

Personalized Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 31 January 2017 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The service provided domiciliary care and support to people living in and around Hinckley, Leicestershire. At the time of our inspection there were five people using the service. Three of the five people using the service were being provided support under the regulated activity, personal care.

The service had a registered manager. 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.

The person using the service that we spoke with told us they felt safe with the staff team from Personalized Care Limited and they were looked after well. The relative of another person using the service told us that their relation was safe with the staff members who supported them.

The staff team had received training on how to keep people safe and they knew what to do if they felt that someone was at risk of harm.

The management team were aware of their responsibilities for keeping people safe from abuse and avoidable harm. This included reporting any concerns to the local safeguarding authority.

Risk assessments had been completed. This was so that the management team could identify and minimise the risks associated with people's care and support.

Recruitment checks had been carried out when new members of staff had been employed. This was to check that they were suitable to work at the service. Support workers had been suitably inducted into the service and relevant training had been provided to enable them to appropriately support the people using the service.

Support workers we spoke with felt supported by the management team and they told us there was always someone available to speak with should they need any help or advice.

People's care and support needs had been identified and a plan of care had been developed. The support workers we spoke with were aware of people's care and support needs because appropriate plans of care were in place which included people's personal preferences.

People using the service were supported with their nutritional and health care needs and were supported to access health services when they needed them.

People were always asked for their consent before their care and support was offered. Support workers had received training on the Mental Capacity Act 2005 (MCA) and both they and the management team, understood its principles.

Support workers were aware of their responsibilities when supporting people with their medicines. Training in medicine management had been provided and the necessary records were being kept.

People told us that the staff team were kind and caring. They told us that they were provided with choices when they were being supported and their care and support was provided in a way that they preferred.

There were sufficient numbers of staff employed to meet the needs of the people using the service. People received regular support workers who arrived on time and stayed for the right amount of time.

People using the service and their relatives knew what to do if they were unhappy with the service they received. They knew who to speak with and were confident that any concerns would be dealt with appropriately.

People had the opportunity to be involved in how the service was run. They were asked for their opinions of the service on a regular basis. This was through visits to people's homes and through the use of surveys.

The management team monitored the service being provided on an ongoing basis. Audits on the documentation held had been completed and checks on the equipment used to maintain people's safety had been carried out. A business continuity plan was available for the management team to follow in the event of an emergency or untoward event.

The management team were aware of their registration responsibilities including notifying the Care Quality Commission of significant incidents that occurred at the service.

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 felt safe with the staff team who supported them. The staff team knew their responsibilities for keeping people safe from avoidable harm.

Risks associated with people's care and support had been assessed to ensure any risks were removed or minimised.

Appropriate recruitment procedures were followed when new staff members were employed and there were sufficient numbers of staff in place to meet people's needs.

The staff team were aware of the provider's policy with regards to people's medicines and this was being followed.

Is the service effective?

Good ●

The service was effective.

The staff team had been provided with an induction into the service and appropriate training had been provided. This enabled them to meet the individual needs of the people using the service.

The staff team understood the principles of the Mental Capacity Act 2005 and people's consent was obtained before their care and support was provided.

People were supported with their nutritional and healthcare needs.

Support workers felt supported by the management team and were provided with opportunities to meet with them to discuss their roles within the service.

Is the service caring?

Good ●

The service was caring.

The staff team were kind and caring and treated people with

dignity and respect.

Support workers involved people in making decisions about their care and supported them in making choices on a daily basis.

Support workers knew the people they were supporting and knew their personal preferences for daily living.

Support workers understood their responsibilities for keeping information confidential and people's personal records were securely held.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs had been assessed prior to their care package commencing.

People had been involved in deciding what support they needed and in the development of their plan of care.

Plans of care were in place that reflected the care and support that people needed.

People using the service and their relatives knew what to do and who to go to, if they had a concern of any kind.

Is the service well-led?

