

PnS (Family Care Services) Limited

PnS Domiciliary Services

Inspection report

1 Barnfield
Shimpling
Bury St Edmunds
Suffolk
IP29 4HJ

Tel: 07581240741

Date of inspection visit:
13 January 2016

Date of publication:
12 February 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

PnS Domiciliary Services provides personal care support to people living in their own homes. When we inspected on 13 January 2016 there were 19 people receiving the personal care service. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

There was not a registered manager in post. 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.

Improvements were needed in the systems to minimise the risks to people's safety. Where people required assistance to take their medicines this was done in a way that suited people. The systems in place to guide staff and ensure people's safety associated with their medicines were in the process of being improved.

There were sufficient numbers of care workers to meet the needs of the people who used the service. Recruitment checks ensured that care workers were suitable to support the people who used the service.

Care workers were not provided with the training that they needed to meet people's needs effectively.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

Care workers had good relationships with people who used the service. People's consent was sought before they were provided with care and support.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs. The provider was in the process of reviewing and updating their care planning processes.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed and used to improve the service.

The service had an open and empowering culture. Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service did not have a quality assurance system in place. The provider understood the shortfalls and were in the process of addressing these to improve 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?

Requires Improvement ●

The service was not consistently safe.

Care workers understood how to keep people safe and what action to take if they were concerned that people were being abused. Improvements were needed in the service's safeguarding systems.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner. Improvements were needed in how the service assesses the competence of care workers and medicines guidance.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were needed in the provision of training to care workers to ensure that people's needs were met effectively.

People's consent was sought before care and support was provided.

Where people required support with their dietary needs, this was provided. People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care was assessed, planned, delivered and reviewed to ensure it met their needs. Changes to their needs and preferences were identified and acted upon. The service were in the process of reviewing and improving the systems for care planning.

People's concerns and complaints were responded to and used to improve the quality of the service.

Is the service well-led?

The service was not consistently well-led.

People and care workers told us that the service provided an open culture. However, there was no system in place to formally gain the views of people and care workers about the service provided.

The service did not have a formal quality assurance system in place to assess and monitor the quality of service provided.

Requires Improvement 

PnS Domiciliary Services

Detailed findings

Background to this inspection

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

This inspection took place on 13 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

We reviewed information we held about the service, such as information sent to us from other stakeholders for example the local authority.

We visited three people in their homes and spoke with these people and two relatives. We also spoke with four people who used the service, the relatives of four people and a local authority professional on the telephone.

We spoke with the provider, the manager and four care workers. We looked at records in relation to three people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe using the service and when their care workers visited them. One person said, "They [care workers] are quite careful, I feel safe in their hands."

Not all of the care workers were provided with training in safeguarding people from abuse. The provider told us that they were in the process of making arrangements to source this training, including a workshop provided by the local authority, which was confirmed by a professional we spoke with. The four care workers we spoke with understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. Two said that they had received the training from the service and the others said that they had received this training in previous employment. There was a safeguarding procedure in place which advised the different types of abuse and how to report concerns. The provider and manager told us that all of the service's policies and procedures were being reviewed and updated and would be shared with all care workers. The provider told us that they had a recent visit from the local authority and they had discussed safeguarding concerns with them, relating to people's family relationships. As a result the service had made safeguarding referrals to the appropriate professionals to ensure that their concerns could be investigated and actions taken to safeguard people. Therefore we were not assured that the current and previous systems in place were robust to minimise the risks associated with abuse and potential abuse. However, the service had received guidance and support and were in the process of improving these systems.

People's care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with the risks that may arise in the environment of people's own homes. People told us that they felt that their records were sufficient to guide staff. The service had received guidance from a local authority professional to improve these records and these were in the process of being implemented. This included body charts for bruising and fluid charts for those at risk of dehydration.

There were sufficient numbers of care workers to meet the needs of people. People and relatives told us that the care workers visited at the planned times and that they stayed for the agreed amount of time. One person said, "They [care workers] always ask me if I need anything else before they leave. They don't go until I am happy." One person's relative commented, "Sometimes they stay longer, depends on what [person] needs." People we spoke with said that there had been no instances of any visits being missed. Care workers also told us that there were enough of them to meet people's needs. One care worker said that if they were running late because they were supporting people, they let the provider and/or manager know and they would complete the visits on the care worker's behalf to ensure that people were not left waiting. The care workers said, "This is what I like, with [provider] you are not told to rush, it is not about the clock but about making sure people get what they need."

