Pats Care LTD

Pats Care Ltd

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This inspection took place on 11 September 2018. We gave the provider two days' notice of the inspection as we needed to make sure the manager and staff would be available at the location. This was the first inspection of the service since they registered with the CQC in September 2017. At this inspection we did not rate the service. This was because there was insufficient evidence to make a judgement and award a rating.

Pats Care Ltd is a domiciliary care agency. It provides personal care and support to people in their own homes. Not everyone using the service may receive the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager in post. 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.

There were safeguarding policies and procedures in place and staff knew what actions to take to protect people from harm. Risks to people were assessed and reviewed regularly to ensure people's needs were safely met. Appropriate recruitment checks took place before staff started work and there were enough staff to meet people's needs. There were systems in place to ensure people were protected from the risk of infections. The service was not currently supporting anyone with their medicines. There had been no accidents or incidents since the service was registered.

Assessments of people's care and support needs were conducted. Staff completed an induction when they started work and received appropriate training. Staff were aware of the importance of seeking consent and were knowledgeable about the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to meet their nutritional needs where appropriate and people were supported to access health and social care professionals when required.

People's relatives told us staff were caring and respectful. People were consulted about their care and support needs and were provided with information about the service that met their needs. People received personalised care that met their diverse needs. People knew about the provider's complaints procedure. No one was currently being supported at the end of their life.

There were systems in place to monitor the quality of the service provided. However, since the service registered with the CQC no audits in some areas had been conducted due to current low service provision. There were systems in place which allowed for people and their relatives to provide feedback about the service. Staff said they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available. The service

worked with external organisations to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

At this inspection we did not rate the service.
This was because there was insufficient evidence to make a judgement and award a rating.

Is the service effective?

Inspected but not rated

At this inspection we did not rate the service.
This was because there was insufficient evidence to make a judgement and award a rating.

Is the service caring?

Inspected but not rated

At this inspection we did not rate the service.
This was because there was insufficient evidence to make a judgement and award a rating.

Is the service responsive?

Inspected but not rated

At this inspection we did not rate the service.
This was because there was insufficient evidence to make a judgement and award a rating.

Is the service well-led?

Inspected but not rated

At this inspection we did not rate the service.
This was because there was insufficient evidence to make a judgement and award a rating.

Pats Care 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.

This inspection site visit activity started and finished on the 11 September 2018. One inspector carried out the inspection. We visited the office to see the manager and staff; and to review care records and policies and procedures. Prior to the inspection we reviewed the information we held about the service and the provider which included statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. We also reviewed the information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

There were two people using the service at the time of our inspection. We were unable to speak with people or their relatives directly to gain their views of the service they received. However, following our inspection, we did receive some feedback from one person's relative. We spoke with the registered manager, the provider's nominated individual and one member of care staff. We looked at the care plans and records of both people using the service, two staff records including training, supervision and recruitment records and records relating to the management of the service such as policies and procedures.

Inspected but not rated

Is the service safe?

Our findings

At the time of our inspection the registered manager and one care worker was providing personal care and support to people within their own homes. There were two people using the service and the registered manager and care worker were aware of their identified care needs and risks relating to their safety and well-being. A relative told us that staff at the service made their relative feel safe and supported them very well.

Assessments were undertaken to identify and assess levels of risk to people's health and well-being. Care plans and assessments identified areas of risk to people, for example in relation to communication needs, mobility, nutrition and hydration, medicines and skin care management amongst others. Assessments provided guidance for staff on the support and actions to be taken to minimise any identified risks. For example, one care plan documented that the person required support to safely transfer from room to room using equipment. Guidance for staff included the safe use of equipment and information on any identified risks within the home environment. Risk assessments conducted on the home environment contained personal emergency evacuation plans to provide staff on the action to take in the event of a fire and smoke alarm checks undertaken. There were arrangements in place to manage emergencies and people had an out of hour's contact number available to them should they require support out of office hours. Staff had received training in life support, dealing with health emergencies and first aid and knew how to respond in the event of an emergency.

There were policies and procedures in place to safeguard people from abuse. Staff knew how to report any concerns they had and the types of abuse that can occur. One member of staff told us, "If I was concerned about anyone I would report my concerns to the manager who I know would take action. I know about whistle blowing and would report poor practice if I needed to." The registered manager knew their responsibilities to safeguard people and to take action to report concerns including contacting the local authority safeguarding team. Staff had received safeguarding training to ensure they were knowledgeable about how to respond to concerns appropriately. There had been no safeguarding concerns raised since the provider registered with the CQC. However, we noted there were systems and records in place to respond to and record concerns should the need arise and safeguarding information was displayed within the office for staff to refer to.

