

Preferred Care Solutions Cumbria Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This was the first inspection of this domiciliary care agency. The inspection was undertaken by an adult social care inspector. The inspection was over two days, 29 March 2017 and 3 April 2017. The first day was unannounced but the second was by arrangement.

Preferred Care Solutions is a small home care agency that was first registered in June 2016. The service provides care at home to older adults, people living with dementia and people living with a physical disability. The service delivers care in the Copeland area. At the time of our visit the service looked after 16 people, cared for by six members of staff.

The first registered manager had left the service in autumn 2016 and one of the directors of the company was in the last stages of the process to become registered with the Care Quality Commission. 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.

We found that the staff team needed more training on prevention of harm and abuse. We also noted that some allegations had not been dealt with appropriately. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safeguarding service users from abuse and improper treatment.

You can see what action we told the provider to take at the back of the full version of the report.

We also found that the provider had failed to notify the Care Quality Commission of two potential safeguarding matters. The failure to notify us of matters of concern as outlined in the registration regulations is a breach of the provider's condition of registration and this matter is being dealt with outside of the inspection process.

We looked at recruitment and disciplinary matters and found some issues. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Fit and proper persons employed because some staff were working with vulnerable people without suitable background checks in place.

You can see what action we told the provider to take at the back of the full version of the report.

We looked at how medicines were managed on behalf of people and there were some improvements needed. We made a recommendation about this.

We saw that staff were in the process of updating their training on some of the core subjects but we wanted

to be sure that training would meet the needs of people using the service. We recommended that the provider put a plan in place to help with training needs and staff development.

Staff had received formal supervision and had also been supervised in people's homes when carrying out the care tasks.

People told us that staff gave them good support with meals, snacks and drinks.

We also learned that the staff team contacted health care professionals and could accompany people on health appointments.

The office was suitable for the size of the business however the provider was moving to larger premises.

All the people we spoke to told us that the staff were caring. They told us that they were polite and respectful, gave support appropriately and treated them with dignity. Daily notes and other records were written in a respectful manner.

Risk assessments, assessments of need and care planning was all under review. The manager and the senior support worker were updating care plans. These documents were of an acceptable standard.

Staff could accompany people to activities if necessary and some people liked to have staff to support them in this.

Complaints were appropriately managed. No one we spoke with had any complaints.

The manager and the senior support worker were working with the staff team to develop a caring culture in this relatively new service. There had been some issues around management in the first few months but we had evidence to show that management of staff and care delivery was improving.

The service was still developing a quality monitoring system and some problems with records meant that the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not yet safe.

People were not always protected from potential harm or abuse.

Recruitment and disciplinary matters had not always been followed appropriately.

Medicines management was under review for some people who used the service.

Is the service effective?

Requires Improvement ●

The service was not yet effective.

Staff training had taken place but further training needed to be accessed,

Supervision was of a good standard, with observation of practice in place.

Staff contacted health care professionals when people were unwell.

Is the service caring?

Good ●

The service was caring.

The people we contacted told us the staff who supported them were kind, caring and considerate.

People said they were treated with dignity and respect.

Is the service responsive?

Requires Improvement ●

The service was not yet responsive.

Assessments and care plans had been developed and contained suitable guidance for staff.

The review of care delivery still needed to be improved.

Complaints had been managed appropriately.

Is the service well-led?

The service was not yet well-led.

A new manager was applying to be registered with the Care Quality Commission.

A quality monitoring system was yet to be established.

The provider had failed to notify the Care Quality Commission of two specific incidents.

Requires Improvement 

Preferred Care Solutions Cumbria

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection started on 29 March 2017 and this visit was unannounced. We visited the office again on 3 April 2017 and this was an announced visit. The inspection was carried out by an adult social care inspector.

Prior to the inspection we reviewed the information we held about the service, including notifications we had received from the registered provider. A notification is information about important events, which the service is required to send us by law. We also contacted people in the local authority who commissioned care from the service and we planned the inspection using this information.

We made two visits to the office where we looked at records and met with the manager and the senior support worker. We then telephoned six people who use the service and two relatives. We spoke to four member of the staff team.

We read all sixteen care files and we also reviewed five staff files of the current staff team. We looked at three staff files for people who no longer worked for the service.

Is the service safe?

Our findings

People told us that they felt safe with the staff. One person said, "I feel very safe. They are careful about security and I don't have any worries about the staff who turn up."

A family member said, "I feel [my relative] is quite safe...I was worried one day when [my relative] didn't answer the phone and I spoke to the carer...she was there before I was and everything was OK. I feel they concern themselves if something is amiss."

