

Professional Care Support Services Ltd

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Inspection report

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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 inspection took place on 13 April 2017. We carried out a focussed inspection on 21 April 2016 following a comprehensive inspection in September 2015 at which four breaches of regulations were found. These were because the provider had not suitably assessed and managed some risks to people and they had not followed safe recruitment procedures. In addition to this there was inconsistent understanding by staff of people's capacity to make decisions and their right to give consent to the care they received. Quality assurance methodology also needed developing. As a result the provider was rated as requiring improvement. At the focussed inspection in April 2016 we found the provider had addressed all the breaches of regulations we had previously found.. However we did not change the ratings in April 2016 because we wanted to ensure the improvements made were well established. At this inspection we found the provider met the regulations and we have changed the rating of the service as a result to 'Good'.

Professional Care Support Services provides personal care and support to people in their own homes in Merton and Wandsworth. The people who used the service included older people and people with a learning disability or a physical disability. On the day of our inspection fourteen people were using the service.

At the time of the inspection, there was a registered manager. 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.

People told us they felt safe and were supported by staff who knew how to keep them safe. The provider had arrangements to help ensure that risks to people's health and safety were assessed and well managed by staff.

People were supported by appropriate numbers of staff. Appropriate staff recruitment procedures helped to keep people safe.

People received the support they needed to safely manage their medicines.

Staff had the knowledge and skills to care for people effectively and felt well supported by appropriate training and effective supervision.

People were all able to make choices and decisions about their care sometimes with the support of their relatives.

People received support where they needed it to have enough to eat and drink and to access a range of healthcare services.

People told us staff knew them well and were kind and caring towards them. It was evident staff had established positive relationships with people. People also said staff valued people, treated them with respect and promoted their rights, choice and independence.

People said staff who supported them had up to date information about their needs and this was delivered in the way they wanted. We found there was consistency in the provision of care for people and this enabled caring relationships to be developed.

People and their relatives told us they were involved in the planning and reviewing of their care. There was a clear plan of care available for staff who supported people according to their needs and wishes.

People were provided with support that was responsive to their changing needs.

People knew about and were able to make a complaint and were confident the provider would respond appropriately to any concerns they might have.

The registered manager had implemented a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot check and care reviews. We found people were satisfied with the service they received. All the records we inspected were clear, easy to access and logically filed. This reflected on a well organised and efficiently run domiciliary care service.

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 received the support required to keep them safe and manage any risks to their health and safety.

There were sufficient numbers of staff to meet people's needs. Staff recruitment processes were appropriate to help keep people safe.

People received the support they needed to manage their medicines.

Is the service effective?

Good ●

The service was effective. People were cared for by staff who received support through appropriate training and effective supervision.

People were able to give consent for their care and they told us they were always asked by staff about the way they wanted their care and support offered to them.

People were supported to eat and drink enough and to have access to healthcare services.

Is the service caring?

Good ●

The service was caring. People who used the service told us they were treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

Is the service well-led?

Good 

The service was well led. The registered manager ensured systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

All the records we inspected were clear, easy to access and logically filed.

Professional Care Support Services Ltd

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place on 13 April 2017. The provider was given 24 hours' notice because the location provided personal care to people living in the community and we needed to be sure that staff and the registered manager would be available to meet with us in the office.

It was carried out by one inspector. Before this inspection we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and safeguarding alerts.

At the inspection we spoke with two staff members, the care co-ordinator and the registered manager. We inspected four people's care files and three staff files. We also looked at other records related to the running of the service. After the inspection we spoke on the telephone with four people who used the service and two relatives.

Is the service safe?

Our findings

People and their relatives told us they felt safe with the staff who provided care and support for them. One person said, "The staff are really approachable and they know what they are doing, so yes I do feel safe." One of the relatives said, "Mum's very happy with the service and so am I. I am confident that my mother is safe with this service." Another person told us, "It's a good service, the girls are very reliable and I am very happy."

People told us they were supported by staff who knew what to do to keep them safe. One person said, "They [staff] really know their stuff and they take precautions to make sure I am safe, when giving me my care." A relative we spoke with agreed that staff worked to ensure their relative's safety when they provided them with care. They told us staff worked with the risk management plans and care plans for guidance.

Staff files evidenced that staff received appropriate training for safeguarding adults. Staff knew what action they should take if they had any concerns. One member of staff told us they would report any concerns they encountered while doing their work to the registered manager. Another member of staff described to us the different types of abuse they thought they might come across and said they would report anything straight away to the registered manager. Both members of staff told us they believed the registered manager would act upon their concerns appropriately.

