

The Private Care Company Limited

The Private Care Company

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

The inspection took place on the 29 June 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The Private Care Company Limited is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people and people living with dementia. At the time of our inspection 80 people were receiving a care service.

The registered provider was managing the service on a day to day basis. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe, that staff were kind and the care they received was good. One person told us "Oh yes, I've no reason feel unsafe". A relative told us "We do feel safe with the service, my relative has to have a stand aid and they [the staff] cope with it very well".

Staff knew how to support people and help maintain their safety. They understood their responsibility to protect people from harm and abuse and they felt able to report any concerns appropriately. One member of staff told us "I would know if anything was wrong with the people I visit. It could be a change in their mood or something more obvious like bruises on their body".

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. One person told us "Yes they help me, they always have a note of what I'm meant to have and they always remind me if I don't have it". People were supported to maintain good health and had assistance to access to health care services when needed.

People told us they received their care calls consistently and always received the care they needed. One member of staff told us "It's good because we see the same people and have consistent rotas. We really get to know people well and know what they like and don't like. I see one lady who loves to have her hair done and I help with painting her nails. It boosts her well-being". Risks to people were assessed and monitored to ensure action was taken to avoid accidents and the deterioration of people's health. The service had recruited a sufficient number of suitably qualified staff to meet people's needs. Recruitment practice was robust and protected people from the risk of receiving support from staff who were unsuitable.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People confirmed staff respected their privacy and dignity. Staff had a very good understanding of

respecting people within their own home and providing them with choice and control. One member of staff told us "I will ensure curtains are closed when needed and if assisting people in the bathroom I make sure they are covered when helping them wash". The service had identified people's needs and preferences in order to plan and deliver their care. People were supported at mealtimes to access food and drink of their choice.

There were clear lines of accountability. The service had good leadership and direction from the registered provider. Staff felt fully supported to undertake their roles. One member of staff told us "The manager is fair, very professional and ensures the service runs smoothly". Staff were given training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of the needs of people using the service, such as diplomas in health and social care. Staff commented they felt valued and enjoyed working at the service.

The registered provider monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought by the provider. Feedback was positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. One person told us "No reason to complain. Everybody has been very, very kind and excellent no, no reason to complain".

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.

People were safeguarded from the risk of abuse. Staff understood how to recognise and protect people from abuse and knew how to report any concerns.

There were sufficient numbers of staff and recruitment procedures were robust and ensured staff were suitable for their role.

Medicines were administered safely by staff who had been trained and were assessed as being competent.

Is the service effective?

Good ●

The service was effective.

Staff were supported with induction, supervision and training to equip them with the skills and knowledge to provide care effectively.

People were supported to have enough to eat and drink. Staff understood and recognised changes in people's health and supported them to access health care services and to receive on going healthcare support.

Staff understood the necessity of seeking consent from people and acted in accordance with the MCA.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff. Staff had developed positive relationships with the people they supported and knew them well.

People were encouraged to express their views about how care was delivered and staff responded proactively.

Staff maintained the confidentiality of people's personal

information and people's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and regularly reviewed and they received care based upon their needs and preferences. Staff were proactive in recognising and supporting changes in people's needs.

People received a personalised service and staff were flexible in their approach to ensure people's choices and preferences were respected.

People knew how to complain and they were encouraged to share their views of the service.

Is the service well-led?

Good ●

The service was well- led

The values of the service were well embedded and staff were committed to providing good quality care.

The service was well managed by the provider who actively led and supported the staff team.

There was good oversight of the service and robust processes in place for monitoring the quality of care provision and for seeking feedback in order to continuously improve.

The Private Care Company

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 the 29 June and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with ten people who use the service and four relatives on the telephone, five care staff, a co-ordinator and the registered provider. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, five staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

We contacted stakeholders, including health care professionals involved in the service for their feedback after the inspection and gain their views.

The service was last inspected on 20 November 2013 and there were no concerns found.

Is the service safe?

