Person Centred Care Services Limited

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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 11 and 19 October 2016 and was announced. This was to ensure someone would be available to speak with us and show us records. We visited the provider's office on 11 October 2016, and spoke with people who used the service, family members and staff on 19 October 2016.

Person Centred Care Services Limited was last inspected by CQC on 11 September 2013 and was compliant with the regulations in force at that time.

Person Centred Care Services Limited provides care and support to people in their own homes. On the day of our inspection there were 49 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service. Staff had been trained in safeguarding vulnerable adults. Procedures were in place to ensure people received medicines as prescribed.

The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The registered manager and staff we spoke with had a good understanding of the principles and their responsibilities in accordance with the Mental Capacity Act 2005 (MCA).

Staff supported people with their dietary needs and completed food hygiene training.

People who used the service, and family members, were complimentary about the standard of care at Person Centred Care Services Limited. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

People were supported to go out into the community, attend appointments and other events and leisure activities.

People who used the service, and family members, were aware of how to make a complaint and the

registered provider had an effective complaints procedure in place.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service and staff were regularly consulted about the quality of the service. People who used the service and family members told us the management team were approachable and understanding.

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.

The registered provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

The registered provider protected people from social isolation.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

Person Centred Care Services 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 registered 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.

This inspection took place on 11 and 19 October 2016 and was announced. This was to ensure someone would be available to speak with us and show us records. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with three people who used the service and one family member. We also spoke with the registered manager, two members of the management/office team and two care workers.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the recruitment records and personnel information for six members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe with the staff at Person Centred Care Services Limited. A family member told us, "Yes, of course."

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at a sample of staff rotas. As part of the recruitment procedure, staff were asked to provide their availability to work on an availability schedule. Out of hours support was provided by the management team so staff had someone to contact in case of an emergency. The registered manager told us staff absences were covered by their own permanent staff and agency staff were not used. Staff we spoke with confirmed this. People who used the service told us they received care and support from regular and familiar staff. A family member told us, "They are always on time. If they are not on time they let us know" and "We always know who's coming". This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

The registered provider's infection control policy described the general methods the service adapted to limit and control the potential spread of infection. These included regular and thorough hand washing, wearing appropriate personal protective equipment (PPE), care when handling sharps, laundry and waste, and appropriate cleaning and disinfecting. Staff were monitored via direct observations in the workplace. This meant people were protected from the risk of acquired infections.

Risk assessments were in place and described potential risks and action for staff to take. Risk assessments were reviewed every 12 months included risks from the environment, moving and handling, gas and electrical appliances, control of substances hazardous to health (COSHH), fire safety, finance, external environment and medication. Where hazards were identified, details of the action taken, person responsible for the action and date were recorded. For example, one person was identified as being at risk of pressure sores and staff were instructed to follow the direction of the district nurse, position the person in the bed as directed and ensure the air mattress was working efficiently.

The registered provider had a working alone policy which described the procedures staff should carry out to

keep them safe as lone workers. Out of hours advice was available from management 24 hours per day. This meant the registered provider had taken seriously any risks to people and staff and put in place actions to prevent accidents from occurring.

The registered provider had a copy of the local authority's safeguarding adults policy, which defined what harm is, how to recognise abuse and the roles and responsibilities of people involved. There had not been any safeguarding incidents recorded at the service. Staff we spoke with told us their safeguarding training was up to do and were aware of their responsibilities. We found the registered provider understood safeguarding procedures.

We saw a copy of the registered provider's accident procedure, which described what action to take if an accident occurred. For example, notify the senior person on duty, summon assistance, reassure the person, complete the accident book and act to prevent reoccurrence. Accidents and incidents were recorded in the accident book and if the accident involved a person who used the service, details were also recorded in the person's care records. The most recent accident recorded was in December 2015. We saw a record of this, including details of the action taken by staff. The record was signed by the registered manager who told us they carried out a review of all accidents and incidents.

We looked at the management of medicines and saw the registered provider's medication policy, which described values and principles, the assessment procedure, self-managing medicines, prompting, assisting and administering medicines. The registered provider also had a separate covert medication policy which explained that the service would only administer covert medicines if confirmed in writing by the person's GP and following a best interests decision being made. No-one was being given medicines covertly. The registered manager told us no controlled drugs were prescribed for any of the people they supported.

People's care records included copies of medicine administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We only saw historical records as current records were kept in people's own care files in their accommodation. The MARs included a list of the medicines the person was taking, the dosage and frequency. Records had been initialled by staff members to confirm the medicine had been administered.