Staff had received safeguarding from the previous registered manager but the content of this had not covered all aspects of safeguarding. The manager and the senior support worker had contacted the local authority safeguarding officers because they were unsure of how to report allegations or how to manage any information gathering. The manager had accessed some e-learning for staff and new staff on induction had completed this basic training. Established staff were in the process of completing this training. The full staff team were to have safeguarding training from an external trainer the week after the inspection.

Staff were able to tell us they would (and had) informed the manager and the senior support worker of any concerns. Some staff told us they had received training from previous employers and they were confident about informing external agencies. Staff also said they could talk to the manager about any matters they felt concerned about.

Prior to the inspection the local authority informed us of a potential safeguarding alert of which the provider had not informed the local authority or the Care Quality Commission. The manager had started to deal with this matter internally without informing other agencies. This meant that safeguarding protocols were not followed appropriately. There was a further potential safeguarding matter and the manager had informed the local authority by referring this to a social worker. The manager had not informed CQC of these two allegations.

These issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safeguarding service users from abuse and improper treatment. Potential evidence of abuse may have been compromised and staff had not received in-depth training on their role specific responsibilities.

We looked at staff recruitment in the service. We found that the policies and procedures of the company had not been followed in the past by the previous registered manager. We noted that some previous employees had not necessarily been fit and proper persons but these people were no longer employed by the company. We saw some improvements to the procedures had taken place recently but we noted that there was a heavy reliance on previous checks on individuals' criminal records. Some of the vetting and barring certificates were within a reasonable time frame but some were older and may not have reflected the current position. Some references had not come back prior to the individual starting to work with vulnerable adults.

We were informed that there had been some disciplinary procedures in the service but some of the paperwork around these was not available. We were told that specific notes had been destroyed and that other records were done informally. Recording of a disciplinary matter had not been done in enough detail to reflect on the decision made.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Fit and proper persons employed.

We also checked on the support staff gave to people who needed help to take their medicines. We saw from the records that social workers had requested that staff 'prompt' some people to take their medication. In reality staff were administering some medicines because the person was living with dementia or had other issues that prevented them from taking their own medicines. The manager had set up medicine administration records and was negotiating with social workers about what the task involved. We also noted that the staff were supporting people where the family had placed a tablet in a dosette box. This was a potential problem as this could be construed as secondary dispensing.

The manager, who was a pharmacist, had recognised these issues and was working with social workers, families and a local authority commissioner to put these things right. He had also trained all the staff in the storage, administration and disposal of medicines.

We recommended that the management of medicines on behalf of people who use the service is kept under review using accredited guidance.

The manager had started to check on any reported accidents and incidents. This had not always happened in the past but we had evidence to show that the senior support worker and the manager were now ensuring that any potential incident was managed appropriately. The manager had a suitable emergency plan that was tied in with local authority emergency planning.

There was a suitable policy and procedure in place related to infection control measures and staff told us that they had access to gloves, aprons and other equipment.

We checked on the programming of the visits and the hours of care delivery. We checked rosters against ordered hours and we saw that there were enough staff to manage the delivery of care. The manager told us that he would not be taking on any more hours of work until he had inducted some new staff who were waiting to start with the agency.

Is the service effective?

Our findings

The people who used the service talked to us about the staff. One person told us that the senior support worker was, "Very good at her job" and that she, "Introduces new staff into my home and explains what needs to be done." Everyone knew the senior support worker and another person told us, "She checks on what the staff are doing...sometimes by doing the care and asking but other times she just comes to check that I am getting what I need."

People spoke about meal preparation, "The staff prepare what we leave out and make sure [my relative] actually eats it." One person said, "They heat up my frozen meals and they also make little snacks if I ask them. They all make a good cup of tea which is important."

The staff we spoke to said, "I haven't had much training here...but I had at my last agency. The previous registered manager did train us on moving and handling and safeguarding and some other things but I am not sure how good this was."

The staff team in this service had changed completely in the ten or so months the service had been operating. The registered manager had undertaken all of the training for the initial staff team. The registered manager had not always had the expertise to do this. The content of the initial training was not in-depth enough to equip staff for the work they were to undertake. The new manager was aware of this and had purchased an induction package and new staff had completed all of the modules. Staff who had been employed for some time had also started to complete this e-learning even if they were experienced staff.

We judged that this was a good starting point for staff but that more training was necessary. The new manager had employed an external trainer and a training programme had started. All staff were booked to attend safeguarding training. Some training had been done in service users' homes. For example district nurses had given staff instruction on how to support people with specific needs.

Where people had complex moving and handling needs occupational therapists had been involved in writing plans and training staff. The previous registered manager had been training staff in moving and handling but had not had appropriate training to do this. The company had not been aware of this. The new manager had also taken on some new staff but not trained them in moving and handling because they had received training from a previous employer. The manager had recently realised that this approach may have been inappropriate and he had registered to complete a course to become a trainer for moving and handling. He then planned to train his staff in the future but was also planning to use an external trainer to train all of the team. The manager had yet to develop a comprehensive training plan.

