

Private Personal Assistance Limited

# Private Personal Assistance Limited

## Inspection report

Police Station  
Long Lane  
Sedbergh  
Cumbria  
LA10 5AL

Tel: 07500695798

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18 January 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

This announced comprehensive inspection took place on 18 January 2017. The registered provider who is also the registered manager was given 48 hours' notice of the visit because the location provides support and personal care to people living in their own homes and the registered manager works as part of the staff team on a daily basis.

Private Personal Assistance is a small domiciliary care agency based in the market town of Sedbergh. It offers a range of services for people in their own homes. The service provides support with personal care and domestic tasks to help maintain independence for people living in Sedbergh and around the surrounding rural areas.

There was a registered manager in post on the day of our inspection visit. 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. In this service the registered manager is also the registered provider.

At our last inspection visit in December 2015 we made two recommendations relating to the management of records for the administration of medications and one about updating policies and procedures for recruitment and induction training. We found during this inspection that these recommendations had been implemented by the registered provider.

We found that people who used this service were safe. The staff knew how to protect people from harm. Staff had completed training in the safety of vulnerable adults and knew the signs to look for and how to report any incidents of concern.

We saw that recruitment procedures were robust this ensured only suitable people worked in the service. We saw that staffing levels according to the rotas were good throughout all areas of the service. Staff training was up to date. We saw that staff were supported by the management team through regular staff supervision and appraisals.

We saw that medicines were administered safely and records were updated regularly. Staff who were responsible for the administration of medications had completed the appropriate training.

We found that the service worked very well with a variety of external agencies such as social services, occupational therapists, other care providers and mental health professionals to provide appropriate care and support to meet people's physical and emotional needs.

People received support from a regular team of staff who they knew well and who understood the care and support they required. We saw that people were treated with kindness, dignity and respect and they made

very positive comments about the staff who visited their homes.

Support was given in a manner to people to promote their independence for example supporting them to join in with activities in the community.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice. This helped to protect the rights of people who were not able to make important decisions themselves. Best interest meetings were held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy was arranged.

## 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.

People told us they felt safe.

Staff knew how to protect people from harm.

People recruited had all the appropriate checks completed before they commenced working.

Medicines were managed safely.

### Is the service effective?

Good 

This service was effective.

There were good systems in place to ensure that people received support from staff that had the right training and skills to provide the care they needed.

Health care professionals were consulted when necessary.

People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf.

### Is the service caring?

Good 

The service was caring.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

The staff were very knowledgeable about the level of support people required and their independence was promoted.

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### Is the service responsive?

Good 

The service was responsive.

Staff took into account the needs and preferences of the people they supported.

Care plans were based on a comprehensive assessment of people's needs.

There was a system to receive and handle complaints or concerns.

**Is the service well-led?**

**Good** ●

The service was well-led.

People who used the service and the staff knew the registered manager and operations manager well and were confident to raise any concerns with them.

Staff were supported by the registered manager and operations manager in the team.

There were systems in place to monitor the quality of the service provided.

# Private Personal Assistance Limited

## **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 was planned to check whether the provider was 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 inspection took place on 18 January 2017. This visit was announced and we gave the service 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to speak with us. We visited people who used the service, with their permissions, in their own homes. The inspection was carried out by a lead adult social care inspector.

Before the inspection we reviewed the information we held about the service this included any statutory notifications sent to us by the registered provider. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted a local commissioner of the service.

The inspector visited the agency office and looked at the care records for four people who used the service. We spoke to the registered manager and the operations manager who was also the main administrator of the agency. We visited two people, with their permission, in their own homes.

We asked people what they thought about the service and checked to see that care records kept in their own homes accurately reflected their needs.

We spoke with three relatives of people who used the service and two members of staff and a community mental health professional. We looked at training records and the recruitment records for staff recruited since our last inspection visit. We also looked at records relating to how complaints and incidents were managed and how the registered provider checked the safety and quality of the service.



# Is the service safe?

## Our findings

People we spoke with told us they felt safe with the service provided. One person said, "I feel very safe with the support I get. I have regular care staff and we all get on well." A relative we spoke with told us, "My relative is very safe and the carers that call make sure they are kept safe."