Our findings

People and relatives told us they felt safe with the service that was being provided by The Private Care Company. People told us they felt safe due to their confidence in the skills of the staff. Comments from people included "Oh yes, I've no reason to feel unsafe" and "Yes, because I usually have the same carer for a long time, and they've got a uniform haven't they". A relative told us "We do feel safe with the service, my relative has to have a stand aid and they [the staff] cope with it very well".

Staff understood safeguarding and their role in following up any concerns about people being at risk of harm. Staff were able to describe in detail what they would do if they thought someone was at risk of abuse and signs to look out for. One staff member said "I would know if anything was wrong with the people I visit. It could be a change in their mood or something more obvious like bruises on their body". Another member of staff said "There is financial abuse to look out for and physical. People may have unexplained bruises on their body or become withdrawn. I would report to my manager". All the staff we spoke with told us that because they knew people well they would be able to identify any changes in behaviour or physical symptoms they might see that may indicate that a person was experiencing abuse. Staff knew the process for referring safeguarding concerns. There was an up to date safeguarding policy with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Details of safeguarding and whistleblowing procedures to follow were also detailed in the employee handbook.

The majority of people told us they administered their own medicines. For people who required support they told us they received their medicines and that they had no issues with this. One person told us "Yes they help me, they always have a note of what I'm meant to have and they always remind me if I don't have it". People's medicines were supplied in blister packs by their local pharmacy. Assessments of need in this area were carried out which described the support a person needed and whether someone needed support with administering them or self-administered. Medication administration records (MAR) sheets were completed by staff. We saw that these had been completed and there were no gaps. One member of staff explained the process they took when they administered medicines to a person and told us "I always check the name of the medicines on the blister pack against the MAR sheet and also count the tablets. The other week I noticed a tablet was missing from the blister pack and contacted the pharmacy straight away. There were very good and delivered a new blister pack later that day". If a person was prescribed creams, a body map was also in the care plan stating where to administer the cream. This ensured that staff were applying it to the correct part of the person's body. The provider checked medicine records to ensure staff were administering them correctly. All staff received training to be able to carry out supporting people with medicine management and staff's practice around this was observed as part of the supervision process.

Risk assessments were carried out for people to ensure that they received the appropriate support to keep them safe. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as environment, nutrition, falls and mobility. In one care plan it

described the risk of a person who walked with a walking aid. It detailed for staff to ensure the person was given support and assistance when required and reassurance. In another care plan it detailed that a person used a stair lift and for staff to ensure the person used the safety belt when in the chair. Staff we spoke with knew people's care needs and the risks that people may face. One member of staff told us "I ensure people's floors are clear so they can walk around safely and always check before I leave them".

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the electronic staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The provider told us "We are continuously recruiting and will always ensure we have enough staff before we take on any new people". To ensure staff arrived safely at a person's home and the person received the care they required, staff logged into an electronic monitoring system. The member of staff used an app on their mobile phone to log in when they arrived at a person's home and also when they left. This was linked to a computer system at the office where visits were logged and monitored to ensure calls had taken place correctly.

Staff had been recruited through a robust recruitment process that ensured they were safe to work with vulnerable people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Records also showed staff had completed an application form and interview and the provider had obtained written references from previous employers.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. A member of staff told us "Any accident or incident is recorded and reported straight away and we also contact any relatives to inform them and keep them updated". We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared with staff.

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the staff. Comments from people included "They seemed to be skilled, we've been experiencing care staff for over a year now with different care companies and they do a good job as far as I'm concerned", "Well I would say they are good they are very willing, they do everything I ask of them. I try to be as independent as I can, I am sure they would help if I did ask them", "They seem to know what they are doing most of the time when I say something needs doing they seem to know what to do. When it comes to bathing and cleaning and cooking they are pretty good" and "They are brilliant absolutely, could not fault them at all".

