

Practical Care Solutions 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

About the service

Practical Care Solutions Limited is a domiciliary care agency providing personal care to a range of people living in their own homes. At the time of the inspection 20 people were receiving personal care.

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

People continued to be cared for safely. Risks assessments were in place, monitored and reviewed on an ongoing basis. Staff understood safeguarding procedures.

People were supported to maintain good health. People were supported with their medicines and accessed health care services when needed. People were provided with meals and drinks that met their dietary requirements.

Staff recruitment procedures were followed to protect people from unsuitable staff. There were enough staff and people received support from reliable caring staff. Staff received comprehensive training to meet people's needs. Staff enjoyed working at the service and felt supported by their colleagues, the care manager and the registered manager.

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's care records contained clear information covering all aspects of people's care and support. Staff had a good understanding of people's wishes and individual preferences. They covered people's communication, cultural needs and ways to help maintain people's independence and links with family, friends and the wider community.

Staff were caring in their approach and had good relationships with people and their relations. People with treated with respect, and staff maintained their dignity and privacy.

The registered manager monitored the quality of the service provided. They were aware of their legal responsibilities and worked in an open and transparent way. People and their relatives knew how to make a complaint. People, their relatives, staff and commissioners felt the registered manager was approachable, acted on concerns and sought their views to develop the service. Lessons were learnt when things went wrong.

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 (published 25 November 2016).

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 re-inspection 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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-Led findings below.

Practical Care Solutions Limited

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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider who also is the registered manager, care manager and three care workers. We reviewed a range of records. This included five people's care records and associated monitoring records. We looked at three staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including complaints, quality checks, and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and records relating to how the provider monitored incidents and accidents.

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 continued to feel safe using the service and told us staff provided support in a safe way. A person said "[Staff name] helps me and that makes me feel safe." A relative said, "[Name] is in safe hands for sure. Staff move [them] properly, use all the equipment in the right way."
- Staff completed safeguarding training during their induction and understood their safeguarding responsibilities. A staff member said, "Keeping people safe is a priority. I would report abuse straight away and I know [registered] manager would deal with it." Records showed the provider reported concerns about people's safety to the Care Quality Commission and the local safeguarding authority to ensure people were protected from further avoidable abuse or harm.

Assessing risk, safety monitoring and management

- Risk assessments were completed to ensure risk were managed for each person's support. These included risks linked to people's care, moving and handling, dietary needs and risks within people's homes. A staff member described how they supported a person to move using equipment and made sure the life-line pendant was worn. This was consistent with their care plan.
- People and their relatives were happy in how risks managed whilst staff enabled them to maintain independence as far as practicable. Records showed risk assessments were reviewed regularly or as people's needs changed.

Staffing and recruitment

- Safe staff recruitment procedures were followed to ensure people were protected from unsuitable staff. Staff files contained evidence of a disclosure and barring service (DBS) check for adults and children, obtained references and confirmed their identity before they started the induction.
- There were enough staff employed by the service. People told us they received care from regular reliable staff who provided support in a consistent way. A relative said, "We know who's coming every day - it's usually the same staff." Staff told us they visited the same people regularly and had enough time to provide the support they needed.

Using medicines safely

- People continued to be supported with their medicines in a safe way. Some people managed their own medicines or had support from family. A person said, "[Staff] remind me; hand me the [blister] pack, watch me take the tablets and write it in the book. They will put the [blister] pack away."
- Staff confirmed they were trained to support people with their medicine. Records were completed records to confirm staff had observed people take their medicines. Records were checked monthly for accuracy and for any mistakes.

Preventing and controlling infection

- People told us staff used the personal protective equipment (PPE) when providing any personal care to them. A relative said, "Carers wear uniform and come with their [disposable] gloves, aprons and bottle of [antibacterial] gel. Before they do anything, they wash their hands."
- Staff were trained in infection control. PPE supplies were kept in people's homes for staff to use. Staff practices were checked by the management team when they worked alongside care staff and through unannounced spot checks.

Learning lessons when things go wrong

- Staff knew how to respond to incidents and accidents. These were monitored by the management team, so action could be taken, when needed to reduce further risks.
- Any lessons learned and improvements to be made when required, were shared with the staff. A staff member said, "With the hot weather we made sure [people] had plenty to drink and their house was cool and well ventilated but made sure the windows were no opened too much because that's a risk too."

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.