The staff we spoke with told us they thought that people were safe using this service. They told us that they knew how to identify abuse and alert the appropriate people. Staff also told us they would be confident to report any concerns to the managers. Records we looked at confirmed they had received training in the safeguarding of adults. There was a whistle blowing policy that was available to all staff and details of how to report concerns.

Medicines were being managed safely. Staff had completed training in the safe handling of medicines. We looked in detail at two medication records and saw the medicine administration records had been completed correctly. We also saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering, collecting and for the safe disposal of medicines.

Where relevant we saw records showing that staff had been trained to use equipment in people's homes. This helped to ensure they had the knowledge to use equipment safely. Staff we spoke to confirmed they knew the people they supported well as they always worked with the same group of people. This gave a consistency of service that ensured people became familiar with the group of staff that supported them.

We looked at the provider's recruitment procedure and saw that this was both appropriate and robust. We saw that all the checks and information required by law had been obtained before new staff could commence employment in the service. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the agency's recruitment policy. Checks with the Disclosure and Barring Service (DBS) had also been conducted.

We saw that risk assessments had been completed to support people safely in their own homes. Staff we spoke to confirmed they knew the people they supported well as the service operated in a small rural village. The registered and operations manager both regularly worked as part of the staff team. This gave a consistency to the service provided that ensured people became familiar with the small group of staff that supported them. We saw that there was sufficient staff available to meet the number of the people the service supported.



## Is the service effective?

### Our findings

People who used the service we spoke with made very positive comments in relation to the service being effective. One person told us, "I have the same staff and when someone new starts they visit with staff I know at first. It helps you to get to know them." A relative told us, "We have regular staff and that is important to us." We were also told by a relative that, "The staff are adequately trained and have the right skills to manage my relative's condition very well." During our visit to people in their own homes we saw that they made choices about their lives and that these were respected by the staff that supported them.

A community health professional we spoke with told us how exceptional the staff team had been in providing support and care for an individual who had complex needs. We were told, "Extra effort was made by everyone involved to ensure that enough trust was gained to be able provide the right level of support." This had resulted in the person being able to look after themselves sufficiently for them to be discharged from the community mental health services.

The staff we spoke with told us that they received a range of training to ensure they had the skills to provide the support people required. One member of care staff told us, "We often have training and we get regular updates all the time." We saw that new employees completed a thorough induction training programme before working in people's homes. The care staff we spoke with told us that they had regular meetings and could contact the managers out of hours when necessary. Records we looked at showed that staff were regularly supervised or appraised.

The registered manager and operations manager demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA). The 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.

We saw that consent to care and treatment in care records had been signed. Where people could not give consent themselves this had been done by those with the appropriate authority to do so. Where required the registered manager and care manager had confirmed that those people were the legal decision makers where people lacked capacity. This meant that people's rights were protected.

We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to the GP or dietician. Where people required their fluids or food intake monitoring to ensure they maintained good health records had been made. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs had been met.

## Is the service caring?

### Our findings

People who used the service we spoke with made very positive comments in relation to the managers and care workers being caring. People told us that they liked the staff that supported them in their homes. One person told us, "They [care workers] are all very kind and nothing is too much trouble." A relative we spoke with told us, "The service is excellent and all the staff that visit us are fantastic." A health professional told us, "The registered manager and team go way above what is expected and that is really important to people living in a small community".

From speaking to people who used the service and by looking at the care records in the office we could see that the staff were knowledgeable about the individuals they supported and about what was important to them in their lives. We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We saw the staff were caring, compassionate and respectful.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence.

Staff had received training to help ensure they understood how to respect people's privacy, dignity and rights. The registered and operation managers assessed how staff used these values within their work when observing their practice. Staff could describe how they would ensure people had their privacy protected when undertaking personal care tasks. One person we spoke with told us, "The staff do protect my dignity when helping me with showering."

The registered manager and operations manager spoke with people daily and so could assess informally if they were happy with their care and if there were any changes they wanted made to the support they received. The people we visited confirmed that the staff listened to them and included them in decisions about their care and lives. The staff we spoke with were all very knowledgeable about the individuals and their families they supported and about what was important to them in their lives. We observed during our visit to people's homes that staff were respectful of their homes and their needs.

Where necessary people had advocacy arrangements in place. An advocate is a person who is independent of the service and who supports a person to share their views and wishes. This ensured that people had access to independent advice and information.

