

Person Centred Care Consultancy Limited

Person Centred Care

Inspection report

Larchwood House, 9 Manor Park
Mackenzie Way, Swindon Village
Cheltenham
Gloucestershire
GL51 9TX

Date of inspection visit:
28 January 2020

Date of publication:
24 March 2020

Tel: 01242321123

Website: www.person-centred-care.co.uk

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Person Centred Care is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 29 people at the time of our inspection.

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.

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

Quality assurance systems were in operation with the aim of improving the service in response to people's needs. However, we found these had not identified shortfalls in procedures to recruit suitable staff. We made a recommendation about quality monitoring systems.

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. People's medicines were safely managed. People and their relatives told us they felt assured that care visits would take place and staff would contact them in the event of any late calls.

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.

People were treated with respect and kindness and their privacy and dignity was upheld. People and their representatives were involved in the planning and review of their care.

People's individual needs and wishes were known to staff. There were effective arrangements in place for people and their representatives to raise concerns about the service.

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 (report published 3 August 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 reinspection 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below

Person Centred Care

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

This inspection was carried out by one inspector.

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 did not have a manager registered with the Care Quality Commission. However, arrangements were in place to manage the service.

Notice of inspection

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

Inspection activity started and ended 28 January 2020 when we visited the office location.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider), the care manager, one of the directors and a member of care staff. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one person who used the service, two relatives, one member of staff and a training assessor on the telephone. We also received feedback via email from a relative and a social care professional. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 against abuse. Staff received training on safeguarding adults and were aware of the procedures for reporting any safeguarding concerns.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks. Care plans described the actions staff would take to ensure people's safety.
- Environmental risk assessments had been completed for identified risks in people's homes to ensure the safety of people receiving care and the staff who supported them.
- Plans were in place for staff to follow in the event of staff being unable to gain entry to people's homes.

Staffing and recruitment

- People were supported through consistent staff support. Staff were organised into teams based on the areas where people lived. People told us they felt assured that they would receive their care and knew the staff who visited them.
- People received information in advance confirming their visit times and the staff allocated.
- The provider had completed pre-employment checks to protect people against the employment of unsuitable staff. However, information had not always been obtained relating to the conduct in previous employment where staff had worked in positions providing care and support. Checks on the health of staff to ensure their suitability for their role had also not always been carried out. We raised this with the nominated individual who immediately put measures in place to ensure this practice would be followed with future applicants.

Using medicines safely

- People were satisfied with how they were supported with their medicines. People had risk assessments and care plans to guide staff with supporting people to take their medicines.
- Audits of people's medicine administration records were carried out to reduce the likelihood of medicine errors.

Preventing and controlling infection

- Staff had received training in infection control and hand hygiene. Regular checks were in place by staff to ensure they always had sufficient stocks of personal protective equipment (PPE) such as disposable gloves and aprons. People and their relatives confirmed staff used PPE.

Learning lessons when things go wrong

- Accidents and incidents were analysed for any lessons learned although there had been no reported accidents or incidents since our previous comprehensive inspection.

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

- People's needs were assessed to ensure their needs could be met by the service.
- Technology was used to monitor visit times which supported the registered provider to ensure people received their care as planned.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training relevant for their role such as, emergency first aid, fire safety, moving and handling, and diabetes awareness. Staff told us they received enough training for their role. One person described staff as "very competent" and a relative described them as "very thorough". A training assessor described a positive attitude to promoting staff training by the provider.
- Staff were supported in their role through individual meetings known as supervision sessions.

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

- People and their relatives told us they were satisfied with how staff prepared meals.
- Staff received training in food hygiene to ensure meals were safely prepared.

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

- People's health needs were supported through liaison with health care professionals on people's behalf as well as supporting people to attend health care appointments.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's support plans described if they needed any support with decision making in relation to the care

and support, they received.

- Staff had received MCA training to enable them to understand how mental capacity may affect people's decision making.

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

- People were treated with respect by caring staff. One person confirmed staff were polite to them and a person's relative described staff as, "Very caring, very supportive."
- People's needs in respect of their religious beliefs were known and understood.
- People's care records gave examples of the caring nature of staff for example staff turning up heating to ensure a person was warm enough during cold weather.

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

- People and their relatives were involved in regular six monthly reviews of their care. People were asked their opinions of the care provided to them by individual staff.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People's care plans included actions for staff to preserve people's privacy and dignity when providing personal care. Spot checks by senior staff ensured staff promoted people's privacy and dignity.
- People's preference for the gender of staff providing personal care was checked before care was provided.
- People's independence was promoted. Care plans highlighted areas where staff should respect people's independence such as choosing their clothing to wear for the day. For example, one person's care plan described the importance of looking smart when staff assisted them to dress. A person's relative told us how staff would check with the person, about their choice of clothes.

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 received care and support which was personalised and responsive to their needs. People's care plans contained detailed information for staff to follow to provide individualised care and support. Staff were aware of the importance of offering people choices with their care, A relative told us "Staff are very conscious about asking what (the person) would like".
- People and relatives told us there was enough time during visits to ensure people received their care as planned. We heard positive comments about staff punctuality. If staff were going to be late arriving for a visit then people and their relatives were informed.

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 was aware of the AIS and the potential need to produce information in accessible formats if required.
- People's communication needs were assessed before care was provided. Specific guidance was in place for one person who preferred digital communication rather than speaking on the telephone. Guidelines were in place for effective communication with people living with dementia.

Improving care quality in response to complaints or concerns

- A system was in place to manage and respond to complaints. Complaints had been handled appropriately and had resulted in improvements to people's care where applicable.
- Information was available to people and their relatives on how to raise a concern or complaint included in their information hand books kept in people's homes.

End of life care and support

- At the time of our inspection visit end of life care was not being provided.
- Staff had received training in End of life care.

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 deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always ensure quality arrangements covered all aspects of the operation of the service.

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

- At the time of our inspection visit there was no registered manager in post, however arrangements were in place to manage the service. We raised the issue with the nominated individual who told us it was their intention to apply for registration as manager of the service.
- Regular audits took the form of 'spot checks' by the care manager on staff practices when providing care to people in their homes. These recorded duration of visits, medicine administration and time keeping. However, audits had not been carried out to ensure robust staff recruitment procedures were being followed.

We recommend a review of quality monitoring systems to ensure these include staff recruitment and all aspects of the service provided.

- The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations. For example, the services current inspection rating was displayed and the provider had completed and forwarded all required notifications to support our ongoing monitoring of the service .
- Staff meetings, supervision sessions and 'spot checks' during visits ensured staff delivered care and support in line with the aims of the service.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The nominated individual described the importance of not increasing the size of the business too much to continue to ensure a personalised service could still be provided. The main current challenge was described as working within the constraints and challenges of local authority care provision.
- The aims of the service included "From the outset we think that care should be focused on the person being cared for, their needs and their wants. We call this Person Centred Care." Throughout our inspection we found examples of the service supporting people in accordance with this approach.

- Checks on people and their relative's satisfaction with the service were carried out through a recent survey. We saw one response which contained positive comments although the service was waiting for other responses before any evaluation could be made. The provider told us they used the outcome of the surveys to identify shortfalls and drive improvements.