PnS (Family Care Services) Limited

PnS Domiciliary Services

Inspection report

9 Guildhall Street
Bury St. Edmunds
IP33 1PR

Tel: 01284724223

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection was an announced inspection which took place on 18 September 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available. This was the first ratings inspection to this location.

PnS Domiciliary Services provides personal care support to people living in their own homes. It provides a service to older people, some of whom may be living with dementia, people with multiple or complex needs, as well as people with a learning disability. When we inspected there were 34 people using the older people's domiciliary care service and 14 people using the service for people with a learning disability.

There was 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.

The key element that needs to improve with this service is the oversight of the provider and registered manager. Several matters were set to improve and the feedback from inspection was well received with actions being taken. However, at the time of our inspection visit certain elements were not embedded or underpinned by policy and procedures that were regularly reviewed and took into account best current practice. Examples included medicines management, staff recruitment and identity cards for staff.

Staff rosters were not well organised and records were not easy to follow in terms of planning or checking what had occurred in retrospect. The systems in place needed to develop to ensure the service was consolidated to be sustainable and grow.

People using this service received support that met their needs. Staff were caring and knew people well and were passionate about providing good care for people. We saw and heard several examples of staff truly caring about people. Staff had received appropriate training or this was planned. People had a regular set of staff who supported them and therefore were able to develop meaningful relationships.

People were consulted about their plan of care. Care plans were regularly reviewed with people and their input was sought when reviewing the plans. Staff used care plans and risk assessment to guide them about how to provide people's care.

Managers were available to people that used the service and staff alike. People said that they were approachable and able to solve any concerns that they had. People said that they would recommend the service and staff were valued and received recognition that helped ensure a good staff retention rate.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

The majority of people received their medicines as prescribed. The recording of medicines was not consistent. The policy in place did not adequately guide staff.

People told us that they felt safe with the carers and that carers were on time.

There were assessments of risks to people's safety, with guidance for staff on how to minimise those risks.

Infection control matters were managed.

Is the service effective?

Good

The service was effective

Staff had or were set to receive the training they needed.

Senior support workers have been appointed to provide direct supervision and support to staff.

People were given choice and involved in decisions about their care and support.

The service worked well with other agencies and health professionals in ensuring that people's needs were met.

Is the service caring?

Good

The service was caring.

People received support from staff that were kind and helpful.

People felt involved in the planning of their care and staff described how they made sure that this happened.

Staff knew people well and were able to describe how people liked to be supported and promoted independence.

Is the service responsive?

Good

The service was responsive.

People told us that the service met their needs. Care plans showed a holistic approach to people's care and people were supported to follow their interests.

Care plans were reviewed regularly.

People told us that the registered manager and the provider were very responsive and if they had any concerns they could arrange for them to visit them to review the care.

We could see that people had been supported well at the end of their life.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Policies and procedures to provide guidance to staff and consistently guide managers in current practice and law were not complete.

Systems to ensure management oversight were not robust and sufficiently developed to support growth in the agency.

Senior posts had been created to assist with support to staff as well as to ensure more frequent review of care plans. This was yet to be embedded into the service.

The provider showed staff that they were valued and recognised that staff delivered a good service.

PnS Domiciliary Services

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 took place on 18 September 2018. We gave the service notice of the inspection visit because it is a domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of two inspectors. Before the inspection we reviewed the information that we held about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection the provider also completed a 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 gathered feedback by telephone from two people who were using the service and two relatives. We visited three people in their own home and spoke to seven staff by telephone. We also spoke with the registered manager, the provider, the office administrator and two members of staff who were senior support workers delivering care to people in their own homes.

Whilst in the office we looked at records in relation to four people who used the service. We also looked at two staff files as well as record relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

Requires Improvement

Is the service safe?

Our findings

Systems in place did not consistently safeguard people from potential abuse. We found that while some staff had attended training in safeguarding adults from abuse, there were still staff who had not received this training. The registered manager told us that they had now found training through the local authority and staff would be attending in the next two weeks. Relatives told us that people who used the service "Absolutely" felt safe with the carers. One relative told us the person receiving support, "Feels exceptionally safe. Carers were always on time and didn't miss calls." One person told us they, "Haven't noticed identity badges, but the staff always wear PnS T-shirts." One staff member told us that staff had not been issued with identity badges to show people who they were. One staff member had made their own identity badge to use. A different staff member told us they were not always personally introduced and had to make their way to peoples addresses and introduce themselves. These systems in place could lead to misuse and protection could be improved upon. The service had a policy and procedure in place to manage safeguarding concerns and reports. Staff spoken with were clear about procedures and when and how they should report any concerns.