Good ●

The service was well-led.

The service was well managed and the management team were open and approachable.

Staff members we spoke with felt supported by the management team.

People were visited regularly to ensure that they remained happy with the service they received and were given the opportunity to share their thoughts on the service provided.

Monitoring systems were in place enabling the management team to check the quality of the service being provided.

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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 was 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 visit took place on 31 January 2017 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to assist us with our inspection.

The inspection was carried out by one inspector.

We reviewed the information we held about the service. This included any notifications we had received. Notifications tell us about important events which the service is required to tell us by law.

We contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service. We also obtained information from a social worker involved in commissioning services from Personalized care.

During our visit to the provider's office we spoke with the registered manager and the managing director.

We reviewed a range of records about people's care and how the service was managed. This included two people's plans of care and associated documents including risk assessments. We also looked at two staff files including their recruitment and training records and the quality assurance audits that the management team completed.

As part of the inspection process we spoke with one of the people using the service and a relative of another of the people using the service so that we could gather their views of the service being provided. Two support workers were also contacted by telephone following our visit.

Is the service safe?

Our findings

The person using the service that we spoke with explained that they felt safe with the support workers who provided their care and support. They told us, "Yes I do feel safe with them." The relative we spoke with told us that their relation was safe when being supported by the staff team. They told us, "[Relative] is definitely safe, at long last I feel contented and I can sit back."

Support workers we spoke with were aware of their responsibilities for keeping people safe from avoidable harm. They explained that they had received training in the safeguarding of adults as part of their induction into the service. The training records we saw confirmed this. They knew the signs to look out for if they were concerned for someone's well-being and they knew the procedure to follow to alert the relevant people. One support worker told us, "I would report it to [registered manager or managing director], If nothing was done I would take it to the next step, contacting their social worker or the Care Quality Commission (CQC)." Another explained, "I would look for marks or see how the person was feeling. We know them and would know if something was wrong. I would tell [registered manager or managing director] that I was concerned."

The management team were aware of the safeguarding procedures that were in place and they knew their responsibilities for keeping people safe from harm. They knew the actions they needed to take if they suspected that someone was being harmed in any way. This included referring it to the relevant safeguarding authorities who had responsibility to investigate safeguarding concerns and notifying the CQC.

Risks associated with people's care and support had been assessed when they had first started using the service. Risks assessed included those associated with personal routines such as shaving and showering, assisting people to move around safely and assisting people with their nutrition and hydration. We did note that the environment in which the care and support was to be provided had not been assessed. This was immediately addressed following our visit. An environmental risk assessment was developed and completed. This meant that the risks associated with people's care and support had been identified, minimised and appropriately managed by the management team.

We checked the recruitment files for two members of the staff team and found that appropriate recruitment processes had been followed. Previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. (A DBS check provided information as to whether someone was suitable to work at this service.) This meant that the people using the service were protected by the pre-employment checks that were in place.

We looked at the staffing rota. We were told that people received regular support workers and the rotas we saw confirmed this. We found that the staffing levels were sufficient to meet the current needs of the people using the service. The person using the service that we spoke with confirmed that regular support workers provided their care and support. They told us, "I have regular carers and that is one of the things I like most of all." A relative told us, "[Relative] knows them all [staff team] we don't have any changes, they are all really good."

For people who needed assistance with their medicines, a medicine risk assessment had been completed. Details gathered during this assessment had then been transferred to the person's plan of care and a medicine administration record (MAR) had been developed. This provided the support workers with the information they needed in order to support the person safely and in line with the provider's medicine policy. Support workers we spoke with told us that they had received training in the management of medicines and they understood what they could and could not do with regards to medicines. One support worker told us, "There are MAR charts in place which we sign every time we support people with their medicines. There is a list of medicines that we give and we complete a monthly sheet." This meant that the staff had the information they needed to enable them to support people with their medicines in a safe way. MAR's seen during our visit had been appropriately completed.