People were protected by the service's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service.

People and relatives told us that they were satisfied with the support arrangements for medicines management. One person said, "I have eye trouble, so they [care workers] check I have got the right ones [medicines] out." Another person commented about how they remained in bed, when we asked if they had any pressure ulcers they said, "Oh no, they [care workers] always make sure I am dry and they put my cream [prescribed cream to minimise the risks of pressure ulcers developing] on." One person's relative told us how the person's medicines were sent by the pharmacy in a dossett box and that the care workers checked, "Every day that [person] has took them." None of the people raised concerns and we did not see any evidence to show that people were not provided with their medicines safely. However the systems currently in place were not robust enough to ensure people's safety.

Medicines records completed to show when people had been supported to take their medicines were appropriately completed. The provider and manager told us that they had taken the advice of a local authority professional and were improving the medicines policy and procedure and the way that the support people required was in their care records, including the introduction of body charts for the administration of creams. This was confirmed in the document of recommendations from the professional and the templates that had been developed.

Care workers were not provided with medicines training and competency checks to ensure that they were able to support people with their medicines safely. The provider told us that this had been identified as a need and the training had been booked for February 2016. This showed that the provider had acted on the potential risks and was in the process of addressing them. Care workers told us that they felt confident in the ways that they supported people with their medicines. One said that in their previous job they had, "In depth medication training by a pharmacy, I know what to do. If I think there are problems, I let [provider] know."

Is the service effective?

Our findings

The service's Statement of Purpose identified the training that care workers were to be provided with. However, this was not being provided. There was no clear system in place to show who had received training, when this needed to be updated and any gaps in care worker training. From several sources, including care worker personnel records, certificates and invoices, moving and handling training was provided before care workers supported people. Some had received safeguarding and equality and diversity but we were unable to assess how many from the records in place, the provider and manager also could not provide us with this information. All staff had not received training in The Mental Capacity Act 2005 (MCA). The 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 decision, any made on their behalf must be in their best interests and as least restrictive as possible. The provider had started to make improvements, this included updated moving and handling booked for the week after our inspection, medicines training booked for the following month and the provider had made contact with Suffolk brokerage regarding other training, including infection control, food hygiene, first aid and dementia. They had started to develop a training matrix which would show which staff had received training to allow them to plan and deliver training to care workers effectively.

Care workers did not raise concerns about the training that they were provided with or the training that was not. All had received training in their previous employment and 11 of 16 care workers had achieved a recognised qualification in care where they had been assessed as competent in their work role. One care worker said, "I have got my NVQ [National Vocational Training]. I did manual handling and dignity and respect, but we did not get the certificates from the trainers." Another care worker said, "I have done manual handling. I have done a lot of training [in another role]." Another said, "I did safeguarding and manual handling, I am happy with what I have had, if I notice anything I contact [provider], tells me all I need to know. I have got my NVQ 2 and 3." Another commented, "I did manual handling, abuse safeguarding and equality and diversity and have got my NVQ 3." Although care workers had achieved relevant qualifications the service needed to assure themselves that the care workers had the current skills and competencies to meet people's needs.

The manager told us that new care workers shadowed more experienced care workers as part of their induction. However, this was not corroborated in records. There were no records of probationary meetings in which new care workers discussed how they felt they were developing and discussed any further training needs they had. The manager told us that they were in the process of addressing this. The provider had a plan in place to ensure that new care workers were provided with the opportunity to undertake the care certificate as part of their induction. The manager told us that new care workers were asked to read the service's policies and procedures during their induction, however, the sheet that they had signed to confirm they had done this could not be located.

This is a breach of Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt that the care workers had the skills and knowledge that they needed to meet their needs. One person commented, "They [care workers] are doing what they should be. They are not overwhelmed with what I ask them to do." Another person said about if the care workers had the skills to meet their needs, "More than, they definitely know what they are doing." Another told us, "None are sloppy, they get on with it." One person's relative commented, "They do have the skills to meet [person's] needs and they are all very patient with [person]."

