

PCM Homecare Limited

# PCM Homecare 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

We carried out an announced inspection on 17 February 2017. PCM Homecare Ltd is a domiciliary care service and is registered to provide personal care to people in their own homes. On the day of our inspection, there were 22 people using the service and seven staff supporting them.

There was a registered manager in place. 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 service had appropriate systems in place to protect people from harm and uphold their rights. Staff had the knowledge, understanding and up to date training in safeguarding adults from abuse and supporting people with limited capacity to make their own decisions.

People's medicines were given to them safely and in a timely way and risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

There were sufficient numbers of staff available to meet people's needs. A recruitment process was in place to protect people and staff had been employed safely with the right skills and knowledge to provide care and support to people.

People were assisted with the preparation of meals of their choosing which met their nutritional needs. They were treated with kindness and respect by staff and their dignity was maintained. Staff understood people's needs and provided care and support accordingly. Caring relationships had been developed and people were fully involved in their care arrangements.

Quality assurance arrangements were in place but there were minor improvements needed in relation to record keeping. There was a system for responding to complaints and concerns. The visible leadership of the service showed that person centred care was being delivered to people who used the service.

We have made a recommendation that the service look at the way they record information in line with best practice.

## 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.

Staff knew how to protect people from harm. Risk assessments ensured people were kept safe whilst maintaining their independence.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care.

People received their medicines safely and as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff received the support and training they needed to provide them with the information to carry out their responsibilities effectively.

People's health, social and nutritional needs were met by staff who understood how they preferred to receive care and support. People were supported to access healthcare professionals when needed

Consent from people or their relatives was obtained before support and care was provided.

### Is the service caring?

Good ●

The service was caring. Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which was person centred and individual.

People's choices were respected and their preferences were taken into account by staff providing care and support.

There were processes in place to deal with people's concerns or complaints.

**Is the service well-led?**

**Good** ●

The service was well led.

The management of the service was open and effective. Staff received the support and guidance needed to provide good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Quality assurance systems were in place but we have made a recommendation about record keeping.

# PCM Homecare Limited

## **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.

We undertook an announced inspection on 17 February 2017. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in. The service was inspected by one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses a similar service.

Before the inspection we reviewed the information we held about the service including any safeguarding concerns and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the inspection, the inspector spoke with the registered manager, the field care supervisor and the administrator. We reviewed four people's care records, three staff recruitment and training files and looked at quality audit records. We also visited one person at home. After the inspection, we undertook phone calls to seven people who used the service and seven relatives and received feedback from two staff.

# Is the service safe?

## Our findings

People said they felt safe using the service. One person told us, "My family really do worry about me and I know that were it not for the fact that I have carers coming in now, they would not be happy with me living here at home on my own any more. For them, my carers offer assurance about my safety." One family member said, "Knowing that my [relative] can be left at home with her staff looking after her and for us not to have to worry about her safety or whether she is happy, makes a huge world of difference to us as a family

People told us that staff ensured their safety when entering and leaving their home. One person commented that staff used the key safe system to access their house and always ensured it was securely replaced on leaving. One person said, "My carers let themselves in with the key safe, but they always ring the doorbell so I know they are here and as soon as they are through the front door they will call out to me so again I don't have to worry that it could be somebody I don't know coming through my front door."

Staff had undertaken training in safeguarding adults from abuse, which was confirmed in the records we looked at. They understood their roles and responsibilities and were encouraged to raise concerns at any time. A whistle blowing policy was also in place but this had not been used.

The registered manager told us that they were in the process of updating their safeguarding policy and had obtained a copy of the Southend, Essex and Thurrock safeguarding guidelines so that they were up to date with current good practice. This would be made available to staff as part of their on-going learning.

There were sufficient staff employed to keep people safe. We inspected the rotas and the registered manager gave staff enough time to get from one person to another without rushing or people being left unsafe. There were no missed calls reported from anyone we spoke with.

