

Patience Company Limited

Patience Company

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 comprehensive inspection took place on 30 November and the 5 December 2018 and was announced. This was the first inspection of the service since it was registered with us.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection the service was supporting seven people in the City of Bristol. The service has not yet built up a client base of its own. Although that is what it is currently proactively aiming to do. Until then the service currently only provides staff to other agency's. Our feedback was taken from the registered managers of the agency's concerned.

Not everyone using Patience Company receives regulated activity; CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Care and support was being well planned and staff supported people in sufficient numbers to meet their needs and keep them safe. People were supported to take and manage their medicines safely.

Staff were being trained and had their skills regularly checked. Staff had the competency and understanding to ensure people received the care and support they required. Staff knew how to provide this in the way people wished to be supported. Staff were positive about the support and training they were offered. Staff had a caring approach to their work and understood the values of the organisation they worked for.

People were supported to maintain good physical health and wellbeing. People were assisted to access health care services when they needed them. People were asked for their consent before any care and were encouraged to make decisions and choices in their daily life.

People had their own detailed care plans in place; a copy was kept in the person's home. The care plans provided useful guidance about each person's care needs and were updated regularly to make sure they were accurate and up to date. The people we spoke with also said an initial assessment was completed when they first started using the service. This enabled staff to be clear about the level of care people needed.

People were sent satisfaction questionnaires to find out their views of the service. This enabled the service to continually improve based on feedback from people and anything that could be changed. There was a range of quality monitoring processes in place. These were to monitor and improve the service.

Staff told us the management was approachable, responsive and listened to any ideas for areas for improvement.

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 were given their medicines at the times they were required. There was a system in place to ensure that medicines were managed safely in their home.

Staff were recruited safely and trained to meet the needs of people who they supported. There was enough staff to provide people with a safe level of care and support at each visit.

Staff understood the different types of abuse that could occur and they were aware of how to report it.

Is the service effective?

Good ●

The service was effective.

People's needs were met, they were well supported to meet their nutrition needs and were also properly supported to access health care services.

People were supported by staff who were well trained and who received regular supervision and support.

People were involved where needed in mental capacity assessments and best interest meetings.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness by the staff who visited them and had built up close relationships with them.

People's right to privacy respected which was recognised and responded to by the staff.

Staff spoke about the people they supported with care and warmth for them.

Is the service responsive?

Good ●

The service was responsive

People were involved in identifying their needs and the planning of how support was to be provided to them.

The service had involved other professionals to support people

The staff had worked with people, relatives and other services to recognise and respond to people's needs and aspirations.

The service had an effective and easy to use complaints procedure.

Is the service well-led?

The service was well-led.

The registered manager was approachable and gave support to people and staff.

There was a range of quality and safety monitoring systems in place.

The provider had taken steps to analyse accidents and incidents and survey people's views about the service. □

Good ●

Patience Company

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 checked 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.

The inspection took place on 30 November and 3 December 2018 and was announced. We gave the service five days notice of the inspection site visit. This was because we needed to make sure the registered manager and staff were available to speak to us.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information, what it does well and improvements they plan to make.

We also reviewed other information we held about the scheme. We looked at notifications received. A notification is information about important events, which the provider is required to tell us by law.

During the inspection we spoke with two managers of other services that the agency supplied staff for and eight staff. We also spoke with the registered manager who is also the provider.

Is the service safe?

Our findings

cared for by staff.

There were safe systems in place to minimise the risks to people from abuse. Staff told us and training records also confirmed that they had been trained about how to recognise and report abuse.

The staff spoken with had an up to date understanding of what may constitute abuse and how to report it. The team felt confident that any concerns reported would be taken very seriously, investigated and action would be taken to make sure people were safe.

When allegations or concerns had been brought to the manager's attention they had worked in partnership with relevant authorities. This was to ensure issues were properly investigated and people were kept safe.

People's medicines were managed safely. When needed staff gave people guidance and prompts to ensure people had taken their medicines. Each person's care records contained information about how to manage the person medicines management. The staff had been trained about the safe management and administration of medicines.