People were supported by staff that had the knowledge and skills to carry out their roles. Staff completed a company induction. The provider had been working on improving the induction and training by incorporating the Skills for Care care certificate into the induction and training for new members of staff. The certificate sets the standard for new health care support workers. Staff undertook a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, medicines and dementia. Staff completed most of their training on induction and also had training workbooks to complete. Staff also attended various training courses provided by the local authority. Competency checks were completed to ensure staff were delivering the correct care and support for people. Staff were also supported to undertake qualifications such as a diploma in health and social care. Staff spoke highly of the training provided and one member of staff told us "The induction and training I got was really good. It had everything I needed to start with and learning is ongoing". Another staff member said "My manager is supportive in my development and I am just signing up to start my diploma through the local college". The online training plan documented when training had been completed and when it would expire for staff to attend a refresher training course. On speaking with staff we found them to be knowledgeable and skilled in their role.

Staff received supervision quarterly. Supervision is a formal meeting where training needs, objectives and progress are discussed as well as considering any areas of practice or performance issues. Staff told us that they found these meetings useful which also included an observational spot check while working in someone's home. One member of staff told us "We have regular supervision. When I first started we had more to make sure everything was ok and if we needed anymore training or support, it was great". The provider said that as well as formal supervision staff were also observed where their performance and competence was assessed. They said that if there were concerns about any aspect of staff performance they would increase the level of support. Staff told us that they were able to get any support they needed by telephone, emailing or visiting the office, they described an open door policy where support was readily available to them.

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. Staff had knowledge and understanding of the (MCA) because they had received training in this area as part of their induction. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how they ensured people had choices on how they would like to be cared for and that they always asked permission before starting a task. They went on to give examples of offering choices such as meal times and what clothes someone would like to wear that day.

Staff were knowledgeable about people's health care needs. Staff could describe what signs could indicate a change in a person's well-being. Staff were confident how to respond in a medical emergency. One member of staff told us "I know the people I visit well and could tell if they were not feeling very well. The other week one of the people I have been visiting for a few years was not feeling very good. I called the doctor straight away and they came out to visit them that day". A relative told us "They would tell me straight away if something is wrong".

We were told by people and their relatives that most of their health care appointments dealing with health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments. If needed they liaised with health and social care professionals involved in people's care if their health or support needs changed. One person told us "Yes they do help with appointments sometimes. One of the staff in particular, she always tells me my medication is running low she will order it for me in fact today she told me she is going away and she will order more medication for me because she does not want me to run out while she was away". A relative told us "If they had too they would, but I take my relative to their doctors or dentist appointments".

Preparation at mealtimes had been completed by people or their family members and staff were required to reheat and ensure meals and drinks were accessible. Comments from people included "I always get my own breakfast and my own meals and I told them if I can't do it I will ask them, they get it all ready and I just put it altogether", "Once a week they go to the supermarket and bring me the meals, we agree that before they go and they bring it back the next day they are very good in that respect" and "What they do is make me a sandwich in the evening sometimes they say what are you having for breakfast today because they know I like toast and marmite they are quite good, because they even feed my cats for me". If required food and fluid charts were in people's care plans. Staff documented what foods and fluids a person had that day. One member of staff told us "We record what people eat and drink in the care plans. This way we are ensuring people are having what they need. If we have any concerns then we report it to the office and they will take the correct course of action. This could be contacting a health professional or maybe someone's relative to make them aware".

Is the service caring?

Our findings

People and their relatives described the staff as patient, caring and kind. Their comments included "Oh yes, yes, yes the staff are caring", "Yes they are caring, they are very good". A relative said "Very good, the two [staff] that we have got at the moment are very good and they are also aware that they have to build a relationship with my relative".

People were happy with the care they received, and said they saw staff who knew them well and treated them with kindness. More than one relative told us that their loved one had become attached to the staff that came to visit and looked forward to their visits. Staff said they knew people well and spoke knowledgeably about the history of the people they were caring for. One member of staff told us "It's good because we see the same people and have consistent rotas. We really get to know people well and know what they like and don't like. I see one lady who loves to have her hair done and I help with painting her nails. It boosts her well-being".

On the day of the inspection we observed members of staff in the office speaking with people over the telephone. Staff showed a caring and understanding attitude towards people. It was apparent that there was good rapport between people and staff, staff were polite and understanding of people's needs and took time to answer any questions that they had.

