing of information with appropriate other authorities had been done.
- The provider regularly monitored and reviewed any accidents or incidents to identify any patterns that needed to be addressed or lessons to be learned.

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

- The provider used both formal and informal quality assurance systems to ensure safety, quality and improvement were consistently monitored. The provider had good oversight of the quality of the service because she worked in people's homes and was available for people to share their views about the service.
- The provider was very experienced, and staff were knowledgeable about the needs of the people they supported. We found the service was well-organised, with clear lines of responsibility and accountability.

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

- The provider had systems in place to gather the views of people who use the service and their relatives. This was a small service and the provider worked with care staff to provide people's support. This meant people knew her well and people said they were comfortable speaking to her.
- Staff we spoke with told us they were listened to and could share their views about how the service for people could be further improved. The staff said they could share their views as they worked with the provider or by visiting the agency office.

Working in partnership with others

- Staff consistently worked in partnership with the wider professional health and social care teams to

ensure people received the care they required if their needs changed. Where specialist services were involved in providing people's support, the advice they had given had been included in people's care plans.