

Portsmouth Sitting Service & Community Care Service Limited

The Portsmouth Sitting Service and Community Care Service Limited

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

The Portsmouth sitting service and community care service is a domiciliary care agency providing personal care, a sitting service and emotional support to 50 people at the time of the inspection. Not everyone who used the service received personal care. The Care Quality Commission (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

There were enough staff employed to support people in the community. Quality assurance processes were robust and risks to people and the environment were managed safely. Medicines were administered safely and as prescribed. Medicines records confirmed people received their medicines and audits were completed to ensure that systems were followed.

Assessments of people's needs were carried out before they started using the service. These helped the service know if they can meet people's needs. Staff were supported through their induction, training and supervision. The service worked in line with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring and respected people's rights to privacy and dignity. People were involved in planning their care and were consulted about the care provided. Care plans contained the information staff needed to provide personalized care.

People received care and support as they wished and needed. People's relatives told us they would be confident to raise any concerns with the management team. Everyone we spoke with during the inspection was satisfied with the care and support provided for people.

The provider and registered manager had robust systems and processes to monitor quality within the service. The registered manager understood their regulatory responsibilities and shared information with stakeholders in a timely way. People, their families, staff and external professionals all told us that the registered manager and provider were supportive, and the service was well led. The service was led by knowledgeable managers who used their skills to lead staff and ensure people using the service had safe and effective support.

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 14th December 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well- led

Details are in our Well-led findings below.

Good ●

The Portsmouth Sitting Service and Community Care Service 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

The inspection was conducted by one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience of care for older people and those living with dementia.

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. Inspection activity started on 14th June 2019 and ended on 14th June 2019. We visited the office location on 14th June 2019.

What we did before the 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. 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 used all of this information to plan our inspection.

During the inspection.

We spoke with six people who used the service and six relatives about their experience of the care provider. We spoke with eight members of staff, the registered manager, the service manager and the provider.

We reviewed a range of records. This included five people's care records and seven medicine records. We looked at five 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 training data and quality assurance records and reviewed information obtained from telephone calls with people and people's relatives.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and supported by staff in their homes. Comments included, "I feel very safe with my carers," "The two carers I have are really good," "I don't have any anxiety as the carers make me feel safe and comfortable when they are in my home."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and CQC. Staff received safeguarding training to ensure they had up to date information about protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the 'safeguarding adults' policy and procedure and where to locate it if needed.
- Staff told us they felt confident to report any abusive practise to the registered manager and felt confident they would respond quickly.

Assessing risk, safety monitoring and management

- People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for safe moving and handling, falls management and environment.
- Risk management considered people's physical and mental health needs. Measures were in place to manage risk in the least restrictive way possible. This included ensuring necessary equipment was available to increase people's independence in their home.
- The management team showed us how they had implemented a computer system app to monitor attendance and give real time information to visiting staff, staff were able to check care plans and risk assessments when in people's homes ensuring they had up to date information.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People confirmed staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time. There had been a couple of missed visits because of human error. These had been rectified and apologies made.
- Staff confirmed people's needs were met and felt there were enough staff. The registered manager said, "staffing arrangements always matched the funded support for people and staff skills were integral to this to suit people's needs." They told us people received support from a consistent staff team. This ensured people were able to build positive relationships with staff who knew their needs.

- Where a person's needs increased or decreased, staffing was adjusted accordingly. The service manager told us, "If people's needs change, we need to change with them." We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained regular staff undertook extra duties to meet people's needs. In addition, the service had an on-call arrangement for staff to contact if they had any concerns during their shift staff rotas confirmed this. Contingency plans were in place to deal with adverse weather conditions.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- All staff files we checked were consistent in the lay out and were comprehensive.

Using medicines safely

- At the last inspection we observed the medicines policy did not include guidance on the disposal of medicines at this inspection we saw the provider had reviewed their medicines policy and procedures to include safe disposal of medicines.
- Medicine records were signed in most cases however we did observe signatures were missing on one chart. However, this had been identified through the audit system and an explanation provided for the missing signature.
- People received varying levels of staff support when taking their medicines. For example, being prompted to take medication through to being administered medication. One person said, "The carers help me with my medicines," another person told us that staff make sure medicines are taken. They said, "They have a book here they sign. The book is pretty comprehensive telling them what to give me and when."
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The management team checked medicine practice whilst working with staff and via medicines records. This was to ensure staff were administering medicines correctly.

Preventing and controlling infection

- Staff followed infection control procedures. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.
- People told us when staff are supporting them with personal care they wear aprons and gloves and when handling food, they do the same.

Learning lessons when things go wrong

- Documents demonstrated learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated to reflect people's changing needs. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, health and social care professionals involvement was requested where needed to review people's plans.
- The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practise.
- The registered manager reviewed and analysed information around Incidents, accidents and near misses, to identify any trends and put actions in place to minimise future risks when required.