A system was in place to manage and monitor staff efficiency through the use of an electronic 'App' on their mobile phones. They could access their rota and the necessary information about people without carrying paperwork. They also logged in and out of a person's home which monitored their attendance. We were told by the managers and staff that this was working well and helped to ensure all services to people were covered as quickly as possible should staff be delayed.

Staff were teamed up to provide care in their local area and the majority had set times with people. Staff covered each other as and when necessary for holidays and sickness. One person said, "Care workers most definitely arrive on time. I have never had any cause to worry about that." Another person said, "On the very rare occasion that one of them might be running late, they will always give me a call either themselves, or someone in the office. However, it happens very rarely."

Staff told us they had sufficient time to deliver the care required in a way the person requested it. If they experienced any difficulties, they would call the field care supervisor or registered manager who would deal with the issue very quickly.

People had detailed risk assessments which were reviewed regularly. The risk assessments were personalised and based on the needs of the person. They had been completed with the person and identified what the risks might be to them and what type of harm may occur. These included risks of falls, moving and positioning, continence care, bathing and showering, nutrition and epilepsy.

The steps and actions needed in order to reduce the risks to people themselves and staff were clearly documented in most files but not all. We noted that information relating to what staff should do if a person had a seizure was missing from the office file. The registered manager assured us that staff knew how to support the person as information was in the person's care plan at their home. They confirmed that this was the case and would ensure that this was also available in their file in the office.

Risks within the premises and how these could be lessened were also recorded, for example, where a bathroom was cramped, if protective clothing was needed and when using a frame in a small cluttered space. No incidents or accidents had been reported to date.

Recruitment files we looked at showed that the service had a clear process in place for the safe recruitment of staff. We saw that staff had completed an application form outlining their previous experience and employment history. Satisfactory references, identification and a Disclosure and Barring Service (DBS) check had been undertaken. Risk assessments were in place if additional assurances about a person's suitability to work with people in the community were needed.

People and their relatives told us they received or were supported to take their medicine in the right way and at the right time. One family member said, "I have to say for nearly the year that my [relative] has been having carers, their medication has never once been late, which to be honest I've been quite amazed at."

Systems were in place for the safe administration of people's medicines. The registered manager was reviewing their medicine policy and procedure to ensure it was safe and up to date. All staff would receive an update when this had been completed.

Staff received training in how to administer and prompt people, how to complete the paperwork and how to check the correct medicines were given. Checks on staff members' competency to give medicines safely were undertaken and this involved observation of their practice and identified any additional training which may be needed.

In people's care plans we saw that people self-administered their medicine or were supported by family members, were prompted or were assisted by staff. The medicine administration records (MAR) charts we saw confirmed that staff administered medicine for people correctly. However, we noted that one person's name was not recorded on their MAR charts which meant that information about them could get mixed up. We made the registered manager aware of this and it was rectified shortly after our inspection.

# Is the service effective?

## Our findings

People told us that staff carried out their role and responsibilities very well. One person said, "For all the jobs that I need help with, I've never had any problem with them not having sufficient training. Another person said, "I've never asked them to do anything that they weren't capable of doing."

We saw that people's needs were assessed, recorded and communicated to staff effectively. The care plans and daily logs reflected that the staff followed specific instructions to meet individual needs and people told us this was the case. One person said, "They [staff] always make a point of asking me if there are any extra jobs that I need doing before they go. Sometimes they will refill my tea caddy for me because they know I do love to have tea made from proper tea leaves rather than from these modern teabag things. I know it's only a little thing, but it makes a real difference to me."

Staff told us they read the care plan and daily log and checked the MAR sheet to ensure they were updated about people's changing needs. One staff member said, "It's often the little things we do for people that count, like spending time talking, which is just as important as personal care." People who used the service also commented on this, they said, "We know each other so well now that it's just like old friends chatting. It's lovely to have them here with me as the days can be so long when you don't see anybody else and just to have a nice natter can make a world of difference,"

We saw records in the staff files which showed that there was an induction, training and supervision process in place. The field care supervisor told us about their own skills and experience which enabled them to support the staff around best practice. Staff told us that they were well supported in doing their job. One staff member said, "The support at work has been amazing, and we can certainly go to our manager at any time. Communication is very good, both ways."