To help to keep people and staff safe we saw that each person had robust risk assessments in place. These identified their care needs and their home environment and any risks associated with each. The information in the risk assessments was very detailed. There was useful information about how to move and handle people safely, or how their dementia may impact on them.

Risk assessments also included details about what equipment people needed for support with their care to stay safe. This included shower chair, and hoists. The risk assessments set out to staff to check equipment was safe and ready to use. There were also risk assessments for people who required support with meals. These set out how to support people safely for example, always checking food dates and safe storage.

There was a business continuity plan in place to keep people safe in the event of an emergency that may impact on the service people would receive. For example, plans were in place as to what the service would do in the event of failure of the telephone system and the loss of key staff. There were clear instructions for each staff member and a contingency plan set out. This included people's assessments and their needs. This was to ensure those identified as at higher risk were prioritised. Risks that each person could face were set out in a risk assessment stating whether they could be flexible with visits, and what family support they had in an emergency.

There were safe out of office hours arrangements in place. These enabled care workers and people using the service to ask for support outside of 9 to 5 hours office hours. When external health professionals used the same electronic care system they could also access and input information.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. The two registered managers who gave us direct feedback about the service their clients received were positive in their views of the staff who supported them. One told us " The staff they send are very good and really understand X and their needs. "

People who needed support with their nutrition were supported by staff when needed. Staff told us they always asked people what they wanted to eat and what drinks they wanted. When people had a menu plan, staff still asked if they wanted what was on the plan. Care records confirmed that people were always offered choices at each meal. The staff said they offered some people support and guidance about healthy eating. When certain people needed extra support to eat and drink there was up to date, clear guidance set out in their care plan. Staff were to use this information to support people. This showed how people's nutritional needs were met.

Care records showed that staff closely monitored any issues around people's health, such as weight loss, or a nonspecific deterioration in their health. We saw that action was taken in accordance with people's consent and wishes. This included swift referrals and requests for advice and guidance being sought when needed. These were acted on to maintain people's health and wellbeing.

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".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

The registered manager ensured that they and the team were working within the principles of the MCA. People's care plans included guidance around how to seek consent from people to their care. Care plans also included guidance for staff to show what to do, to seek this consent from each person. Staff told us how they made sure people gave their consent and as far as possible made their own decisions. The registered manager would carry out mental capacity assessments and best interest decisions where this was required.

People were supported with their needs by a staff team who received regular ongoing training. This helped staff to feel confident in meeting and understanding people's health and support needs. There was a support system in place for staff to help to develop their knowledge and skills. Staff told us they felt motivated to provide an effective and good quality service.

People were supported by staff who had completed an induction programme, which gave them the skills to

care for people effectively. The induction required new staff to be supervised by more experienced members of staff. This was to check they were safe and competent to carry out their roles before working alone with people.

Staff received regular supervision spot checks during their induction week - and supervisors carried out regular 'spot checks' including ensuring new staff were happy using the electronic system. The provider had implemented the national skills for Care Certificate for all new care workers employed at the service. This is a nationally recognised set of standards for people working in the care sector.

Is the service caring?

Our findings

Staff spoke caringly and with real warmth about the people they supported. The staff could tell us how important it was to maintain people's privacy and dignity and provide care that was person centred.

Other professionals spoke of the caring service provided by the staff they saw. The registered manager shared with us the company's values. The registered manager supported their team to promote the values of high quality care for everyone involved with their service. The values emphasised building relationships of trust and kindness with people and to fully support them in the ways they wished.

To ensure people received a caring service staff told us they were always given plenty of time during their visits to provide care as expected in a person centred and caring way. Staff said they were never in a rush to get to another person's house, and they were not contacted regularly during visits, to pick up shifts at short notice. They said this all helped ensure people received person centred care and support that was never task led. One staff member told us of an example of highly personalised care they provided. They said one person (who was living with dementia) was supported by them to go to the mosque.

All of the staff showed a full awareness of people's preferences in relation to the protected characteristics under the Equality Act 2010. When we asked about this topic, a staff member told us the service explained to them that one person would need support to pray and go to the mosque, and agreed with the staff before they started working with the person that the staff would provide this support. Meeting this person's faith needs was the only characteristic spoken of and experienced by some other staff when asked about this topic. Some staff also spoke of the legal implications in society generally and implications for a business if they did not ensure such equality and avoid discrimination.