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.

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

- Assessments of people's needs considered their preferences when arranging care. The assessments were used to develop care plans and contained enough information to support staff to provide effective care.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- People and families were involved in planning care for their relative. Some people needed staff to support them when planning care, a person said, "we had the manager and we went through all I wanted done, they sorted it all out before they started, it was very efficient."
- People were provided with easy read information guides, these included a services users guide available in large print, audio, braille and other languages.

Staff support: induction, training, skills and experience

- The management team had an open approach to learning and development. Staff told us, "If they don't know something, they will honestly tell you and then will find out the answer for you." Staff were encouraged to share their skills and positive ways of working with the staff team, which promoted consistent and effective care.
- The provider had a comprehensive induction and training schedule, staff were positive about the provider's induction and ongoing training they completed for their role. New members of staff shadowed experienced staff members and completed a wide range of training tailored to people's needs before supporting them. The registered manager monitored staff training to ensure staff had the skills and knowledge to meet people's needs.
- Staff received training from an in-house training coordinator who delivered training courses. For example, safeguarding, health and safety, infection control and person centred care. The service manager delivered medication training. Staff told us they felt they have had sufficient training to carry out their work.
- There was a proactive culture of staff seeking support when it was needed. Staff received regular supervision and support from office staff and the management team were always available. Training and performance was reviewed in these supervisions.
- A wellbeing champion had been employed to promote staff's wellbeing. Their role was to raise awareness of wellbeing activities across the work place, promote healthy life style and positive mental health.
- The registered manager had introduced training weeks where staff are hands off and can concentrate on their training needs.

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

- Staff were knowledgeable about meeting people's nutritional and hydration needs. Staff referred people

to relevant healthcare professionals and meals and drinks were provided in line with their recommendations.

- Care plans recorded people's meal preferences, allergies and the support they required which ensured staff had relevant information to support people with their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care

- Communication tools were effective at ensuring staff had up to date information about people's changing needs which supported staff to provide consistent care.
- Staff told us they referred people to healthcare services, followed professional advice and provided effective care.
- Managers and staff understood people's healthcare requirements and ensured people got the access to healthcare they required. This included input from GP, dentist and optician.
- Peoples healthcare needs were documented within their care plans and regularly updated.

Supporting people to live healthier lives, access healthcare services and support

- Communication tools were effective at ensuring staff had up to date information about people's changing care needs.
- People were supported to live healthier lives and needed less services, as staff worked in partnership with healthcare professionals. Staff promoted people's independence and ensured people had the equipment and support they required, we saw records that showed people had been referred to occupational therapists and social workers.
- Staff referred people to healthcare services, followed professional advice and provided effective care.
- Care plans identified specific medical conditions, staff were given detailed instructions on how to care for people throughout their care plan.

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, 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- 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 legal representatives (those who held Lasting Power of Attorney for finances and/or for health and welfare) were known to the organisation and they were included in decisions made about the person's 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 spoke very highly of staff and their approach. One person said, "All staff have been extremely pleasant and caring," and another person told us, "Some will even pop in when they're passing to check we're okay."
- Staff were passionate about providing quality care. One person needed support on a different day, a member of staff changed their working day to ensure the person continued to have the support they needed.
- Staff recognised diversity but treated people equally. They told us, "No two care packages are the same as no two people are the same. The care provided is of the same level and quality but it's about the person and how they want things to be done."
- Staff understood how to assist people and promote their independence and involvement with all care activities. Staff spoke positively about promoting people's independence. One person said, "They support me to do as much for myself as possible."
- Staff spoke positively of the people they supported and understood their needs, preferences and life experiences. Staff told us how they took time to engage with people and promote their wellbeing.
- The service respected people's diversity. Staff were open to people of all faiths and belief systems, and there were no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. Staff recognised diversity but treated people equally

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

- People were treated with respect and included in decisions about their care. One relative told us, "One of the management team came out to assess my relative; they were very good, as they spoke to [Name] rather than about them. They were very easy to talk to."
- People were supported to access advocacy services or had support from their family with making decisions.
- A person told us their family lives in Australia and said, "It is very difficult for them to be involved in my care, the service manager enabled my family to access my daily care notes, so they could see what was happening." The care coordinator showed us the app and said, "Now the persons family can read what care is delivered to their relative every day, along with the care plan and risk assessments, this has enabled the family to be involved and monitor the care we provide to their relative." The care co-ordinator told us they had gained consent from the person involved before allowing the family to use it.
- People told us they were asked to complete a questionnaire every six months to express their opinion of

the service they receive, we saw questionnaires returned to the service that showed positive feedback. For example, one person said, "Since receiving care from the service I feel better in myself and involved in the outside world, the carer tells me what is happening in the world and we have a discussion."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. People told us staff maintained their privacy and dignity and staff were knowledgeable about how to do so.
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. Daily records evidenced this. People told us their care needs had reduced since having the right support from the service.