A business continuity plan was in place for emergencies or untoward events such as adverse weather, pandemic flu or staff shortages. This meant that the management team had a plan to follow to enable them to continue to deliver a consistent service should these issues ever occur.

Is the service effective?

Our findings

The person using the service that we spoke with told us that the support workers knew them well and had the skills to support them appropriately. They told us, "Yes. I would say they were well trained." The relative we spoke with agreed that the staff team were knowledgeable and well trained. They explained, "I do feel they are well trained, everyone went through the training they needed to look after [relative]. I have confidence in them."

Support workers we spoke with explained that they had received an induction into the service when they had first started working there. Training relevant to their role and training specifically related to the needs of the people they were supporting had also been provided. This meant that they were provided with the knowledge and understanding they needed in order to support the people using the service appropriately. One support worker told us, "I've had training such as safeguarding, food hygiene and moving and handling, I feel the training is really good." Another explained, "We had training days before we started, lots of hours of training, I've done safeguarding, first aid and medicine training, it was quite sufficient."

We saw that the staff team had completed the Care Certificate on joining the service. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. Training records seen also demonstrated that the relevant training had been provided to enable the staff team to meet people's needs.

Support workers had been provided with the opportunity to shadow the management team when they first started work, enabling them to learn the role they were required to carry out. One told us, "I followed [management team] around and they showed us how everything was done." Another explained, "I shadowed a few times, they offered me more shadowing but I felt confident to go out on my own." Support workers had monthly supervision meetings. These meetings provided the management team with the opportunity to offer support and guidance and discuss opportunities to improve working practices.

Support workers we spoke with felt supported by the management team. They told us that there was always someone available for support or advice. One support worker told us, "I feel very much supported. They [management team] are always ringing just to ask how we and the people [people using the service] are." Another explained, "It's nice, they [management team] are always at the end of the phone, they are approachable and you can always contact them. I feel supported."

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We saw that they were. No applications had been required to be made to the Court of Protection at the time of our visit. The management team understood their responsibility around the MCA. They explained that if a person lacked the ability to make a decision about their care and support, a capacity assessment would be completed and a best interest decision would be made with someone who knew them well. At the time of our visit there was no one receiving care or support, who was unable to make decisions for themselves.

Training records showed that members of the staff team had completed training on MCA. Members of the staff team we spoke with understood their responsibilities within this. One support worker told us, "You can't assume people don't have the capacity, you have to assume they have. Not all decisions are bad decisions and you can't assume that forever more, people can't make a decision for themselves." Another explained, "We are there to help people make decisions. You are there to assist. You may have to make a decision, but you must stick to the rules of MCA." The staff team always obtained people's consent before providing their care and support.

When people required assistance with preparing food and drink, the necessary support was provided. Support workers had received training in food hygiene and they ensured that people had the required food and fluids to keep them well. One told us, "We promote healthy eating with choice and variety and always make sure there are plenty of drinks available." Another explained, "When I do breakfast, I offer two choices, porridge or Weetabix, they will point to which they want. We offer lots of drinks and have regular meal times."

The staff team monitored people's health and wellbeing and when concerns had been identified, these had been reported and acted on. For example when one person using the service became unwell, the support worker contacted their GP. On another occasion a member of the staff team had contacted the community nurse for their support. This meant that people were supported to access the healthcare support they needed. The relative we spoke with told us, "[Relative] health has really settled, they [staff team] have had a big impact on [relative] health and on how well they have progressed."

Is the service caring?

Our findings

The person using the service that we spoke with told us the support workers who visited them were caring and kind and treated them with respect. They told us, "I have personally warmed to them all [staff team]. I have swapped many a company because I haven't found any to get on with, until now. I am treated with respect and feel at ease with them."

The relative we spoke with agreed that the staff team were kind and caring and treated their relation with respect. They told us, "They are all [staff team] really kind and caring, I feel happy now and [relative] looks so happy and is definitely respected."