At the time of our inspection there was no one using the service that required support with administering their medicines. However, we saw there were systems in place that ensured people's medicines would be managed safely by staff if required. People's care plans recorded the current medicines people were taking and information about any support people required from their relatives. Medicines risk assessments were in place to detail any risks and medicines audit tools were also in place to monitor the management of medicines. We saw staff had completed medicines training and there were medicines competency assessments in place to assess staff's skills and knowledge to support people in managing their medicines safely when required.

There had been no accidents or incidents reported since the service registered with the CQC. However, we

saw that the service provided staff with guidance on how to report and record accidents and incidents and the prompt actions they were required to take in the event of significant incidents. Accident and incident forms and monitoring tools were in place to record, manage and mitigate repeated hazards.

Staff were issued with a staff handbook for reference, identity badges to ensure people using the service knew them before they entered their home and were provided with personal protective equipment (PPE) to minimise the risk of infection. There was an infection control policy in place and we saw and staff told us that PPE was made readily available for them when required. Staff had received training on infection control and food hygiene.

The service followed safe staff recruitment practices before staff started work to ensure applicants were suitable to be employed in a social care environment. Records included application forms, photographic evidence to confirm identity, criminal records checks, references, history of experience and or professional qualifications and eligibility to work in the UK. People told us there were enough staff working at the service to meet their needs and they had regular staff that visited them. The registered manager told us that as the service grew they would employ more staff to meet people's needs and if current staff were unwell they would cover to ensure people's needs continued to be met.

Inspected but not rated

Is the service effective?

Our findings

A relative told us that the service provided them with effective care and support that met their loved one's needs when required. They commented that they were always kept informed of any changes and were involved in planning and reviewing their loved one's care. Assessments of people's needs and preferences were completed before they started using the service. Assessments covered areas such as people's physical and mental health, medicines, nutrition and hydration and mobility amongst others. Care plans were then developed from information gathered and documented involvement from people and their relatives where appropriate, to ensure all individual needs were addressed.

A member of staff told us they had completed an induction when they started work, received training and had supervision support on a regular basis. They commented, "I had an induction when I started which included lots of training. I also shadowed the manager so I got to know people and how best to support them." The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff records we looked at showed that staff received supervision on a regular basis and they had completed training in areas such as, health emergencies, food hygiene, health and safety, communication, infection control, medicines, safeguarding adults, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and equality and diversity amongst many others.

A relative told us they were involved in decisions about their loved one's care and staff sought consent and offered choice when providing care. They commented, "The carer is good, they always ask and offer choice which is important." There were arrangements in place to comply with 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. This provides protection for people who do not have capacity to make decisions for themselves.

The registered manager told us that people using the service had capacity to make decisions independently but if they had any concerns about people's capacity to make specific decisions they would carry out a mental capacity assessment with the person, their relative and professionals where appropriate and consider the person's ability to communicate, understand, weight up and retain information. They understood their responsibilities in relation to the MCA and consent and respected people's decisions and rights to choose how they wished to be supported.

Care plans detailed the support people required with meal preparation and with eating and drinking where this was required to ensure their nutritional needs were safely met. Information documented individuals known allergies, likes and dislikes including cultural diets and risks such as any swallowing difficulties. Staff were aware of individuals physical and mental health needs, they knew when to contact health care professional for guidance and support and this information was retained in care plans to ensure people's needs were effectively met.

Inspected but not rated

Is the service caring?

Our findings

People were provided with accessible information about the service when they joined in the form of a 'service user handbook' which was kept in people's care plans for their reference. The registered manager told us this was given to people when they joined the service and included information on the service's provided, their aims and objectives, philosophy of care, staff profiles, privacy and dignity, complaints information and confidentiality amongst other information.

A relative told us that staff were supportive, caring, very understanding and respectful. Staff we spoke with were knowledgeable about the people they supported and had built good relationships with them and the people that were important to them. One member of staff told us, "I visit the same person every day so we know each other well. It's important to know all we can about people so we can help them better." Staff had a good understanding of people's individual needs and recognised what was important to them.