Medicine competency checks were carried out as part of staff observations in the workplace. The registered manager told us these checks had recently been updates to include elements of the care certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. Medicine checks were carried out as part of people's six month reviews. Staff work based assessments also incorporated medicines reviews to ensure procedures were being followed and MARs correctly completed

This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. A family member told us, "They [staff] are very good" and "There's no rush with them".

Staff received mandatory training in first aid, medicines, safeguarding, moving and handling, basic life support and dignity in care. Mandatory training is training that the registered provider thinks is necessary to support people safely. The moving and handling training involved a theory test and a practical direct observation. The registered manager was able to run a report to show when training took place and when it was due. The registered provider's office had a dedicated training room and the management team had received accredited training allowing them to train staff in some of the mandatory training, for example, moving and handling.

New staff completed an induction to the service, which included an introduction to the service, the role of the health and social care worker, personal development, duty of care, equality and inclusion, person centred support, health and safety and communicating effectively. All new staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff received regular supervisions and appraisals. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions included a review of performance, future work targets, training, support and development, and any other matters arising. This meant staff were fully supported in their role.

Staff supported people with their dietary needs and completed food hygiene training as part of their induction. People's individual preferences were recorded in the care records. For example, "[Name] likes a slice of toasted fruit bread, half a glass of cranberry juice, half a flask of cold water for breakfast." One person was identified as being at risk of choking and had a risk assessment in place, which stated staff were to ensure the person only had bite size portions in their mouth and allow plenty of time to chew. The person also had their own mug with a spout on it. The registered manager told us they were not aware of any current involvement from dietitians or the speech and language therapy team (SALT).

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. We checked whether the service was working within the principles of the MCA. The registered provider had a copy of the United Kingdom Homecare Association (UKHCA) Homecare and the mental capacity act 2005 guidance document. The registered manager and staff we

spoke with had a good understanding of the principles and their responsibilities in accordance with the MCA. People they supported had varying capacity to make decisions and the registered manager told us mental capacity assessments and best interest decisions were carried out by relevant health and social care professionals, such as care managers, social workers and GPs.

The registered provider had a consent policy, which stated, "No care practice may be undertaken without the informed consent of the service user and/or their appointed representative." Care records included a service user consent form. These were signed by the person who used the service or their representative, giving consent for staff from the local authority or CQC to view their file and consent to be interviewed. Service user plans were signed to say the person, or their representative, agreed with the contents of the plan. People were also asked whether they had any objections to management observing care staff carrying out their duties. These records were all signed and dated.

The registered manager told us none of the people who used the service had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and to external specialists including district nurses and GPs.

Good

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the care provided by Person Centred Care Services Limited. They told us, "Very caring", "I can't fault them really" and the standard of care was, "Very good".

All the staff we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. People's individual choices and preferences were clearly documented in the care records. For example, "[Name] has a shower daily, hair washed as requested. Dry and dress [Name] in the bedroom, body lotion etc as requested" and "[Name] likes a cup of tea at 8.45am before getting up".

We asked people and family members whether staff respected the privacy and dignity of people who used the service. They told us, "Yes they do" and "Always".

We saw a copy of the registered provider's dignity policy, which stated, "The purpose is to uphold the dignity of anyone in our care". The provider had achieved "Daisy" accreditation in 2014 by completing a portfolio of evidence. Daisy is an accreditation scheme designed to foster an environment where Dignity in Care is at the forefront of everything that is done. Accreditation was achieved by staff receiving dignity in care training, the registered provider putting together a portfolio of evidence and surveys were carried out of people who used the service. How staff respected people's dignity was also checked as part of staff observations in the workplace. This meant that staff treated people with dignity and respect.

The registered provider had a promoting independence policy, which stated, "We encourage those in our care to do as much for themselves as possible. Our role is to assist them with those things they are unable to or find difficult to do for themselves." Care records included information about what the person required support with and what they could do for themselves. For example, "[Name] to clean her own teeth", "Allow [Name] to be as independent as possible feeling central to her plan of care", "Allow [Name] to be as independent as she is able to be. Promote and encourage her to do things herself", "[Name] currently makes all her own meals but may need a bit of assistance" and "[Name] is very independent but just lately has been struggling with dressing herself in the morning…support in this area". A family member told us staff supported their relative to be independent and never rushed the person. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

All of the people supported by Person Centred Care Service Limited were cared for by family members so none had advocates. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

End of life care plans were not in place for people however the registered provider had policies in place for care for the dying and death.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were assessed before they started using the service. This ensured staff knew about people's needs before they began to provide care and support.

A service user assessment recorded people's abilities and needs with different aspects of their health and the support required. These included senses, personal care, physical well-being, domestic care, social interaction and spiritual needs, and whether there were any concerns about the person's vulnerability.