All staff had undertaken an induction programme which included training in the areas of working with disabled and older people in the community. They went on to shadow experienced staff and completed competency checks to ensure they were confident to work with people alone. After the induction, unannounced spot checks were completed by the field care supervisor to monitor and review their competency. One staff member said, "As part of my induction I had a very relaxed meeting with the manager in her office where she explained the ethics of what she would like to achieve with PCM Homecare. Another staff member told us, "I had a good induction. I was new to care work in the community, and they made it OK."

Staff told us that they were provided with the training that they needed to meet people's needs. A programme of training was in place and we saw that this was completed on a regular basis throughout the year. This included privacy and dignity, communication, moving and positioning, safeguarding adults from abuse, medicine administration, and health and safety. Infection control and food hygiene were also covered. All staff had undertaken the virtual dementia tour. This training gives staff an experience of what it is like to live with dementia. Staff told us it was, "Fascinating and a real eye opener," and, "Challenging and thought provoking."



Staff were encouraged and supported to study and gain qualifications whilst employed at the service. These included levels two and three in the Qualifications and Credit Framework (QCF) in social care. The registered manager and field care supervisor were up to date with all their training. They had recently completed a 'train the trainer' course enabling them to provide training for their own staff in the mandatory subjects related to health and social care in the community.

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. We checked whether the service was working within the principles of the MCA.

The service was working within the principles of the MCA and had a policy and process in place. Staff had undertaken training in the MCA and were aware of what it meant to protect people's rights. For people whose capacity to make decisions fluctuated, the service worked with family members or their representatives to ensure consent was sought and their choices respected. This ensured that people's health and wellbeing was being monitored alongside their freedom to remain at home in their own community. One person said, "I know my family worry about me these days and would probably be much happier if I moved into somewhere with more permanent support. However, it's important for me that I can stay here in my family home and maintain my independence for as long as I can. Because I have the carers coming in, at least for now, my family are reassured that I'm alright."

People told us that their consent was sought before any care and support was provided and that staff acted upon their wishes. One person said, "Staff are great, always asking me. I say you know where it goes, but they still always ask." People's records included information regarding their capacity to make particular decisions and they, or a representative, had signed their records to show that they had consented to their planned care. Where people did not have capacity, we saw that decisions made in people's best interests had been recorded to ensure that they were kept safe whilst maintaining their rights and freedoms.

People were supported in maintaining a healthy balanced diet. Where people required assistance with food and drink, this was detailed in their care plan. One person said, "I have all my Wiltshire Farm Foods in the freezer and when the carer comes at lunchtime she will let me know what's in there and see what it is I fancy to eat. If there is nothing I fancy, she never mind's making me an omelette or some soup depending on how my appetite is."

For some people nutritional assessments were more detailed as they required specialist support. A family member told us, "Because of my [relatives] condition, they have to have their food pureed. The carers are very good and will make sure that it looks as appetising as it can do and will assist them in eating it. They never rush and will usually chat away while they are eating which provides much encouragement for [relative] to eat as much as they can." Another family member said, "The carer always make's sure that mum has plenty to drink. They will usually make her a cup of tea, but always leave a jug of water for her before they leave."

Changes to people's care and treatment were recorded in their care plans to enable staff and other professionals to meet their needs effectively and in a timely way. One person said, "I tend to arrange all my appointments for myself. I'm sure there will come a time when I will need the carers to help me and I certainly wouldn't mind them doing that for me."

The service had contact and liaison with a range of health, mental health and social care professionals in

order for people to maintain their health and wellbeing. We saw how the service was providing person centred support to one person and how effective this was. They were working jointly with health and social care services to enable them to remain in the community as independently as possible.

## Is the service caring?

### Our findings

People and their relatives were very complimentary about both the management and the staff and told us they were very caring, kind and considerate. A family member told us, "I have to say, that I think they've been brilliant. They will go out of their way to help and when my [relative's] hearing aid batteries had run out in the past they have even gone out of their way to replace them and make sure that it was working again before they left." Another family member told us, "We met with [field care supervisor] before we started having care provided. We must've spent a good couple of hours just chatting about what my [relative's] needs were and how the agency could meet them. We were both very impressed with the way that they seemed to be genuinely interested in us as a family."