People's cultural needs were assessed and documented as part of their initial assessment. Care plans included information about people's cultural requirements and spiritual beliefs and staff told us they were committed to supporting people to meet their needs with regard to their disability, race, religion, sexual orientation and gender. One member of staff said, "I sometimes support people to visit their place of worship so they can practice their faith. This is important to them." We saw that staff received training on equality and diversity to ensure people were not discriminated against any protected characteristics they may have in line with the Equality Act 2010.

Staff we spoke with provided us with examples of how they promoted people's independence and respected their privacy and maintained their dignity. One member of staff said, "I always seek people's consent before helping them and cover them up to maintain their dignity when supporting them with personal care."

Information about people was treated confidentially and people's records were stored in a lockable cabinet that was accessed by authorised staff only. The registered manager told us they sought people's consent to share their information with relevant parties where appropriate and we saw signed consent forms were in place within individual care plans. People were provided with a copy of their care plan which was kept within their homes so they could access information about them at any time.

Inspected but not rated

Is the service responsive?

Our findings

A relative told us they received responsive support that met their loved one's needs and wishes. They commented, "They [staff] come when I want and need them to and they do the job how I want it to be done."

Care plans documented people's needs, preferences, what is important to them and how staff could best support them to meet their needs. Care plans recorded people's visit times, duration of support visits and tasks to be undertaken by staff to ensure people's need were met as requested. Staff kept a daily record of each visit showing that staff supported people according to their individual needs and wishes. Care plans were reviewed on a regular basis to reflect changes in people's needs and these were undertaken either in person within people's homes or by monitoring telephone discussions with people and their relatives.

Care plans included information about people's diverse needs and lifestyle choices and guidance was documented for staff to follow to support people appropriately. One member of staff told us that they were chosen to support one person as they spoke the same language that was other than English and also cooked them cultural foods that the person enjoyed. People's preferences with respect to completing personal care were recorded in their care plan and people were given a preference of a male or female care worker.

There were assessments in place which allowed for people to identify and document any end of life care needs and wishes they had should they so wish. The registered manager told us that no one currently using the service required support with end of life care, however they would support people to meet their end of life care needs if required and would work in partnership with health and social care professionals.

A relative told us they were aware of the service's complaints procedure and would use it if they needed to. They commented, "The service checks with me all the time to make sure everything is ok." There was a complaints policy and procedure in place and information on how to make a compliant was provided to people within their care plans. This information provided guidance on the provider's complaints handling process and how complaints could be escalated to ensure best outcomes for people. Complaints records showed that there had been no complaints received since the service registered with the CQC.

Inspected but not rated

Is the service well-led?

Our findings

A relative spoke positively about the service and the support they provided. They commented, "The carer looks after my [relative] very well. They [staff] are very understanding, respectful and give us a lot of choice."

There was a registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return as required in good time. They demonstrated good knowledge of people's needs and the needs of the staff.

Staff told us they felt supported by the registered manager, had access to on-going support and training and the registered manager was available to offer them support or guidance on the telephone any time or day of the week. One staff member commented, "The manager is good. They call me all the time to make sure everything is ok. We have meetings in the office but I can also call the manager at any time."

There were systems in place to ensure care plans and records were appropriately managed and updated and staff provided safe and responsive care to people. Records showed that the manager conducted spot checks on staff working within the community to seek feedback from people and their relatives, and to ensure staff visited people at the correct times and for the correct duration. Other systems in place included telephone monitoring calls and telephone reviews. The registered manager told us that once the service had developed further they would implement an electronic call monitoring system which would allow them to monitor care visits more robustly.

There were systems in place which allowed for people and their relatives to provide feedback about the service. The registered manager told us that pictorial and easy to read satisfaction surveys were to be sent out to people and their relatives to complete and these will be conducted every six months. We saw that telephone monitoring calls had been made to people and their relatives and comments received about the service so far were positive.

There were systems in place which allowed for the service to be regularly monitored and evaluated. Various checks and audit tools were in place to identify any areas for improvement. These included auditing forms for checking care plans and records, staff records, safeguarding, accidents and incidents, complaints and medicines management. However, since the service registered with the CQC no audits in some of these areas for example safeguarding, had been conducted due to no concerns being raised and current low service provision.

The service worked with external organisations including health and social care professionals to ensure people's needs were safely met and to improve the quality of the service provided. The registered manager told us that they communicated with local authorities, GP's and other professionals when required.