There were enough staff to meet people's needs. The registered manager told us they were at full capacity and could not take on any more people at the moment. However, they were in the process of recruiting more staff so that they would be able to take on more people in the future. Staff files showed that the service had obtained references and Disclosure and Barring Service (DBS) checks for people. A member of staff told us that they had started work prior to these checks being finalised, but that they had always been directly supervised during this time. We asked to look at the policy and procedure in place for recruitment. This did not sufficiently guide managers in best practice and current legislation. This was revised after our visit.

We examined the roster in place. This was developed by the provider and had colours on the spread sheet that did not relate to any codes. It was difficult to follow and understand. It did not clearly show the plan in place with staff names and times that they were to support people. One visit had been missed recently, another person had a late lunch visit. One staff member said they had difficulty in reading the roster and what was expected of them. The roster in place did not give clear instruction to staff.

Medicines were not consistently well managed. People and relatives told us that the service helped them with the medicines. Another person told us that staff helped their relative with medicines and, "Always write down what they have given." The registered manager told us that the Medicine Administration Records (MAR) charts were returned to the main office and the managers audited these. We saw that there were two signatures for each record, one when the medicine was dispensed and one when the medicine was administered. There were no gaps in the records held at the office, but there were gaps on MAR charts being used in people's homes. One staff member explained that they did not know where one person's medicine was, but later found it in the fridge. The same MAR chart also did not have details of how many tablets had been received and administered. Therefore, it was impossible to work out from records if people had been administered medicines as prescribed.

The MAR charts were all hand written. When we looked at the medicines policy it said that the community pharmacy will provide printed MAR sheets. This did not consistently happen. There was no system to check or countersigned handwritten MAR charts. This could lead to errors in the medicines that people received. The medicines policy in use at the time of our inspection visit was not up to date and did not guide staff with current practices. For example, it did not inform staff how to safely manage high risk medicines such as those known as controlled drugs.

The failure to manage people's medicines safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us and we saw in people's files that people had a medicines care plan. The registered manager told us that they speak to other health professionals where they think someone's medicines should be reviewed. For example, they had spoken to the nurse about someone who was finding it hard to swallow tablets to see if they could provide the medicine in liquid form.

Where medicines were more complex, such as warfarin, staff were aware of the need for blood tests and review of the dose. The 'yellow' book was kept with the MAR chart so that staff could see the current dose.

People's files showed how risks to people's safety had been identified. These included risks in relation to supporting people to move, taking medicines, the environment, fire and people's behaviours in relation either to themselves or other people. Personal Emergency Evacuation Plans (PEEPs) were in people's files which gave guidance to staff on how to support someone in the event of a fire. The registered manager told us that if something changed or if there was an incident, or visits over ran they keep an event log to record what happened and what they did about it. We could see this in the records, for example where incidents had occurred such as people falling, the service had looked into these and made changes to care plans where necessary to keep people safe in the future. Records showed that risks were assessed for people with learning disabilities to enable them to take part in activities that promoted their independence.

Staff had the correct equipment to keep people safe from the spread of infection. All staff had a box of equipment that was given to them. This included temperature probes, and wipes, for checking cooked food, gloves and aprons for delivering personal care, masks to use if they had a cold or if they were supporting someone with a low immune system, shoe covers and a mask used with resuscitation techniques. Staff told us that they used this equipment when they were supporting people in their homes.

Good

Is the service effective?

Our findings

People did receive effective care and support and staff had received or had training planned to ensure they had the skills and knowledge. People we spoke with told us that the staff knew what they were doing and that staff were well trained. The registered manager told us that they had been reviewing staff training. Training records were kept on a matrix that was colour coded to highlight when staff training was out of date. They had recently completed medicines and manual handling training for staff. Training in safeguarding people from risk of abuse was planned in a couple of weeks' time. They were also looking at training for staff on specific conditions relevant for the people they were supporting such as Parkinson's disease, diabetes and learning disabilities, but this had not been completed. Staff hadn't received specific training in the Mental Capacity Act, but this was covered in other courses, such as qualifications in Health and Social Care that they had completed in previous employment. Those staff that had no qualification or who were new to care were completing the Care Certificate. This is a set of agreed standards that enables staff to understand their role and responsibilities.