We recommend that a comprehensive training plan be put into place that follows established, national guidelines for support staff in domiciliary care settings.

We reviewed staff files and we saw that since the new manager and the senior support worker had taken over there had been formal supervision sessions, briefing meetings and observation of practice. Appraisal

had been planned for some people but because most staff had only been employed for a few months these plans had not yet been put into action. We judged that this work had been of a suitable quality but we felt that team and individual development was at an early stage and needed further planning which would be part of the company's quality improvement work.

We recommend that the provider review the arrangements for staff development and develop a strategic plan for individual and team development.

People told us that they had consented to the care delivery and that this had been done with support from social workers or family members. Individual files contained contracts which had been signed by the person themselves or by a person who could sign on their behalf. Individual daily notes showed that people were asked their preferences and that staff accepted that people did not always consent to intervention by them.

Staff in the service did support some people with light meals and snacks. People told us that they were happy with the way this was done. The manager told us staff were not supporting anyone who was malnourished. Social workers had not asked the service to give nutritional planning support to anyone. We discussed nutritional planning with the manager and he planned to provide training on this later in the year.

People who were supported by Preferred Care Solutions lived in their own homes. This meant that the service does not come under the Deprivation of Liberty legislation which applies to care homes or hospitals but the Mental Capacity Act 2005 must be complied with. 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.

At the time of our inspection no one had been identified as being in need of this type of support. The manager and his staff team had a working knowledge of the Act and their responsibilities. Staff covered some basic training on this in their induction and in the e-learning provided.

We looked at daily notes and we saw that the manager or the support workers called out GPs or community nurses where appropriate. We had evidence to show that staff took the advice of health professionals and the updated care plans included details of support people needed. Some files included guidance and information on different health care issues. Staff visited people who were living with dementia. Staff had access to basic induction training on dementia care and the manager was aware of the need for further training for some staff and intended to include this in his training plan.

The office base was in the centre of Whitehaven with some parking on the street and local car parks within walking distance. The office had secure storage space and appropriate computer and telephone equipment. The provider had a telephone system in place which allowed staff to keep in communication with the office base. All of the office systems were computer based. There was suitable disabled access. The lease on the property was coming to an end and would not be renewed. The company had found new premises and were applying to CQC to change the address of the location.

Is the service caring?

Our findings

We measured how caring the service was by talking to people in the service and to their relatives.

One person told us, "The care staff are extremely friendly, kind and caring. I am very fond of them. We find plenty to laugh and talk about despite the age difference."

A relative told us they were happy with the way the staff approached their relative who was living with dementia, "They are all very good with [my relative] who seems to respond really well to them...I have asked for more hours so that staff will just come and keep [my relative] company because they get on so well."

Another person told us, "Although we manage well...we do need their help and they fit in with us...I feel they are just one of us and I don't mind them coming to the house."

One person said, "The service is very good with nice, polite staff who are very caring. I am very satisfied."

People told us that the staff respected them their property and their lifestyles. One person said it was important that they were good with their dog.

Yet another person said, "I am very happy with the service, they turn up and they are polite and treat me and my house with respect."

The people we spoke to (or their representatives) were independent customers of the service. We spoke to a senior social worker about the people who had their care purchased on their behalf. They told us that there were had been no complaints about the attitude or approach of the care staff and that their clients were satisfied with the service.

We read a range of daily reports and we saw that staff wrote the care plans and the daily notes in a respectful way. They paid attention to matters of equality and diversity and made no subjective comments in the notes. One person who received care told us that they felt the staff were not ageist and just, "Treat me like a worthwhile person."

Service user plans were kept in people's homes and copies kept securely in the office. People felt that staff kept their details, "Secure and private".

The service had not, as yet, supported people at the end of life but the manager had registered staff on a course that would help them to provide this support.

Is the service responsive?

Our findings

The people we spoke to told us that they did have care plans in their homes and everyone was happy with the content and the way the daily notes were written. One person said, "I don't look at it much...I have and it was fine." A relative said, "The notes are really useful as we also deliver care and we need to know. The care plan is OK and has been changed when necessary."

A family member said, "[The senior support worker] and the manager have visited, sometimes they have delivered the care and other times just to check the staff are doing things properly" and "There has never been anything major to complain about but any problems we have had have been quickly resolved."

We looked at the individual records of care and support for all sixteen people who the service delivered care to. Some of the care delivered was simple support that would allow people to remain as independent as possible. Other people had more complex health and personal care support needs. We saw that assessment had not always been done in enough depth to ensure that suitable care could be delivered. We did, however, note that recent assessments were more robust and that consideration had been given to how needs could be met with the existing team of staff. The manager said he would turn down requests for care if he felt the team could not meet the person's needs. We judged that written assessments were suitable and we saw that the senior support worker went out to visit any new person and ensured that their needs could be met.