Care workers told us that they felt supported in their role and were provided with one to one supervision meetings. One care worker said, "I have had supervisions, I can call [provider] or [manager] if I need anything, when I have been poorly they telephone and visit to check I am okay, I am very supported." Another care worker said, "I have had supervisions, I feel very supported. I have regular contact with [provider and manager] on the phone, text and seeing them." Another said, "I feel 100% supported." Supervision records were in place which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. However, there had been none completed since September 2015. The manager showed us the appraisal and supervision forms that they had in place and were planning to use. They understood that care workers needed this formal support to ensure that they were delivering high quality care to people.

The provider understood the MCA. People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. One person said, "They [care workers] listen to what I want." Another person commented, "They [care workers] always ask what I want, 'is this right for you?'" People and relatives told us that they had consented to the care that was planned and delivered.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, "They [care workers] come when they are supposed to, I have to have a morning visit on time [because of the person's condition]. They know this and always make sure they are here so I can have my breakfast." Care records showed that, where required, the support people needed with their food and drink. The manager and provider told us how they were planning to develop these further.

People were supported to maintain good health and had access to healthcare services. Care workers understood what actions they were required to take when they were concerned about people's wellbeing. For example, calling an ambulance in an emergency.

Is the service caring?

Our findings

People had positive and caring relationships with the care workers who supported them. All of the relatives and people said that their care workers treated them with respect and dignity and were caring and kind. One person said, "They [care workers] are the best I have ever had. I can't fault them." Another person told us, "I am absolutely happy, [care workers] are most respectful." Another said, "I have just had the most delightful [care worker] visit." One person's relative commented, "[Care workers] are very nice, pleasant. You can tell they really care. They do care about [person]." Another person's relative said that the care workers were, "Respectful, very good."

The provider, manager and care workers understood why it was important to interact with people in a caring manner. They knew about people's needs and preferences and spoke about them in a caring and compassionate way. One care worker told us that because the service was small and local that they knew the people who used the service well. Another said, "Because it is not a massive client base we know the clients very well. If my [relative] needed care, I would recommend PnS, [provider] really cares and we get time to care."

People were supported to express their views and were involved in the care and support they were provided with. One person said, "[Manager] comes out and does all the paperwork, we talk about what I need, so I know it [care plan] is being maintained." Another person commented, "They [care workers] take a real interest in you and what you are doing." One person's relative said that the person's care plan reflected what they had said about what the person needed and included, "Any extra help we have told them about, everything we want is happening."

People's independence and privacy was promoted and respected. One person's relative told us that their relative was, "Self-reliant, can do most things, they [care workers] assist in the best way around what [person] can and can't do." Another said, "They [care workers] know [person] very well and what [person] can do and what [person] needs help with."

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs and any changes in their needs and preferences. One person told us how they needed increased support due to their condition, "It is a bit of a change but they [care workers] do it well." Another person said about their care and care workers, "It is entirely satisfactory, [care workers] kindly and pleasant to deal with." One person's relative told us how a care worker had contacted them after they had been out for a walk with their relative, "They [care worker] were concerned about [person's] balance. If they are worried they let you know, I called the doctor and got a home visit." They also told us how the service had responded when their relative required additional support when their condition had deteriorated. Another person's relative told us how the service responded to requests promptly and were flexible in their approach, "They are very obliging, if we need help with not much notice, they always manage to slot us in."

People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. One person said that their care plan was, "Very very good, can't think of anything to change." The service had recently been visited by a local authority professional who had made suggestions to make the care planning documents better, including body maps for pressure ulcers. The provider and manager had listened to their suggestions and were in the process of making these improvements. There were no formal care reviews in place, the manager and provider told us about their plans to ensure these were done and documented regularly.

Care workers told us that people's care records held enough information to provide people's care and support to meet their needs. One care worker said, "They are changed and updated if anything changes. Before I go out [to a new visit] I am told what to expect, but I read the care plan when I get there." Another care worker commented, "The care plans are good, and the clients always tell you what needs doing."

Where people required assistance to reduce the risks of them becoming lonely or isolated, this was reflected in their care records. For example, where people required support with accessing services in the community and this was planned for and provided.