Staff recognised the importance of promoting people's independence. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. Care plans provided details on how staff could promote independence. One person told us "They support me in being independent yes, I've told them I want to stay as independent as possible they don't deprive me of the independence I've got". Another person told us "Independence, yes, I have not got much independence at all they certainly help me to deal with life a bit better". Staff told us how they promoted people's independence and let the person do as much as they could for themselves. One member of staff told us "You need to let people do things for themselves and not take over, some people just need a little encouragement".

Staff we spoke with showed a caring attitude towards the people they supported. Care staff were aware of the need to preserve people's dignity when providing care to people in their own home. Care staff we spoke with told us they took care to cover people when providing personal care. Staff also said they closed doors, and drew curtains to ensure people's privacy was respected. One member of staff told us "I will ensure curtains are closed when needed and if assisting people in the bathroom I make sure they are covered when helping them wash". People we spoke with confirmed their dignity and privacy was always upheld and respected. One person we discussed this with told us "Yes, defiantly everything is absolutely fine and they help, the way things should be".

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Care staff received their rotas and details about people via a secure application on their mobile phones which were pass code protected. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was

made available to staff. One member of staff told us "We go through being confidential in the induction and know not to discuss anything outside of work".

People were consulted regularly about the care they received and any changes that were needed for their care and support. People said they could express their views and were involved in making decisions about their care and support. People and relatives confirmed they had been involved in their care plans and felt included. One person told us "Yes I've got a care plan, It was arranged while I was in hospital but since I've been out I have had a few changes done by the care company". Another person told us "We got a book, a folder with a care plan in it. The care plan was done by the company I have two relatives who helped with the care plan as well".

Is the service responsive?

Our findings

People were receiving care that was responsive to their needs and staff were knowledgeable about people and well matched. Comments from people included "Oh yes we are well matched, I mean I've had quite a few in holiday time and we mix together, every one of them have been very good", "Yes I think they are good, and the office are very good to deal with any problems If I want anything changed they do what they can" and "Well matched to me, they seem to be yes, when I wanted to adjust the timing of the call they were pretty helpful compared to my previous company".

A stakeholder told us "The manager is very pragmatic and responsive. On two occasions, she has taken over immediately where there have been issues with people's existing care arrangements. She has a lot of empathy with people and a very good understanding of their needs. I have been with her on assessments and her approach is very good, getting to the issues and how to solve them. She seems to be able to match the carers with the clients and the carers do seem to be well selected". A healthcare professional told said "The aim of the agency is always to try and provide the fewest number of carers to an individual client, in order to deliver person centred care that is more relationship based. This is a very valuable feature of care particularly for the clients of our team, who often have memory problems. The skill set of carers that I have met, and empathy levels have been impressive. The Private Care Company generally have a very good reputation within our service for going above and beyond what other agencies have provided and for taking on complex clients.

Assessments were undertaken to identify people's support and care needs. Care plans were developed outlining how these needs were to be met. The care records were detailed and gave descriptions of people's needs and how the staff could meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and the support people required. In one care plan it detailed how staff assisted a person to walk with a walking aid and how staff could encourage them. In another care plan it described to encourage suitable activities for a person who suffered from panic attacks which included gentle exercise in the local area.

People told us they were aware they had a care plan. They said that this formed part of the introduction and initial meeting. One person told us "Oh there is a book in the kitchen where they write down what they have done. I know somebody came up and we went through what I wanted". There were two copies of the care plans, a copy in the office and one in people's homes, we found details recorded were consistent. Care plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people including a life history and likes and dislikes. The outcomes included supporting and encouraging independence for people to enable them to remain in their own homes for as long as possible. In one care plan it detailed that a person required encouragement with self-care and how staff could support them. The care plan provided information for care staff to involve and encourage the person to remain as independent as possible. Staff we spoke with found the care plans to be detailed and informative. One member of staff told us "If we are going to someone new, we are sent the key details of the care plan. This is good as we get a picture of what the person is like and what support they need". People's preferences around activities and interests were also detailed in each care plan. This included people who enjoyed going

out for walks, reading and shopping. In one care plan it detailed the football team they supported and other sports they enjoyed. This enabled staff to have meaningful conversations with the person about the interests. Staff told us how they enjoyed the time they spent with people and being involved in their activities of choice. One member of staff told us "I have one person that needs encouragement to go out and about. Sometimes if they don't fancy a walk we go for a drive which they like".