Care plans were in place and we read all sixteen. Some three or four were a little out of date and lacking in detail but we saw that the other care plans had been updated and reviewed. Where the care had been purchased by social workers the care plans were based on the assessment and planning done by them. The plans had been quite basic but the manager was including more specific details so that staff were always aware of the needs and preferences of the person.

The support staff completed daily records of how care and support was delivered. We looked at some of these records and we saw that staff recorded the visits in some details but that some staff did not always record the time they stayed in the service. The records showed that, in general, staff did follow the care plans. We noted some records in summer 2016 that should have been followed up because the care delivery did not always meet the needs of people in the service. We noted that the senior support worker had been checking on the daily records since Autumn 2016 but that the daily notes were not brought into the office on a regular basis. This meant that the notes were not being routinely analysed to ensure that the care was being appropriately delivered. The new manager had brought all the daily record books into the office and had supplied each home with a new care folder with separate diary sheets. These were to be collected from each house at the end of the month.

We recommend that the care records be routinely analysed as part of quality monitoring.

We saw from records and from discussion with people that the service would take on work that would help people to become less socially isolated and we saw that one person was taken out by staff and that other

people were accompanied to social activities or other appointments. These were private arrangements where the person themselves or their families were happy to pay for this kind of care. People were satisfied with this service.

The provider had a suitable and detailed complaints policy and procedure. The service user hand book gave people details of how to make a complaint. There were no outstanding complaints being investigated by the provider. We had evidence to show that both formal and informal complaints were dealt with in a timely manner.

Is the service well-led?

Our findings

People told us their opinions about the way the service was managed. One person told us, "When the agency started it was all a bit of a struggle. Not well organised but it has improved. It is all much, much better. I see the [senior support worker] who checks on things and she has introduced new staff to me. I have spoken to the manager on the phone and he is very nice, very pleasant."

A relative of a person using the service told us, "Things seem more organised... [the senior support worker] is very supportive. I feel that there has been a change in the last few months."

This service registered with the Care Quality Commission in June 2016 and had a registered manager in place. The registered manager no longer worked for the company and a director of the company had undertaken the role of manager since late October 2016. This person was now applying to register as the manager. We had evidence to show that this manager was working hard to develop in the role.

Prior to October 2016 he had not been involved with the day-to-day running of the service but had left this to the registered manager. He had taken over the role of manager and had familiarised himself with the work of the service. We had evidence to show that he had got to know the needs and preferences of the people who used the service, had been in contact with families and had worked with other professionals. He had also started to work on a nationally recognised management qualification for managers in the care sector. He was also in the process of updating his understanding of his responsibilities in relation to safeguarding and was enrolled in a course to become a trainer for moving and handling.

Staff told us, "The manager is very easy to talk to...approachable and fair."

The service had detailed and in-depth policies and procedures which covered all aspects of the service. These had not always been followed appropriately in the past but the manager and the senior support worker were working with them and updating them if necessary. We had evidence to show that the new manager was beginning to use these detailed documents to support the management tasks in the service.

The service did not have an operational quality monitoring system. The manager had started to consider how he would monitor quality. We saw some evidence of audits of care delivery and we noted that the senior support worker was monitoring the way the support workers were delivering care. She had completed good records of these observations of practice. The manager did check the timesheets but was not monitoring late or missed calls in a robust manner. There had been no satisfaction surveys sent out to people who used the service or to other stakeholders. Consideration was being given to the content of future surveys, staff appraisal was being planned and some reviews of care had taken place.

The manager and the senior support worker told us that the records management in the service had not been working effectively when they took over the running of the service. The manager had dealt with the issues around filing and storage and had scanned papers and created an electronic recording system. We were told that some records were missing from the service and attempts had been made to recover these.

Some records of meetings and reviews had not been kept in a formal way. There was no telephone log kept but calls coming into the service were recorded. These were easy to access and the new manager used this for reference.

We judged that the issues around the lack of a quality monitoring system and records management meant that the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good governance.

We also found that the provider had failed to notify the Care Quality Commission of two potential safeguarding matters. The failure to notify us of matters of concern is being dealt with outside of the inspection process. A warning letter was sent to the provider advising that any further failures to notify would be dealt with through our enforcement processes.

We recommend that in the future notifications of other incidents as detailed in the Care Quality Commission (Registration) Regulations 2009 are sent to the Care Quality Commission without delay.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to protect service users from potential or actual abuse and improper treatment because systems to report or manage allegations were not operating effectively.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to effectively operate systems or processes to assess, monitor or improve the quality and safety of the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to follow recruitment or disciplinary procedures appropriately and people were not always protected because fit and proper persons had not always been employed.</p>