On our inspection of people's files we saw comprehensive risk assessments were carried out by the registered manager together with people and their relatives. Any risks identified were assessed and managed so as to help to ensure that people received safe and effective care. One relative told us how staff worked with the risk management plan for their family member to help minimise accidents and keep them safe in their care. Staff told us they understood the situations when people might be at risk because they read people's care plans and ensured that they supported them appropriately. We saw that people's care plans contained information about how staff should provide support to people to help keep them safe. An example of this was where one person was supported to attend a local community centre. So that staff were able to support this person safely there was a detailed risk management plan in place for staff to follow.

People and their relatives told us there were sufficient numbers of staff to meet their needs. One person said, "I have a regular carer who has supported me for years. Sometimes other carers fill in for when she's away on leave but I like having a regular person who knows me and who I know well. This helps me to feel safe and that's all I need." A relative said, "The staff are regular and that's good for my [family member] because they don't like change. There do seem to be enough staff." Another relative said, "Yes staff are on time, they log in and out on the new system. They stay for the proper time and yes they do what they are supposed to do, no problems." This continuity of support was beneficial to people as they told us staff understood their needs and they said they received a very good level of care and support.

We inspected staff files to check that staff recruitment was undertaken appropriately. We saw the provider had taken appropriate steps to help protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested a number of checks including criminal records checks,

two references, people's work histories and health checks, and identity checks as part of the recruitment process. Criminal records checks we saw had all been carried out within the last 3 years. The registered manager told us they made it a priority to ensure all the necessary checks were carried out as it was an important part of ensuring they did all they could to protect people.

All the people we spoke with told us they received help from their relatives with taking their medicines. They said they were sometimes prompted by staff who might ask them on rare occasions if they had taken their medicines. One person told us, "Staff sometimes remind me when it's time for me to take my tablets." The relatives we spoke with confirmed they usually provided the prompts people required to manage their medicines.

We saw that care plans for people contained clear information about what support, if any, they required with their medicines and this matched what staff told us. Staff completed medicines administration records where required to confirm whether or not people had taken their medicines and these were appropriately completed. The registered manager told us that only staff who had received training and support to do with administering medicines were allowed to support people in this way.

Is the service effective?

Our findings

We found people received effective care because they were provided with support from an established and well trained staff team who had a good understanding of their needs.

The staff told us they had access to a wide variety of good and effective training. One staff member said, "When I started with this company I received induction training and I found this really helpful to my understanding of my job. I felt well trained and confident when I began supporting people alone." Another staff member said, "I have had training for moving and handling, safe administration of medicines, safeguarding, health and safety." The records we saw confirmed the provider had mandatory training which all staff had to attend and have updated when required. We saw staff were provided with professional development and specialised training such as for epilepsy and learning disability to enable them to support people with complex needs. The staff we spoke with said this helped them to provide a better service for people they supported. We spoke with the registered manager who confirmed staff training covered a range subjects. They included safeguarding, moving and handling, the Mental Capacity Act (MCA) 2005, first aid and food hygiene.

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. The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. We saw from our discussion with the registered manager they were aware of the need and the process to assess people's capacity.

Staff we spoke with demonstrated a good awareness of people's rights to decide how they might want their care and support to be provided. They told us they understood procedures needed to be followed if people's liberty was to be restricted for their safety. People told us they were asked for their consent before care and support was given them.

Records and staff confirmed staff received regular supervision and annual appraisals. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

Staff told us meetings were held, so the staff team could get together and discuss any areas of interest. This also allowed for any relevant information to be disseminated to staff members. Records seen confirmed meetings had taken place. We saw during a recent meeting the new logging in procedure was discussed in the context of good time keeping.

The provider had arrangements to support people with eating and drinking where this was part of their care

package. One of the people we spoke with received support with their meal preparations and shopping for food. Their care plan gave detailed information about their likes and dislikes with food and drinks. We saw from our inspection of the person's file that staff monitored if the person was eating and drinking well or whether they needed to be concerned about their intake or take action.

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed.

Is the service caring?

Our findings

People we spoke with and their relatives told us they were happy with the services they received. They said they were treated with kindness and staff were caring towards them. One person said, "My carer is very good. She comes on time and does exactly what I need her to do. She goes the extra mile for me and she is so kind." Another person said, "I am happy with the care I get, staff are really approachable and caring." One of the relatives told us, "We are very pleased with the kind and caring support my [family member] gets." People also told us they appreciated the consistency and continuity of the staff who supported them in their homes. One person said, "I get the same carers. They understand me and me them so it works really well." A relative said, "[family member] really likes having the same carers and she is not too keen on change."