Is the service responsive?

Our findings

People' received care and support that was responsive to their needs. Staff told us that care plans were in each home and were detailed. They included how to support people with medicines, how to approach the person, what they liked to be called, their food preferences, and social involvement. Staff told us how one person liked to go gardening. This meant the staff needed to go prepared with gardening clothes for this activity. Another staff member told us that one person's care plan included "You must do Sudoku with him to keep his brain active. Staff supported this person to do exercises, described for different parts of his body, to be done at stated times, and to walk the person every regularly a stated place within their home, then record this had been done. This staff feedback showed how the staff had a good understanding of each person's care and support needs.

Care plans were informative and were regularly reviewed and updated to make sure they were accurate. They looked at all aspects of each person's individual's health, personal care needs. They also addressed risks to people's health and safety, and personal preferences in relation to care. Care plans also set out clearly people's daily routines giving staff the information they needed to meet individual needs in line with the way people wanted to be supported. For example, one person's care record set out the way they preferred to be assisted every day with their mobility needs as well as the right equipment required to safely support them. For another person it was the way that staff greeted them that was key to how they then agreed to be assisted with their personal care. There were clear actions set out for how the person needed assistance and how to encourage them to be independent.

There was a complaints policy and procedure in place for people to follow if they were unhappy with the service they received and information was available in the service user guide. Everyone we spoke with told us they would feel comfortable to raise any concerns if they had any. They were also very confident that any concerns or complaints would be dealt with. The service also ensured that lessons were learnt to avoid further reoccurrence and to drive up standards. This included for example a review of staff training after a concern had been raised to the registered manager. This review was to make sure staff were being given the most suitable training for their roles.

Is the service well-led?

Our findings

People benefited from a well organised service. The staff and the two registered managers we spoke with, spoke highly of the registered manager.

One staff member said of the registered manager who worked care shifts sometimes, "It shows they are committed." Staff also felt this helped ensure senior and junior staff both better understood challenges facing the service. Another comment about how the service was run was, "Everything seems up to date". All staff were confident the registered manager would listen and act. Others had raised concerns or made suggestions which the registered manager had acted on. One staff member told us that while driving a client's car (for another service) they had clipped the wing mirror which they reported to Patience. The registered manager supported them and updated them during the follow up to the incident.

Staff also told us how they had rung Patience when supplied to work for another service, about a problem at that workplace, and they still received support and guidance from Patience to resolve it (which included contacting senior staff in the other service).

Staff were satisfied with communications they received from the registered manager. One said a text had been sent out reminding staff about punctuality but praise was also given for those who deserved it. Staff spoke of feeling well supported by the registered manager. We observed when they rang the office, that the registered manager was relaxed and supportive with them. The registered manager was warm and friendly to staff whenever they needed to speak to her. They spent time with them to support them and make sure they were feeling happy in their work and daily life.

Every member of staff told us they felt that their views were encouraged and welcomed about anything to do with how the agency was run.

We saw a range of quality monitoring systems to continually review and improve the service. A checklist was used to monitor health and safety, medicines management, care plans and the staff and their attitude and approach. The registered manager undertook regular checks and audits to monitor and identify areas for improvement. For example, if a person did not want a care worker to visit them this was addressed with the person and the staff member. To promote a sense of team identity staff wore smart distinctive uniforms with name badges. This also helped people know who was visiting them.

There were many systems in place to enable the staff team to easily make their views known to management. There were team meetings planned and staff said their views were always considered. Emails were sent via a secure system and staff said this was a good way to make their views known and raise any concerns. They were also used as an opportunity for staff to keep up to date with current working practices and issues affecting the needs of the people they supported. Staff were also sent memos and regular newsletters to keep them up to date on any changes, training, as well as new policies and procedures.

Care records and other legal records including employment information were kept securely and confidentially. Records were kept in accordance with the legal requirements around Data Protection. The

recording systems relevant to the running of the service, such as quality checks were well organised, up to date and in good order.

The registered manager had notified the Care Quality Commission (CQC) about significant events. We can use this information to monitor the service and ensure they responded appropriately to keep people safe.