Each person's care record included important information about the person, such as their religion, next of kin and GP contact details. Frequency of calls information recorded when the person required a visit, for example, day of the week and time of day, and what support the person required during that call.

A service user profile provided staff with information about the person such as their previous employment, social interests, family background and cultural or religious beliefs. This was used to establish a good relationship between staff the person who used the service.

Service user notes included details of any changes in a person's health, contact with family members and visits from or to healthcare professionals. The notes also included evidence of when staff had contacted healthcare professionals on behalf of a person using the service, for example, district nurses and GPs.

Care records were updated to reflect any changes in a person's health. For example, we saw one person was at risk of pressure sores. The person's service user plan had been updated to inform staff to be observant and described the routine to follow to help prevent pressure sores from developing.

One person's care review stated the person would like someone to take them out socially twice per month and "The person needs to be outgoing and to understand that [Name] can make all her own decisions and choices." We discussed this with the registered manager, who told us that due to the specific requirements of the person and their family, they had so far been unable to fulfil the request. However, we did see that people were supported to go out into the community, attend appointments, go out for meals, attend college, visit day centres and take part in leisure activities. Some people were supported to carry out activities in their own home. For example, one person enjoyed using their computer for the Internet, email and social media, and also liked to use their iPod and DVD player. People were given choices about what they wanted to do. For example, we saw one person's care record stated, "[Name] wishes to develop trusting friendships and to go out socialising" Another stated, "At present [Name] does not wish to pursue any interests or hobbies." This meant people were protected from social isolation.

The registered provider's complaints procedure described the role and responsibility of the registered manager in dealing with complaints, receiving and responding to complaints and the timescales involved in responding to complaints. For example, acknowledgement of the complaint within two days and a full

response within 14 days. The complaints file included a complaints log of all recorded complaints received at the service. There had been two recorded complaints in the previous 12 months. For each complaint, there was a completed complaints form, which recorded the date, details of the complainant, details of the complaint, what action was taken and whether the complaint was resolved. Copies of statements and correspondence with complainants were also kept with the care forms.

People who used the service received details of how to make a complaint in their service user guide and terms and conditions that they received when they began using the service. We saw copies of these in the care records. This showed the registered provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about any improvements they intended to make in the next 12 months. The service had recently moved locations and the registered manager told us most of the focus was on improvements still required to the new location.

The registered manager told us they were on a training consortium steering group which included private care providers and local authority representatives. The consortium met every three months to discuss what training needs everyone had and devise a training calendar. Subsidised funding could also be obtained from the consortium and management training was sometimes occasionally arranged, for example, in safeguarding and the care certificate.

The registered manager told us they were a member of the UKHCA and Federation of Small Businesses (FSB), which provided advice on employment or legal issues.

The service had a clear vision and its philosophy was to provide, "high standard support to vulnerable and dependent people." People who used the service, and their family members, told us they received high standard support. They told us, "If there are any problems [registered manager] or one of the girls get in touch. They ring me every month" and "I speak to the boss and they put things right".

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the management team and told us they were comfortable raising any concerns. They told us, "If you are unsure about anything, you can ring out of hours", "You can approach them with anything", "They always listen" and "If you have any problems, they are approachable".

Staff meetings did not take place. The registered manager told us staff supervisions took place every three months and feedback was obtained from staff during the supervision meetings. The registered manager told us it was difficult to get staff in to the office at the same time however regular memos and letters were sent out. Staff also attended the office regularly to hand in time sheets and could have a catch up with each other and management. The registered manager told us if any issues arose, a meeting would take place with the relevant staff. Staff we spoke with confirmed this.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it.

Telephone quality checks were carried out every three months, which involved a member of the management team contacting people who used the service and asking them questions relating to the quality of the service. The quality checks asked people whether staff were carrying out all the tasks and if not, what other tasks would people like staff to do, whether staff were arriving on time and spent enough time with the person, and were people happy with the staff.

Staff received work based assessments, which were an observation of the staff member in the work place to check the quality of the service provided. This included whether they were wearing the correct uniform and identification, whether they arrived on time, whether they addressed the person who used the service correctly and whether moving and handling or medication was observed. The work based assessment also included any comments from the staff member and person who used the service.

Care reviews were carried out every six months and included the reason for the review, current situation and update since the last review, concerns regarding care provision and action required.

The registered manager told us the provider did not carry out their own surveys or questionnaires but received annual feedback from the Dignity in Care survey that was sent to all the people supported by Person Centred Care Services Limited. The Dignity in Care survey asked people whether they found staff were polite, whether people felt listened to and supported by staff, whether they were treated as an individual, whether enough time was given to them and did they feel treated with dignity and respect.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.