People told us staff who supported them had up to date information about their needs and this was delivered in the way they wanted. One person we spoke with said, "I have a care file in my home with a schedule of care that the carer works to. I was involved in the update to make sure it was relevant to me." People were able to choose who they wanted [staff] to support them with their care. One person said, "I specifically requested one [named] member of staff to help me and I got them, so I was pleased."

Care records showed there was a person centred culture which encouraged people to express their views. We saw people said how and by whom they wanted their support provided. For example one person had been specific about staff being able to speak their own language because they were unable to speak English. In this case the provider ensured that staff who could communicate with the person in their own language was made available to them. We also saw people had expressed their choices and preferences about their visit times and the level of support they required and how these would be met. Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way. Information about people's cultural needs were included in their care plan.

People supported by the service told us staff spoke with them in a respectful way and respected their privacy. One person we spoke with said, "I am perfectly happy with the staff who visit me. They are kind and caring when providing my personal care." Staff had an appreciation of people's individual needs around privacy and dignity. They told us they had received training around respecting people's privacy and this was a high priority for the service.

The registered manager told us that people were provided with an information handbook that gave them important information about the aims and objectives of the services provided for them. When we spoke with people they confirmed they had received the handbook and said it was an important source of information for them.

Staff also told us they received a staff handbook that set out all the providers policies and procedures and which they said was a useful source of information for them to reference when needed.

Is the service responsive?

Our findings

At this inspection we found assessments had been undertaken to identify people's support needs prior to the service commencing. A person centred care plan had then been developed outlining how these needs were to be met. We saw evidence people had been involved in developing their care plans. People confirmed this with us and said they were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured the information staff had about people's needs reflected the support and care they required.

People's care records were informative and there was a clear plan for staff to follow so that they supported people appropriately with their daily routines and personal care needs. Care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People we spoke with said the service had responded to their requests for support and they were satisfied with the service they received.

People told us they found the service was responsive in changing the times of their visits when required. We were also informed they were quick to respond if they needed an extra visit because they were unwell. One person said, "The office staff are really approachable and helpful if I need a change to my visits."

The service had a complaints procedure which was made available to people they supported and their relatives in the service handbook issued to all service users at the start of their service. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services had been provided should people wish to refer their concerns to those organisations.

We saw the service had a system in place for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service. No complaints had been made since the last inspection. People and their relatives told us they knew how to make a complaint if they were unhappy about anything. One person said, "My [family member] is quite happy with the service and so am I. We do know how to complain if we need to and I am sure if we rang the manager any concerns we raised would be dealt with quickly."

Is the service well-led?

Our findings

The service had a registered manager who told us they were also one of three directors of this company. We found the service had clear lines of responsibility and accountability with a structured management team in place. They were experienced, knowledgeable and familiar with the needs of the people they supported.

People were positive about the service when speaking with us and how it was being managed. One person said, "The manager is very good indeed, they always keep us informed. Any changes and we are notified immediately." A relative said, "The new logging in and logging out system works wonderfully well. Staff are always on time and stay for the length of time they are supposed to." Another relative said, "The manager and the office staff are all polite and helpful whenever I have contacted them. It's a good service, no doubt about it."

Since the inspection in September 2015 the registered manager had put in place new systems and procedures to monitor and assess the quality of their service. These included carrying out spot checks of staff working in people's homes [unannounced to staff but consent given by people]. These checks were to monitor the effectiveness of work carried out by staff and included checking whether staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. We saw evidence of these checks on people's care files and staff confirmed this also with us. If any issues were raised from the checks the registered manager told us they were addressed with staff in supervision and an action plan drawn up to ensure changes were made.

In addition the registered manager or the care co-ordinator carried out monthly telephone monitoring calls to people seeking the views of people about aspects of the service they received. We also saw evidence of an annual satisfaction survey carried out in 2016. People were asked a number of questions. These included asking if they were happy with the service provided, were staff well matched to meet their needs, did they arrive on time and asked for an overall rating on the service. We noted the responses received were positive. Where concerns about the service had been raised these had been followed up by the service. This showed the service listened and responded to the views of the people they supported and their family members.

The registered manager told us people received a courtesy telephone call the day after their first visit to ensure they were happy with the service. We were told the service makes regular contact with people being supported to ensure things are going well for them. This was confirmed by people supported by the service.

Regular staff meetings were held and records confirmed these were well attended. Staff spoken with told us the team meetings were held on a regular basis. They said these were a good forum for information sharing and learning.

All the records that we inspected in the provider's office were well maintained and we found that the information we required to see was easy to access and chronologically stored. This reflected on a well organised and efficiently run domiciliary care service.