Staff support: induction, training, skills and experience

- People continued to receive care from trained staff. A relative said, "Staff seem to be confident when helping [name] and have been shown what to do. I don't have any worries about their ability."
- Staff completed an induction and a range of training to meet people's needs effectively. A staff member said, "My induction was one day in the office, I read policies, did some on-line courses and practical training with [care manager] for moving and handling. I also shadowed [care manager] who checked how I was supporting a person to stand up using a stand aid."
- Staff received regular training updates and were supported with individual and group supervisions. Staff practices were checked by the management team as they worked alongside staff and through unannounced spot checks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives told us they were involved in assessment and care planning process. A person said, "I discussed with [registered manager] what care I needed, and she told me how they would help."
- Assessments were comprehensive, in line legislation and best practice guidance. Health care professionals were involved when required. People's needs, choices and preference in relation to all aspects of their lives was considered. This helped to ensure people were not discriminated on the grounds of the race, age, sexuality or disability, amongst others.

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

- Most people required minimal support in this area. A person said, "I tell [staff] what I want to eat like a cottage pie, so they just need to boil the veg."
- People's dietary needs and individual food preferences, cultural diets and the level of support people required was recorded in their care plan. Monitoring of food and fluid intake was carried out when required to ensure people had enough to eat and drink.
- Staff completed training in food safety, diet and nutrition. Staff understood their role; assisted people in planning and preparing their meals. For example, the consistency and food textures suitable for a person with swallowing difficulties, was consistent with the guidance provided by the dietitian and their care plan.

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

- Effective systems were in place which were understood by all. The registered manager and staff team were vigilant about any changes to people's health.
- Staff told us, and records showed they worked in partnership with health and social care professionals to

maintain people's health. Records viewed and confirmed staff worked with GP's, district nurses, dietitian and occupational therapists.

- Staff had a good knowledge and understanding about people's healthcare requirements, and ensured the individual emergency grab sheet was kept up to date. This ensured people received co-ordinated and person-centred care, in case of a medical emergency.

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.

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. 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 found the service continued to work within the principles of the MCA. Mental capacity assessments had been completed with the person and/or their relative. People had signed and consented to the care and support to be provided.
- The registered manager and staff were trained, assumed people had capacity and supported them to make day to day decisions about their care. People and relatives confirmed staff gained their consent before carrying out any care tasks and also respected their decision if they declined support. A relative said, "[Staff] always speak with [person], have a chat first and when [name] is ready [they] will initiate [personal care]."

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 continued to be well cared for and treated with respect and kindness. Positive comments were from people and their relatives about the management team and staff. These included, "[Care manager] is lovely, understanding, very nice to talk with and responsive" and "[staff names] are kind; their mannerism is lovely."
- People were cared for by staff who enjoyed their work. A staff member said, "I love what I do. People are like my extended family, I treat them as if they were my grandparents."

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

- People were involved in writing their care plans and making decisions about how they wanted to be supported. One person said, "[Staff name] learnt quickly, [they] knows my routine and does everything just how I like."
- Relatives told us staff supported their family member in planning and made decisions about their care. A relative said, "Carers have got to know [person] routines and what [they] like - you hear them chatting away. They know I'm around and do everything that's needed in the right way."
- Information such as people's early life, family and why they need support was recorded in their care plans in a respectful way. People's decisions and preferences were documented, such as specifying the toiletries to be used and the preferred drink before bedtime.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained by staff at all times. A person said, "[Staff] always treat me with dignity; I feel horrible [needing support with personal hygiene] but they make me feel comfortable."
- Relatives told said, "[Name] only has female carers which is what was requested. Staff do maintain [person's name] dignity and privacy. They will ask me to leave [the room] if I don't." And "They will offer to help change [their] blouse if something has been spilt."
- Care plans had clear guidance as to people's preferences and desired outcomes in relation to maintaining their dignity and promoting independence. The examples given by staff were consistent with the information in people's care plans. A staff said, "I shut the door and the curtains in the room. I make sure I cover [name] using a towel or a blanket as I help her to dry off and get dressed." And "Let them do as much for themselves as they can, like wash their face and body, and I will offer to help with washing their back and legs."