Support workers gave us examples of how they maintained people's privacy and dignity when they supported them. One support worker told us, "I always close the curtains and doors when providing personal care." Another told us, "When we go out, [Person using the service] uses a stay on sling, (a sling used to assist them with moving and handling) so I tuck it all in so that it is out of the way and people can't see it, it is more dignified."

Support workers understood the care and support needs of those they were supporting. This was because they visited people on a regular basis. One support worker told us, "I currently support two people and I know the people I support well." Another explained, "Because we visit regularly we know what help they need."

Support workers explained how they gave people choices and involved them in making decisions about their care. One support worker explained, "I give choices such as what to eat, what to drink or what to wear. I give two choices and they point at what they prefer." Another told us, "I always offer choices, it's about supporting people to make decisions."

The person using the service that we spoke with told us that staff listened to them and they felt they were provided with appropriate choices. They told us, "I am very proud of them [staff team]. They support me to make choices, they listen to me and treat me with respect, I have taken them into my heart."

People's plans of care included their likes and dislikes and these showed the staff team how their needs should be met. For example, one person's plan of care stated the activities they liked to do such as going to the garden centre and shopping. Evidence in records seen demonstrated that these activities occurred. Another plan of care described how the support workers were to assist a person with their personal care in the way they preferred. The support workers we spoke with were aware of these preferences.

There were processes in place to ensure that information about people was treated confidentially and respected by the staff team. A confidentiality policy was in place and support workers we spoke with understood their responsibilities for keeping information confidential. One support worker told us, "Records are kept out of the way and information is shared on a need to know basis." The staff team were regularly reminded of the importance of maintaining confidentiality. People's plans of care were kept secure and the

room in which people's records were kept was kept locked when not in use. This showed us that the staff team made sure that people's personal information was secure and safely stored.

Is the service responsive?

Our findings

The person using the service that we spoke with told us that they had been involved in the developing of their plan of care and had been visited to determine what help and support they needed. They told us, "Yes they visited me and carried out an assessment." The relative we spoke with told us that they had also been able to contribute to the planning of their relatives care. They explained, "We were involved in developing the plan and we discussed the things that were important to both me and [relative]."

The management team explained that people's care and support needs were always assessed prior to their care package commencing. The paperwork we looked at confirmed this. They explained that a visit was always carried out at the person's own home and an initial assessment was completed. This was so that the person's needs could be identified and the management team could satisfy themselves that the person's needs could be met by both them and the support workers working for the service. The relative we spoke with told us, "They came to my house so that I could ask lots of questions. They then visited [relative] and carried out an assessment."

From the initial assessment, plans of care had been developed. The plans of care we looked at included people's individual preferences with regard to how they wanted their care and support to be provided. For example one person's plan of care explained that when supporting the person to wash their face, the light coloured flannel and towel must be used. When they were supporting the person to wash their bottom half, the dark flannel and towel must be used. It also informed the support workers that they liked a cup of tea, weak with no sugar. Another person's plan of care showed that they liked chocolate buttons. Because the person was unable to eat solid foods, the plan of care informed the staff team of how to support the person to enjoy these safely. The staff members we spoke with knew the individual preferences of the people they were supporting. This meant that the people using the service received the care and support they required and in a way they preferred.

People's plans of care also included information on activities that people liked to do and things and people who were dear to them. For example one person's plan of care showed us that their relative was important to them and they enjoyed activities such as shopping and going out. Their relative told us, "There are three or four drivers now so [relative] can go to a lot of different places they enjoy, which is wonderful."

The management team explained that people's care and support packages were reviewed on a monthly basis or sooner if a change in someone's health or well-being was identified. An initial formal review would take place after the first four weeks of a care package commencing and then monthly reviews would be carried out thereafter. This was confirmed through the checking of records and on speaking with a relative of one of the people using the service. They told us, "We have a meeting once a month to see how things are going."