We saw that people's treatment wishes had been made clear in their care records about what their end of life preferences were. The records contained information about the care people would like to receive at the end of their lives. We saw that positive comments had been received by the service from people whose relatives had been cared for at their end of life in their own homes.

## Is the service responsive?

### Our findings

People we spoke with during the inspection said the service had responded to their requests for support and they were satisfied with the service they received. One person told us about the service being accommodating and flexible if they changed their usual visit time. A relative told us how the staff had still managed to attend during exceptional weather conditions.

The registered manager told us that staff were always introduced to service users, prior to any support being provided. This helped to ensure people received their care from staff they were familiar with. We were also advised that the service were very careful to maintain a good level of continuity in respect of carers and this was confirmed during our discussions with people who used the service. One person we spoke with said, 'It's very important that you trust people coming into your home.'

There was a formal process for receiving and responding to concerns and complaints about the service provided. During our visit to the agency office we observed that people with concerns could contact the registered manager or operations manager directly and action was taken to resolve situations. The registered manager told us that they preferred to deal with things that concerned people in an informal way and as quickly as possible. People we spoke with could tell us how they could raise a concern or complaint by directly calling the office.

We found an initial assessment was completed prior to people receiving the service. This helped to ensure staff had a good understanding of people's needs before they started to support them. We noted that the assessment process always involved a visit to the service user's home and included the views of families and other professionals involved in their care.

We saw evidence in care files that the service was making the required referrals and seeking support on how best to meet people's needs. For example referrals to community health professionals such as occupational therapist, community nurses and dietician. We also discussed with the registered manager how they engaged with other agencies to facilitate joint working.

We saw from all the care records we looked at that people's health and support needs were clearly documented. However for one person we noted that detail about the management of a catheter had not been included in the care plan. Daily records we looked at evidenced that the staff had managed the care of the catheter. We discussed with the registered and operations managers that the current formats used for recording people's needs did not always accommodate specific individual needs. The managers took note during the inspection to include all of the relevant other needs identified for the one care record.

We could see that where relevant people's families had been involved in gathering personal information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them difficulties.

We saw that the service provided to individuals was focussed on supporting them to maintain their

independence as long as possible in their own homes. For some people it provided them with a regular familiar face during the day as some people rarely had visitors.

# Is the service well-led?

## Our findings

The service had a registered manager who was readily available to people who used the service, their relatives and staff. People we spoke with said they could speak with the registered manager or operations manager whenever they required.

We looked at policies and procedures relating to the running of the service and noted these had been reviewed since our last inspection.

There was a positive and friendly culture noted when we observed how the agency office was operated. Staff we spoke with were motivated and told us that the managers were excellent and genuinely cared about them. One member of staff told us, "It's a really good service to work for, I've worked for another agency and they were really poor compared to this."

All the people using the service, relatives and care workers all spoke very highly of the management team. They said that the managers were approachable and kept them informed of any changes to the service and that communication was very good. A relative told us, "I know I can contact them with any concerns and they would be dealt with." Another person we spoke with said, "The registered manager is very helpful, she will do anything she can for you."

People who used the service were given opportunities to share their views about the care and support they received. We saw that questionnaires had been completed by people who used the service and their relatives. We looked at the responses given during the last service user survey in November 2016. The responses showed no negative comments and overall people indicated they were 'extremely satisfied' with the service.

The registered manager was constantly reviewing the quality of the service provided as she formed part of the care team on a daily basis. This also gave her the opportunity to work alongside staff and monitor their performance. The registered and operations manager were familiar with people who used the service and their needs. When we discussed people's needs they showed good knowledge about the people in their care. For example, they were able to identify people with very complex needs and the risks associated to these individuals.

There were a number of audits in place that checked on the safety and quality of the service.

The registered manager and operations manager had established good working relationships with stakeholders and were proactive in sharing any information and seeking guidance from other professionals. We saw that they worked in partnership with other providers for some people and we were told that this worked well for the individual needs of people.

The service worked in partnership with other health professionals and had a very strong connection with the local GPs and community nurses to ensure people received the appropriate care and support to meet their

needs. We saw records of how other professionals had been involved in reviewing people's care and identifying the levels of support required.

We saw that staff meetings and supervision had been completed regularly and this gave the staff opportunities to discuss their training needs and to discuss the running of the service.