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People continued to receive planned care which was monitored and reviewed regularly. People's care plans were comprehensive and had clear guidance for staff to enable them to provide personalised and a consistent level of care and support to meet their needs.
- People and relatives told us they were introduced to staff before their package of care started. A person said, "[Staff] know I will tell them. They did not make the bed properly, pillows needed to be shaken and they do it properly, now." A relative said, "Staff recognise and adapt to how they support [person]; they know if [name] is not having a good day and what they need to do."
- Staff had built positive professional relationships with people. Staff had a good understanding of people's needs and their individual preferences. Staff were responsive and recognised when people's needs changed. A staff said, "When we had that hot weather a person called me the 'drink police' because I kept reminding them to make sure they were cool and drank plenty of fluids."
- People's life history, family members, interests, choices and preferences including those related to the protected characteristics to protect people against discrimination were documented. A person told us they continued to socialise and went for daily walks with a friend. Another person told us staff were flexible, so they could visit and have meals with their relatives.

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.

- Information about the service was available in other formats, for example, easy read, large print and in different languages when required.
- People's care plans contained information about their communication needs. The information was written in a way the person could understand and described how staff should present information. A staff member told us they used picture cards to enable a person to make daily choices and decisions.

Improving care quality in response to complaints or concerns

- People and relatives were all confident to make a complaint and were confident their complaint would be taken seriously. They said, "I know who I can speak with if there is a problem." And "I will tell [care manager] if I'm not happy and it's always acted on." Staff knew how to respond to complaints."
- The provider had a complaints procedure which they followed. The information was easy to understand

and included details of local advocacy services if people needed help to complain.

- A staff member told us they would address minor issues where possible and would inform the registered manager. All complaints were recorded along with the outcome of the investigation and action taken, where required.

End of life care and support

- The service had an end of life policy in place which set out the way people could expect to be care for according to their wishes.
- No one was in receipt of end of life care at the time of this inspection.
- People's care records showed their end of life wishes had been explored. An 'emergency health grab sheet' was kept in the office and at the person's home which included information about their next of kin and health care professionals, how they wish to be supported and any cultural or spiritual needs.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us they thought the service was well managed and they could contact the management team when they needed to. Their comments included, "It seems to be well run. Good to see management also do the care and have got to know my [family member]." And, "It's a small agency; it's well run, and I have recommended this agency to others."
- Staff had good knowledge about the people who used the service. Communication amongst the staff team and management was good and detailed handovers meant staff were kept up to date about changes to people's needs and wellbeing.
- The registered manager, care manager and the staff provided quality care that focussed on people's needs. Staff views about improving the quality of care and support was sought.

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

- The registered manager provided good leadership, and was open and honest. Positive comments were received from people and their relatives such as, "People and staff are treated well by management. I do feel able to say if there's a problems and management will deal with it."
- The registered manager worked in a transparent and open way and informed the relevant people and families and external agencies such as CQC, in line with the duty of candour. They had notified the CQC of certain incidents, and the previous inspection report and rating was displayed within the service and on the provider's website.
- Clear and accurate records were kept about people's care and staff. The management system for complaints, incidents and accidents provided an oversight.

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

- The registered manager and staff were aware of the provider's requirements to provide care to improve people's independence and quality of life. The provider's policies, procedures and the business continuity plan ensured the service delivery was not interrupted by unforeseen events.
- There was a clear management structure and staff felt well supported. Staff told us, "Managers are very much hands on and help to cover calls when needed." And, "I think it's a well-run service because [registered manager and care manager] work with us to look after people. They listen and are only a phone call away."

- The management team carried out a range of checks and audits on people's care. These included unannounced spot checks to monitor staff practice and quality of care delivered. The daily care notes which included the medication records and food and drink monitoring records were returned to the office were checked. Any issues identified such as concerns about changes to people's health, missing entries or even using the wrong colour pen was addressed with the individual staff member.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relative's views about the service was sought individually through review meetings. Satisfaction surveys received from people and staff were positive in all areas.
- Staff training was monitored and kept up to date. Staff felt well supported and encouraged to share ideas to improve the service. Staff were confident that concerns raised with the registered manager or the care manager would be listened to and acted on.

Working in partnership with others

- The registered manager, care manager and staff worked well with health and social care professionals and reacted quickly to people's changing needs. For example, the registered manager liaised with hospital staff and the occupational therapist to ensure equipment was in place for someone being discharged home from hospital.
- The registered manager was responsive to feedback from the commissioners quality monitor visits and made the required improvement.

Continuous learning and improving care

- The registered manager kept up to date on developments in providing social care support and participated in management forums. They worked alongside staff to deliver personal care and maintained their professional nursing registration and clinical practices.
- Team work and communication between the registered manager, care manager, staff team and professionals was good. Regular staff meetings provided staff with updates and information and any lessons learnt were shared.