The registered manager told us that they planned to have more regular formal supervisions with staff. They did have regular contact with the staff when they rang in to the office. Staff said that they felt well supported by the management team. One staff member said, "All my training is up to date. I have attended refresher training and I do get one to one support." The registered manager told us that they had been focussing on getting competency checks completed for staff. These were unannounced spot checks on staff carrying out their duties in people's homes, they included monitoring the communication with the person receiving the service, making sure staff check and follow care records and follow the correct procedures for carrying out and recording care. The records included a section for general observation which included comments about staff performance.

The registered manager told us that they tried to keep staff on the same routes every week so that people got to know the staff that were supporting them. This also meant that staff were able to identify changes in health and wellbeing quickly and take appropriate action. They also tried to match staff knowledge, skills and interests to the people they were supporting. A relative of a person with a learning disability told us that, "They matched the support worker well…similar age."

People's needs and choices were assessed to achieve effective outcomes. Staff told us that care plans were, "Pretty good," and risk assessments were up to date to guide them. One of the seniors told us that care planning was in line with current thinking and person centred. They said the purpose was, "To make them more about the person so you understand a bit about the person". A member of staff said, "The care plan info is excellent. Tailored to them." We could see in people's care plans that they included information about the person including where they live, their family details, work and life history. They also included guidance for staff in delivering care such as communication, how to support people to move safely with the correct equipment specific to them, along with personal care needs and preferences. If people did not already have the appropriate equipment in their homes the registered manager made referrals to other health professionals such as the occupational therapist.

There were good links with health and social care professionals and people were supported to make appointments and attend when needed. For example, one person had been referred to the occupational therapist when they required assistance with moving. We could also see that they communicated with other services involved in supporting people. For example, there was evidence of working with organisations running the accommodation for people with learning disabilities using their service. One person's relative told us that, "PnS work well with other carers and other health professionals."

Care plans included information about people's diets where support was to include supporting people with eating and drinking. One person on our visits told us that staff always got them a cup of tea and supported them with their meals.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When we spoke to people and their relatives they told us that they were consulted and involved in their care plan and that their needs and preferences were taken into account. We did not see any evidence of mental capacity assessments or best interests decisions where people were unable to make decisions for themselves. The registered manager told us that everyone they supported had capacity to make decisions for themselves on a day to day basis. When we looked at care records we saw that one person had a diagnosis of dementia, this confirmed the person could be confused at times but could communicate verbally and was able to answer simple questions. The services supported many people with a learning disability and staff knew to offer choices and let people make decisions for themselves. Managers were aware of how to contact other professionals and seek advice relating to capacity decisions if and when needed.

Good

Is the service caring?

Our findings

The service involved and treated people with compassion, kindness, dignity and respect. The registered manager told us that they had been put forward for a Care Award within the local county of Suffolk. Since the inspection visit we were made aware that PnS Care won the category for 'Special Recognition.' They were nominated for this award by people who used the service.

People using the service and their relatives told us that the staff are kind and helpful. One person told us they are, "Fantastic." Another told us they, "Go the extra mile to help." Relatives of people with learning disabilities said that the staff adapted to the communication needs of the person, and showed a good understanding of the person. One person told us, "They are kind and listen to me. I need that. They are very helpful towards me."

People said that they felt involved in the planning of their care and were listened to by the staff. One relative of a person with learning disability told us they have, "Had a lot of conversations with the support worker." We could see in people's care plans that they had been involved in their care because they contained details about people's preferences for personal care, including times as well as personal histories of the individual. This meant that staff had guidance so that they could provide care in the way that the person preferred. The personal histories enabled them to get to know people and to show interest in people's lives through conversation.

Care plans were clear about supporting people to be as independent as possible. Guidance referred to providing 'assistance' and 'verbal encouragement' rather than doing a task 'for' or 'to' the person. People told us that they felt they supported people to be as independent as they could be. We observed staff supporting a person with their medical condition and encouraging and reminding them of what was best for them, but ultimately leaving the decision to the person to make.

When the manager was reviewing the competencies of staff the assessment included a question for staff on how they promoted dignity ensuring that staff understand the importance of this when providing care. Staff when providing support to people did so with dignity and respect. Care notes made by staff showed that they treated people with respect and persevered their privacy.

Good

Is the service responsive?

Our findings

People received personalised care that responded to their needs. Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Staff completed daily support sheets for each visit which required them to tick the tasks that were completed as well as complete additional notes regarding general wellbeing, health or any concerns etc. The registered manager and, or the provider sent a weekly email to staff to update staff about any new clients or any changes to people's support.