People told us that good relationships had developed with the staff who visited them. They felt listened to and enjoyed easy conversations. People received care and support from staff who were consistent. One person said, "Because I always have the same staff, I never have to worry about them knowing exactly what it is I need help with and it means that we just get on and get everything done whilst having a nice chat at the same time."

Staff knew how to protect people's privacy and dignity and we were told this was maintained. One person said, "I really can't cope with being out of bed at present. My carer will always close my bedroom door before we start to do anything, so my privacy is respected." Another said, "[Staff member] comes to help me have a shower twice a week and she knows that I like the shower to be nice and warm, so runs that before she starts to help me undress so that I know it's at the right temperature before I get in. She always make's sure that the curtains are closed in both my bedroom and the bathroom before we start organising ourselves in the morning."

People said they were always spoken to in a friendly, polite and respectful way. One person said, "I've never heard anybody either raise their voice to me or use improper language in front of me. The carers never talk about anybody else that they look after either, and I think if that's the way they treat me, then they must treat everybody the same way." People could express a preference about who they had to support them; however, the service did not have any male staff at present.

People told us that only very infrequently were staff late for a visit and they always had a call to say they were delayed or on their way which they appreciated as this showed respect and courtesy. People said, "On the very rare occasion that one of my carers might be running late, they will always give me a call either themselves, or someone in the office. However, it happens very rarely," and, "I think the staff have probably only been more than 10 or 15 minutes late on one or two occasions over the last six months. Each time they would've phoned me or someone from the office would have done."

People's needs were reviewed in order that the care and support provided was relevant. People directed their own care and stayed in control of their arrangements. The daily recording about the tasks undertaken for people was written in a respectful way. The registered manager told us that some handwriting could be improved upon, which they were working on with individual staff. Any change to people's mood, emotional

state or behaviour was noted so that this could be monitored if required.

We got an understanding from staff and the managers of the enthusiasm and respect for the work they undertook. Staff knew the importance of respecting and promoting people's privacy and dignity and gave examples of how they did this. "This is something you do in every call. I always try and ask or give a choice in meals and what to wear. Making sure personal care is given in private goes without saying," and, "You treat people like you want to be treated, always in a nice way. People we look after deserve that."

All information about people who used the service and staff was kept confidential in locked filing cabinets.

## Is the service responsive?

### Our findings

Everyone told us they were happy with the care and support provided by PCM Homecare. The service responded to their needs in a respectful and individual way. One person said, "I told the [field care supervisor] which days I would like because I either had places I could go or friends would be visiting. She said that wouldn't be a problem. I have to say that she has delivered on everything that she has promised."

We saw that people had been referred to the service by the local authority or health service or had purchased the service directly. The service user guide given to people was well written, clear and easy to read so people and their families knew what the service offered.

Information about people and their requirements was discussed during the initial assessment and prior to the service being agreed. Decisions about the service to be provided were made jointly so that the service was tailor made and individual. People or their representatives had signed their agreement to their care arrangements. One relative said, "The field care supervisor went away and put together a care plan which [person] signed and is now kept in their folder. I have to say it is very comprehensive and set's out in very straightforward language for the carers, everything that they need help with."

The care plans covered all aspects of a person's individual needs, circumstances and preferences. This included details of any personal care and support required, duties and tasks to be undertaken, risk assessments, how many calls and at what times in the day or evening. Care plans were personalised and some included a life history which reflected the person's personality and a little about their life. A resume of the care to be undertaken was at the front of the care folder so that this was easily accessible to all staff. There was also information provided to staff which gave examples of food which may be excluded from people's diet on ethnicity or faith grounds. This did not affect anyone using the service currently but made staff aware of people's diverse needs.