People knew how to make a complaint and felt that they would be listened to. One person said, "I can have no possible complaints, it is all very good." One person's relative said that they had not made a formal complaint but were, "Confident," that if they did have a problem the provider would address it, "If we make contact, they respond within the day." Another said, "I have never had to contact [provider] about a complaint," but told us that the provider had contacted other professionals on their behalf when they had raised concerns about equipment.

People were provided with information about how they could make comments about the service and complaints in their care planning book which was provided to them. The provider told us that there had been no formal complaints received and that any concerns or problems were addressed immediately to prevent them escalating.

Is the service well-led?

Our findings

The provider and manager were committed to providing high quality care to people. They were open with us about the shortfalls in, for example their record keeping relating to the running of the service and the provision of staff training. The provider said that when they had started the service they had worked to ensure that the people who used the service were provided with the best quality care they could provide. They had focussed on the care initially and were now addressing the governance systems. As a result of this they had not developed their records and quality assurance systems as required. The provider and the manager also undertook care visits to people and were in regular contact with people who used the service and care workers. This was confirmed by the people and care workers we spoke with. They had employed extra care workers in the service which would now allow them to make the necessary improvements. A local authority staff member had visited the service and provided suggestions of how they could improve, some of these were in the process of being addressed and an action plan was in place. This included reviewing and updated all of the service's policies and procedures. The provider and the manager told us that they would make these improvements within a month and were committed to doing so.

There were no records which showed that people were regularly asked for their views of the service and if they were satisfied with their care and support. This included regular quality telephone calls and visits and care reviews. However, comments from people showed that they did have contact with the provider where needed and that their comments were acted on. The provider recognised these shortfalls and assured us that they would be addressed, questionnaires templates had been developed and they were planning on sending these out.

There were no records which showed that spot checks were undertaken on care workers. These included observing care workers when they were caring for people to check that they were providing a good quality service. However, both the provider and the manager told us that they did this on an informal regular basis when they were supporting people. They assured us that these would be formalised.

Quality assurance systems had not been developed to show how the service monitored and assessed the care provided to people. Although the provider and manager assured us that they did this informally, they recognised these shortfalls and assured us that they would be addressed.

There were no checks and audits undertaken on records, including medicines and daily care records. This did not enable the provider to identify and address shortfalls and continually improve the service for people. However from speaking with people, there were no indications or comments received that this had a negative impact on people but there was a potential risk. Action was being taken to audit care worker personnel records, which included identifying where the records did not hold training certificates from their previous work role, care workers had been asked to bring these in to be placed in their files.

This is a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they knew who to contact if they needed to, including the management team, that their comments were valued and listened to and that the service was well-led. One person said, "If I was worried I would report it to [provider], is very often here [at their home for care visits], which is comforting." Another person commented, "[Provider] is very very good, leads a very good team." One person's relative said, "[Provider] is very approachable, comes out and does visits, which I think is amazing." We saw cards which had been sent to the service thanking them for the care and support they had delivered. Comments in these included, "I have never met or worked with such professional people until you all came along," and, "We can't thank you enough for all you did for [person]."

Care workers told us that they were supported in their role, the service was well-led and there was an open and empowering culture where they could raise concerns, which they felt were addressed promptly. They were committed to providing a good quality service and were aware of the aims of the service. They could speak with the provider and manager when they needed to and felt that their comments were listened to. One care worker said, "I love working for [provider], the best people I have ever worked for...If I have any problems I ring [provider], it is always sorted. I am never left out on a limb, always at the end of the phone. [Provider] is one of the best, nicest people I have had the pleasure to work for." Another care worker told us how the service supported them to maintain a work life balance, "It ticks along lovely." Another care worker said about working for the service, "I absolutely love it, [provider] is very hands on if you are concerned can ring [provider] or [manager]. It is totally different to work for someone who has the sole reason for doing it is the clients. They should keep on doing what they are doing." Another commented that they had daily contact with the provider or manager and that if they had any concerns, for example about a person's wellbeing, they were addressed immediately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance systems were not developed to monitor and assess the service to ensure that all people were provided with good quality care. Regulation 17 (1) (2) (a) (b) (c) (e).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Care workers were not provided with the training that they needed to meet service user's needs effectively. Regulation 18 (1) (2) (a).</p>