

Personal Home Care Services Ltd

Personal Home Care Services Ltd

Inspection report

46 Carnarvon Street
Oldham
Lancashire
OL8 3PW

Tel: 07511499334

Date of inspection visit:
11 January 2021
13 January 2021

Date of publication:
29 January 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Personal Homecare Services Ltd is a domiciliary care agency that provides support to people in their own homes. It provides a service to younger and older adults, people with physical disabilities, sensory impairments, mental health conditions or dementia. The service's office is based in Oldham, and support is provided to people in surrounding areas. At the time of this inspection three people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. Staff had received training in safeguarding people. Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. People received visits from regular care workers.

People's needs were risk assessed and their care plans included various risk assessments which provided staff with the information they needed to manage the identified risk. Staff received training in infection control and told us personal protective equipment (PPE) was readily available to them.

Governance systems provided effective oversight of the service. A range of audits has been implemented which were completed on a regular basis. The registered manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people using the service.

Staff praised the registered manager and the nominated individual, they felt supported and valued. Staff told us, "All staff members are dedicated to the job and give a good service. The clients are well looked after," "I would definitely recommend [the service] to a family member" and, "[Management] and the staff are great."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 01 July 2019. Breaches of legal requirements were found. Following the last inspection, the provider completed an action plan to show

what they would do and by when to improve safe care and treatment, fit and proper persons employed and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Personal Homecare Services Ltd on our website at www.cqc.org.uk.

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 was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Personal Home Care Services Ltd

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

The 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 homes.

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 staff would be in the office to support the inspection.

Inspection activity started on 11 January 2020 and ended on 13 January 2020. We visited the office location on 11 January 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two professionals who had worked with the service.

We reviewed a range of records. This included one person's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care worker's medicine competency checks.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to use adequate documentation to ensure medicines were administered safely and recorded accurately. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the time of the inspection, no people received support with the administration of their oral medicines, however, people told us their prescribed creams were managed well. Medicine records were updated to ensure they accurately recorded when a medicine was administered. PRN (as and when required medicine) protocols had been implemented for prescribed PRN creams.

Staffing and recruitment

At our last inspection the provider had failed to conduct robust recruitment checks to ensure the care workers employed were suitable to work with vulnerable people. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff recruitment was safe. We reviewed three staff files and found the necessary safety checks were in place before each staff member started working for the service. Disclosure and Barring Service (DBS) checks were confirmed and references were obtained from previous employers.
- The provider had sufficient systems in place to monitor staffing levels and ensure people received their visits. Staff rotas confirmed staffing levels remained consistent and people received visits from regular care workers.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we recommended the provider improved the documentation around assessing and reviewing risks. The provider had made improvements.

- People's needs were risk assessed and their care plans included various risk assessments which provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed. A professional who worked with the service told us, "These clients are younger adults who are managing [name of risk] and [name of health condition] and they can be challenging to support. This agency are doing a remarkable job with these clients and have undoubtedly improved the quality of their lives and succeeded where many other agencies have failed."

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff were confident to report concerns and satisfied that action would be taken to investigate the concerns. A staff member told us, "I would go to [registered manager] if I had any issues regarding safeguarding. I would escalate concerns above [management] if required. To be fair I don't have any problems, I can just ring [management] and things are sorted out straight away."
- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. One person told us, "I am very happy with my carers. They are very good. I feel safe. The carers are very caring and trustworthy."

Preventing and controlling infection

- Staff received training in infection control and told us personal protective equipment (PPE) was readily available to them. A staff member told us, "We have had COVID-19 training, done online courses and been shown demonstrations about how to provide care [in line with COVID-19 guidelines]." A person commented, "They [staff] all wear masks, keep their hands clean and use hand sanitiser. There is a virus [COVID-19] out there but it doesn't worry me, they [staff] look after me. I have no problems, they [staff] do a great job."

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to maintain accurate complete and contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Record keeping had improved. Records contained accurate dates of implementation and dates of reviews. There were assurances the service could continue operating during a time of emergency or disaster; a business continuity plan was devised which also covered risks relating COVID-19.
- Governance systems provided effective oversight of the service. A range of audits has been implemented which were completed on a regular basis. There was evidence the provider acted on findings from the audits.

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

- People's views and decisions about care were incorporated in their care plans. This helped staff to support people in a way that allowed people to have control over their lives. A relative told us, "I would recommend [the service]. [Management] goes above and beyond, they are so good. I speak to the managers on phone all the time. They are brilliant."
- Staff praised the registered manager and the nominated individual, they felt supported and valued. Comments included, "They [management] are lovely and really supportive. We have a number to ring on-call for any concerns or any guidance, we just ring the number and they get back to us starlight away. We are a very good team" and, "I find that my voice is heard, and hand on heart I have never had an issue with [name of managers]."
- The provider had recently introduced an employee of the month initiative, where staff were recognised for their positive contributions. A staff member told us, "I always get feedback [from management]. I've done my care certificate and they [management] gave me feedback on that as well, saying it's brilliant. They [management] are very supportive and good."

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 provider understood their responsibilities under the duty of candour and the rating from the last inspection was displayed in the office and the provider's social media page.

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

- People's views had been sought through regular contact and surveys. We reviewed the results of the individual responses and found all the comments were positive.
- Staff members were involved with the service through regular team meetings and annual surveys. Staff told us, "We have meetings over the phone at the minute via [name of system] and have conversations regularly. We are given regular updates and have team conference calls [due to the COVID-19 pandemic]."

Working in partnership with others

- The registered manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people. A professional who worked with the service commented, "I was impressed at the person-centred approach with the client and they [service] were thorough in the support they could offer."