All the staff told us that they always had enough time to support people and never felt rushed when providing care and support. Staff were committed to arriving on time and told us that they notified people or the office if they were going to be late. Staff we spoke with told us they were able to build relationships and good rapport with people which increased an understanding of the person's needs, due to the fact that they consistently attended the same people. The provider told us that the minimum call time was half an hour, which ensured calls were not rushed and people had the right amount of time. They also showed us how they planned calls and how they were divided up into routes and times to ensure staff were close to where they needed to be. One member of staff told us "Most of my calls are at least an hour, we always have enough time to ensure everything is done on a visit". Another member of staff said "Time on calls and travel time is really good. If I have any concerns of travel time between calls I can call the office and they sort it out for me".

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people and given to them when they started using the service. The people and relatives we spoke with all confirmed they had never had a reason to make a complaint and felt if they did it would be dealt with straight away. One person told us "No reason to complain. Everybody has been very, very kind and excellent no, no reason to complain". Another person said "Yes I think so. I think the person who would take the call is very sympathetic they are very kind and always willing to listen".

Is the service well-led?

Our findings

People told us that they liked the registered provider and thought the organisation was well led. Comments from people included "Yes we get on well with them we don't overdo it, it's just a good sensible business relationship", "The manager, yes she seems quite pleasant they came round when we first started and the lady in the office, she started as one of our carers", "Yes I have contact with them If I need to, lovely very nice" and "The manager, she is sweet as sugar a very lovely lady. The girls [relatives] were here when she set it up, they think the highest of her. She is very, very good".

A health professional told us "The manager appears to manage the agency in a very organised and efficient manner. She is always very responsive to any concerns or queries and she has always got back to me within 24 hours of any concerns raised.

The atmosphere was professional and friendly in the office. All staff spoke highly of the registered provider and office staff. Comments from staff included "I love my job, one of the best I have had. My manager gives you time and are happy to sort out any issues. Never rushed or pressured", "I get treated so well, gives me praise and never too busy to help you" and "The manager is fair, very professional and ensures the service runs smoothly".

Close and consistent communication supported staff to provide a high quality of care and support. The registered provider and staff told us they had regular communication which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice with one another. The registered provider told us "I am in regular contact with the staff and we communicate in a variety of ways including face to face, emails and text messaging".

The quality of the service was monitored using formal tools such as quality audits. These included audits around care plans, MAR sheets and staff records. Evidence was available to demonstrate that audits were used effectively and enabled the registered provider to identify any shortfalls in a prompt manner. Where any issues had been identified, we saw actions had been implemented to ensure that improvements were being made. For example the provider was currently updating the policies and procedures to ensure they were updated with any changes to current legislation. Quality assurance process's included visits or telephone calls to people and a service review every six months or as and when required, dependent on any changes to the person's health. These reviews incorporated a set of survey questions to enable people and relatives to give feedback on the service. Recent comments included "Carers are excellent and very helpful" and "This is the best care company". We were also told how the registered provider was working on producing a quarterly newsletter for people, which would have key information and updates for people and their relatives.

The registered provider showed passion about the service and talked about always looking for ways of improving. They told us of how they had recently looked at improving the training for staff and incorporating the care certificate into the induction for new staff. They also told us "We work with the local college and

offer health and social care diplomas to staff".

The provider and staff worked closely with external health care professionals such as district nurses and social workers when required. The registered provider and staff told us they supported people to their appointments or arrange appointment's for them if they need it. People we spoke with confirmed this and felt supported to gain access to health professionals when required.