People told us they were very happy with the service they received and that it met their needs. Care plans showed a holistic approach to care, reflecting physical, mental, emotional and social needs. People were supported to follow their interests. For example, people with learning disabilities were supported to go horse riding and attend a drama group. Another person who had recently moved into their own flat was being supported with independent living skills such as cooking and cleaning as well as shopping. Their relative told us that the person was regularly supported to cook themselves a meal. Another told us that their relative was having some difficulties at the moment and the staff were there to help them.

Staff knew people well and managers matched staff to people's needs. One person's care plan said, 'Prefers young male support.' The senior support worker also gave an example where because they kept regular staff supporting people, a member of staff had been able to identify a deterioration in someone's health very quickly just because of their facial expression. Where people's needs changed the staff told us that the registered manager or the provider went out to reassess their needs and then referred to other professionals if necessary.

Care plans were reviewed regularly. The registered manager was planning to introduce a key worker system so that key workers reviewed plans on a monthly basis and then senior staff could do the six monthly review. They were also involving relatives in the reviews where appropriate to receive feedback on support provided.

The registered manager told us that they hadn't had any complaints, but people told us that they knew how to make a complaint and would feel happy to contact the provider if they had any concerns. One person's relative told us, "If I want to know anything [the provider] will ring or come and see me."

Staff told us that they hadn't had training in end of life care although this was planned as part of the training review, as staff have been requesting it in supervision. Staff had supported people at the end of their life and had worked closely with the GP and district nurse. Care planning for peoples end of life had been completed and funeral plans were recorded. People said that the provider will, "Go out and help with things." One relative told us, "I know that I can call anytime and they will help me out." Staff said that they still kept contact with the families of people who had died and we saw thank you cards from people who had been bereaved.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistent in understanding quality performance, regulatory requirements. continuous improvements and ensuring sustainability.

The registered manager told us that they had been working with the local authority who was helping them with policies as well as training. We saw that policies were in place, however we noticed policies were sometimes taken from templates and did not always refer to actual procedures in the service. Some policies, for example the medicines policy, was out of date and did not adequately guide staff or the service to do the right things. This meant that staff might not always have accurate guidance in carrying out their role. The service did not have a policy and procedure in place for staff recruitment. Therefore, the registered manager could not assure themselves that they systematically adhered to the regulations ensuring staff were suitable for their roles. Staff were not routinely provided with identity cards to show people that they were employed by the agency.

We looked at the staffing rosters and found these were difficult to read. There had been a missed call when a member of staff didn't notice their name on the list for a lunch time call. As a result of this the person was late in getting their lunch. A different member of staff said they were unsure of their roster and had to check by calling the office and on call. There was not a comprehensive record of the roster that showed staffing was scheduled with times and clients. Going forward the sustainability of such a system was discussed with the provider.

The registered manager told us that they planned to have more formal supervisions with staff, and that they hadn't had any staff meetings, but did speak to staff on the telephone when they rang the office and sent out an email once a week to tell staff about any changes to care or new customers. Two senior posts had been created to provide additional support to staff including line management supervisions and care plan reviews. Therefore, matters were set to improve.

Competency checks were being carried out on staff to check that they were delivering a good service. The registered manager told us that they looked at the medication records to ensure medicines were being administered safely, but did not sign them or complete audit paperwork to show that these had been checked. Going forward the registered manager agreed to action this matter.

People told us that they thought the service was well run. A relative told us that the owner, "Knows how to run it and has the best staff within budgets." Another person said, "He is careful about who he takes on." People told us that they would definitely recommend the service to other people. The registered manager told us that we, "Do appreciate our staff, without them we wouldn't be running." Staff were paid for their travel time in between visits. To show staff that they are valued they recognised birthdays and Christmas by giving people vouchers to say thank you. Staff members told us that they felt the provider and registered manager were very supportive. One staff member gave an example of how they were enabled to balance their work with their home commitments. The staff member told us, "I feel very secure in my job, there's nothing that I could not ask for help with."

Regular questionnaires were sent to relatives and clients to find out if they were happy with the service and if there is anything they can change. The last one had been done in May 2018 and the next was planned for November 2018. People told us that the provider was easy to contact and would come and see them if they had any concerns or if the care needed reviewing. People felt involved and could influence their care support.

We looked at incident records and could see that things were reviewed to improve the service. For example, originally they had put information about 'As and when required', known as PRN medicines, on the back of the MAR chart, but they realised it was easier for staff, and less likely to cause errors in administration if this information was visible on the front of the sheet.

The service worked well with other agencies. Another professional told us that they worked well together and had a good relationship with PnS Care. Relatives told us that they worked well with other people who were providing services to people they supported such as health professionals or social workers.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not consistently and safely managed.