Staff knew the needs, likes, dislikes and personalities of people they cared for. One relative told us, "Because [Name] only has probably three or a maximum of four carers that they see all the time, the staff have really got to know them extremely well over the last year and I would say that they probably understand their likes and dislikes more than I do these days!" One person said, "The manager and the field care supervisor that I've seen are both very nice and they seem very down to earth and I was impressed with how they knew all about me without me having to remind them."

We saw that the service to people was monitored and people's individual assessments and care plans were reviewed every three months. Regular telephone calls and visits were made by the field care supervisor to people which ensured that their changing needs were recorded and staff had up to date information to follow. In addition, staff recorded daily notes after each visit and these were held in people's homes. These allowed staff to share information with each other so that the care and support people received was responsive to their daily requirements.

One family member told us about how responsive the service had been to their family. "My [relative] has

staff from the agency coming in so that the main family carer can have a few hours to themselves each week. The staff member will sit with my [relative] for an afternoon every week. They are lovely staff and will either engage them in completing a puzzle, help them to do some drawing which she loves, or they even have a pampering session with one of the staff having a real knack for applying nail polish. They always seem so relaxed and happy after they have spent a few hours with the carers and for the main family carer it is a godsend that they can still lead an independent life without having to worry about what's happening to my [relative]."

People told us that they knew who to contact if they had any concerns or complaints. We saw that information about the service including the complaints process was clear and easy to read. People said, "I know there's something about how to make a complaint in the folder where my care plan is and where the carers fill in the records every day before they leave," and "I remember [field care supervisor] talking about how to make a complaint when we first met her, and I'm sure there is something written about it in the folder that my [relative] has in her living room."

People told us that if they needed to contact the office, they would be confident that they would be listened to and their concerns or requests dealt with. We saw that all communication with people who used the service and their relatives was recorded on the contact log. We saw that any concerns which needed attention were dealt with quickly and management acted on feedback about the quality of the care. No concerns or complaints were outstanding at the time of our inspection. One person said, "Because I have confidence in this agency, I would have no difficulty in raising a complaint, if I had one. However I have to say that everything has been excellent since day one. I'm sure if I did have a problem, they would be more than happy to sort it out for me."

## Is the service well-led?

### Our findings

The registered manager told us that they had built up the service over the past year and had a clear vision about its development and that staff had the right values to deliver high quality personal care for people in their own homes. The registered manager was also the owner of the service. They were supported by a field care supervisor and an administrator. One person said, "You couldn't get a better service than this, you have managers who know how to care as well as manage all the other stuff of a company. I think they do this very well." Another person said, "From the field care supervisor to everyone in the office, to the lovely carers that I have, the whole service has been wonderful and it is such a relief not to have to worry any more about who might be coming next. I would happily recommend the agency to anyone."

Both managers were aware of the day to day culture of the service and the needs of people who used it. They supported staff to carry out their dedicated roles and responsibilities in a professional and caring way. The field care supervisor also provided care and support on a rota basis so they knew people and their families well. They told us, "Being out with staff I get to know them as well as people and their families. I can put things right very quickly. Staff told us, "Managers are very visible and the people we care for know them well."

Staff told us that the managers were open and transparent and included them in discussions about care practices. Staff were motivated in their work and supported to question practice. Their expertise was respected when they raised concerns, for example reporting noticeable changes in people's health and making suggestions about placing equipment appropriately to prevent falls.

The service was now a year old and the registered manager told us that they were planning their annual survey. We saw that people's views were obtained and recorded during the three monthly reviews carried out during the year. People said, "Excellent service", and "Always good," and, "Care plan suitable at the moment." Any suggestions made were considered and implemented

Audits were carried out in relation to the quality of the service. These included supervision sessions, risk assessments, care plans, and spot checks on staff competency to do their work. However, a record was not kept of all of the auditing processes undertaken by the registered manager and field care supervisor. For example, the registered manager told us that medicine administration audits were completed monthly with MAR sheets checked for any errors but this was not recorded. The registered manager agreed to put in a process for recording these audits on a monthly basis, starting with a complete audit of all medicine records. They confirmed in writing after the inspection that this had been implemented.

We recommend that the service consider the most efficient ways of recording information on documents and files in line with best practice.