The person using the service and the relative that we spoke with confirmed that people received the care and support they needed. They told us that they received the same members of the staff team to provide their care and support and they knew their needs very well. Daily records and rotas showed us that the

people using the service received care and support from a core group of workers. This provided people with continuity of care. Comments received included, "They always turn up, I am very proud of them both [support workers]. They are immensely mature." and, "[relative] knows them, and they know [relative], they know how to communicate with [relative] the support is lovely."

There was a formal complaints process in place and this, along with the office contact details, were included in the information held in people's homes. The person using the service and the relative we spoke with knew who to contact if they had a complaint or concern of any kind. The person using the service told us, "I would speak to any of the girls, they are all very approachable." The relative we spoke with explained, "I would ring [registered manager] the on call is very good, if I leave a message they come back to me quickly." The registered manager had received no complaints since the service was registered in May 2016.

Is the service well-led?

Our findings

The person using the service that we spoke with told us that the service was well managed and the management team were open and approachable. They told us, " [Management team] are very approachable. They check that I am happy with everything, I am more than satisfied." The relative we spoke with told us that the service was well led. They told us, "It is well managed and [the management team] are really approachable, nothing is too much trouble. When we were looking for help, we were looking for someone more used to looking after people with more specialist needs, we found them."

People were provided with the opportunity to be involved in the developing of the service and to share their thoughts on the service they received. They were being visited monthly by a member of the management team. This was to review their plan of care and to make sure that they remained happy with the care and support they received. Although it was evident that people were visited formally on a monthly basis, it was recognised that the management team contacted people a lot more frequently than this. The person using the service that we spoke with told us, "They [management team] regularly check that everything is alright." The relative we spoke with told us, "I can ring them any time and they are always checking that things are alright." A support worker told us, "They [management team] are always ringing, just asking how people are."

Quality monitoring surveys were being sent out on a regular basis. The registered manager explained that surveys had been sent out after the first four weeks of a person's care and support package starting and then they would be sent out three monthly thereafter. This provided people with the opportunity to share their views and be involved in the development of the service. Comments included in the surveys returned in January 2017 included, 'Since Personalized Care have started calling, they have never failed to get back to us. It is a service that means a great deal to us.' and, '[Relative] has never been so supported, At long last I feel contented that [relative] is being so well looked after and [relative] well-being is being catered for.'

Support workers were also given the opportunity to develop the service through the use of quality monitoring surveys. Comments in the surveys completed in January 2017 included, 'Everything is done to a 100% standard.' and, 'Always a phone call away 24/7.' and, 'I would rate this service as very good. Overall they really do care about their clients and their staff.'

Professionals involved with the service shared their thoughts on the service and the management of it. Feedback from one professional included, '[Registered manager] has worked hard to develop a personalised plan for [person using the service]. I cannot begin to say how impressed I have been with the input from Personalized Care. This package of care has been historically very difficult to manage and other providers have struggled to provide the level of skill, knowledge and flexibility that is required. Personalized Care have developed an excellent relationship not only with the person using the service but also the family.'

Support workers we spoke with told us they felt supported by the management team and they felt able to speak to them if they had any concerns or suggestions of any kind. One support worker told us, "I feel it is a

good company to work for. If you want more training, they are willing to help you with as much as you want." Another explained, "They [management team] are very interested in us as people and they are open to ideas that we may have, it is really good."

Staff meetings and one to one supervision meetings had been carried out. These meetings provided the staff team with the opportunity to discuss important areas of care practice and the provider's expectations of them.

The management team regularly monitored the service being provided so as to provide the best possible service. Monthly audits had been carried out on the paperwork held. These included checks on people's care records, including medicine records, daily records and incident records. Completed calls that had been carried out were also checked. This was to make sure that support workers had fulfilled their duties appropriately.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This showed that they were open in their approach to sharing information about the service.