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

- Staff were knowledgeable about people's personal routines and provided person-centred care. Staff told us, "[Name] likes their teddy bear. We make sure it's there during the night, so they can see it."
- Care plans documented people's routines and they were reviewed regularly. When people's needs changed significantly, reassessments were completed, and care plans updated. Care plans enabled staff to provide consistent care; daily records showed people's needs were met as per their wishes.
- Staff knew people's personal histories and talked with people about their lives. A relative told us, "Staff chat happily to them. They talk to them about their history" and, "When reading through their notes I saw one of the staff wrote they had been talking to my relatives about the dog we used to have when I was growing up."

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.

- A relative said, "they are specifically good with [relative]. They come in with a bright attitude. Their communication skills are good. They are all good, but some are outstanding," another relative said, "They connect with [relative]. They cannot speak, only a few words and you see [relative] trying to talk to staff. My relative is very pleased to see them. The carer uses picture cards and understand my relative's needs, my relative looks forward to see the carers now."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and were confident they would be addressed. One person said, "Yes the registered manager would address concerns, as the management is good."
- The provider had a complaints policy and procedure which staff understood. Staff resolved any issues where possible or passed on concerns to the office staff.
- The registered manager acted upon concerns and complaints in an open and transparent way. They used any concerns or complaints as an opportunity to improve and develop the service.

End of life care and support

- People were supported at the end of their life, there was an end of life policy. The registered manager said, in the event of this type of support being needed, they worked closely with the community nursing team; GP's and family to ensure people's needs and wishes were met in a timely way.

- The service had links to the local hospice who provided training and advise on end of life care, at this inspection there was no one on an end of life pathway.

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

- The management team were passionate about providing a high-quality service and cared for people and staff.
- The registered manager led by example with their open and honest approach and cared for their staff. Staff told us, "The management team will admit any shortcomings, because they're so open with us, we can be honest with them. We can go to them about anything and they will listen."
- Staff's caring nature and hard work was rewarded through small gifts made to them by the company. Fresh fruit was available at reception for staff when visiting the office.
- The registered manager and care co-ordinators understood their duty of candour responsibilities to be open and honest with people and their family when something had gone wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify people (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.
- The registered manager had applied duty of candour when dealing with incidents and complaints we saw evidence of this in the incident file, policies were in place to ensure the appropriate people were informed when required.

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

- The registered manager had oversight of what was happening in the service, systems were in place to monitor and maintain the quality of the service, these included reviewing care plans, medication and daily records and regular staff observations.
- The management team was knowledgeable about events within the service and worked to resolve issues quickly. A meeting was held to allocate tasks for the day. They also understood the regulatory requirements and reported information appropriately.
- The management team were keen to improve the service. They closely monitored the service and developed action plans to help them move forward. We saw actions had been completed in their designated timescales.
- The registered manager understood their responsibilities under the Health and Social Care Act 2008 and associated regulations. They were aware of what to report to CQC on a notification. A notification is information about important events which the provider is required to tell us about by law.
- Staff told us they were happy with the support they got from the registered manager and that documents

were accessible to them.

- Extensive policy and procedure documents had been introduced to aid the smooth running of the service, for example there were policies on safeguarding, whistleblowing, complaints, infection control and risk assessment.

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

- The registered manager ensured their skills and knowledge remained up to date by completing regular training. They promoted best practice by acting as role models and sharing best practice information with staff in the community.
- People who used the service and their relatives were included in the development of the service. They were regularly asked their views of the service and were sent questionnaires every six months. Responses were analysed and used to make plans to improve the service.
- Staff told us they were included in the service and could make suggestions which were considered and implemented where appropriate.

Continuous learning and improving care

- The registered manager and provider checked the quality of the care given. For example, checks were made to ensure people's medicines were administered as prescribed. Staff explained how changes had been introduced, which had led to a reduction in medication recording errors. The registered manager also reviewed any accidents or incidents, and concerns and complaints so any learning would be taken from them.
- The registered manager sought people's views on the quality of care provided through meetings and surveys. These had been positive, and any actions required for individuals were actioned, we saw feedback received from people and their relatives.
- The registered manager kept up to date with best practice through meetings with the provider's representative, with the provider's other managers and by research, including attending events.
- The provider's quality assurance systems regularly checked the quality of care provided by the service. Where any actions were found, action plans were put in place to drive improvements in people's experience of care.

Working in partnership with others

- The registered manager had established effective working relationships with other organisations and professionals to ensure people received a good service.
- The registered manager was involved in a local college, ensuring courses provided by the college reflected the needs of domiciliary care providers and students were ready for employment in the care sector.
- The management team frequently attended meetings to update their knowledge and develop links with the community and accessed support agencies to help people they care for. For example, the service signposted a person to a service for support and advise with personal finance, people were referred to age concern.