

PIC 24 Healthcare Ltd

# PIC 24 Healthcare Ltd

## Inspection report

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Date of inspection visit:  
05 September 2018  
06 September 2018

Date of publication:  
18 October 2018

## 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

PIC 24 Healthcare Ltd is a domiciliary care agency registered to provide personal care. The agency provides support with personal care and domestic tasks. The agency office is based in Sheffield and support is currently provided to people living in their own homes in the Sheffield area. At the time of the inspection two people were receiving support. At the time of the inspection the registered manager and nominated individual were the sole employees, who were responsible for care delivered as well as the running of the service.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

PIC 24 Healthcare Ltd was registered with CQC in June 2017. The registered manager told us the service started supporting people in February 2018. This was the service's first inspection.

At this inspection we found the registered provider was in breach of three regulations.

People who used the service told us they felt safe. At the time of the inspection there were no recorded accidents, incidents and safeguarding concerns. The management team knew how to identify and report suspected abuse and had clear systems in place which ensured safety and legal standards were met.

We identified improvements to people's care records were required, as not all support provided by staff was clearly documented. We found areas of risk which were not effectively managed or mitigated against, such as not always completing a relevant risk assessment when a risk had been identified. Feedback obtained during the inspection showed people received appropriate care and treatment.

People and their relative's told us the service was very reliable and staff were well-trained and stayed as long as they should. We found people received support from the same staff which promoted good continuity of care. People told us the management team were exceptionally caring and always listened. We saw care records contained details about special dietary requirements but lacked detail about people's food and drink preferences. We found the systems for obtaining consent before people received care and treatment were not always effective.

We saw evidence of a collaborative approach to planning people's care and support. People told us they were provided a copy of their care plans which was reflective of their needs. We identified more detail was needed in people's support plans in regard to more specialist support, such as catheter care. We saw the service had received no complaints since they began operating. At the time of our inspection, the service was not supporting anyone who required end of life care. People's care plans did not refer to any aspect of end of life care. We have made a recommendation about advanced care planning.

People and relatives told us they thought the service was well-run and the management team were approachable and friendly. We found the registered provider's systems or processes were not established and operated effectively to ensure compliance with the requirements of regulations.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risk assessments were undertaken which identified risk and the actions needed to minimise risk. We found some risks had not been assessed or identified.

The provider had systems in place for managing medicines. Support with medicines was not always reflected in people's care plans.

Staff knew how to safeguard people from abuse and had received training in this subject.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Improvements were needed to the process of obtaining people's consent before delivering a service.

Staff were provided with regular supervision and appraisal for development and support.

Staff had been provided with relevant training to make sure they had the right skills and knowledge for their role.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People and their relatives said staff were very caring in their approach.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

People's care plans contained a range of information and had been reviewed to keep them up to date.

Staff understood people's preferences and support needs

Improvements were identified with advanced care planning.

### **Is the service well-led?**

The service was not always well-led.

The service promoted a positive and open culture, where people who used the service had confidence in the management team.

We found the provider's systems or processes were not established and operated effectively to ensure compliance with the requirements of regulations.

**Requires Improvement** 

# PIC 24 Healthcare Ltd

## 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 5 and 6 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure the manager would be available. The inspection team was made up of one adult social care inspector.

The inspection activity started on 5 September 2018 and ended on 6 September 2018. We visited the office location on 5 September 2018 to see the manager and to review care records and policies and procedures. On the 6 September 2018 we spoke with people who received a service from PIC 24 Healthcare Ltd, and their relatives over the telephone.

Before this inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The previous manager completed the PIR. We used this information to help with the planning for this inspection and to support our judgements.

Prior to this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury.

We contacted Sheffield local authority to obtain their views of the service. They confirmed PIC 24 Healthcare Ltd were not presently commissioned by Sheffield local authority but the service had recently met their minimum application standards to be on their recognised provider list so this commissioning arrangement may change.

During the inspection we spoke to people and their relatives to gain their views on the service they received.

We spoke with the registered manager and the nominated individual, who were also responsible for care delivered. We spent time looking at written records, which included two people's care records, two staff personnel files and other records relating to the management of the service.

# Is the service safe?

## Our findings

People receiving support said they felt safe with their care staff. Comments included, "I feel very safe. Everything is spot on, never had to raise concerns". This was also in feedback obtained from relatives. One relative told us, "[Relative's name] feels safe. He gets the same carer each time and he gets on with [care staff name] very well and they like to talk".

The registered manager confirmed there had been no recorded accidents or safeguarding incidents since the service began operating in February 2018. We saw both the registered manager and nominated individual had completed safeguarding training. We saw a policy on safeguarding vulnerable adults was in place and the registered manager was clear about their responsibility to report safeguarding incidents as required and in line with safe procedures.

We checked the procedures for the safe administration of medicines. We saw evidence all staff employed at the service had been provided with training in the safe administration of medicines. We saw care records included details of people's allergies, medication, dosage and administration frequency. The registered manager confirmed they were not presently providing support with medicines as the people who received a service were able to self-administer and assessed as safe to do so, which was reflected in their individual care records. When we checked people's daily records we identified a person who received occasional support from care staff with the preparation of an oral solution used for constipation relief, which was not included in their care plan. Care workers should only provide the medicines support that has been agreed and documented in a person's care plan. Although we had no concerns with the support provided this showed procedures which promoted safe administration of medicines were not always adhered to. The registered manager assured us they would review and update this person's care record immediately.

We checked people's care plans and risk assessments contained the information staff required to meet people's needs safely and to mitigate any identified risks. We saw risk assessments in place for moving and handling, missed or late visits and people's property. Where risk assessments had been completed these were regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence. The missed or late visits risk assessment provided clear actions for the service to take, if for example, travel conditions were so poor due to adverse weather staff were not able to maintain their usual call schedule. One action was to inform people's next of kin so alternative care and support arrangements could be made. We saw in one person's care record this assessment had not been completed. We also identified a person who received support with their catheter but there was no risk assessment in place, which meant there was no clear information available on what actions are required of staff in response to certain risks, such as the signs and symptoms of a catheter-associated urinary tract infection. Although we found the lack of a risk assessment had no impact on care delivered, this shows risks were not always identified and effectively mitigated. We expect improvements in this area and this concern was feedback to the registered provider. We recommend the registered provider prioritise the completion of all risk assessments where a risk has been identified.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014, Safe care and treatment.

We checked two staff files and saw the provider had checked staff's suitability to work with people prior to them commencing work at the service. These checks included obtaining Disclosure and Barring Service Checks (DBS). Completing these checks reduces the risk of unsuitable staff being recruited.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection the service provided 15 hours of support per week. We saw after each visit a record was completed by the visiting staff member which was then counter signed by the person receiving a service to show they had received the support as directed in their care plan. This shows sufficient levels of staff were provided to meet people's identified support needs.

We saw the registered provider had a policy and procedure in place for controlling the risk of infection spreading. Staff confirmed they were provided with Personal Protective Equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures. People receiving support and their relatives did not have any concerns about infection control practices. We saw no audit system in place which meant the registered provider was not able to show us evidence they were following correct procedures.

## Is the service effective?

### Our findings

People and their relative's told us the service was very reliable and staff stayed as long as they should. People told us they had regular staff and had never had a missed visit. This showed the service provided good continuity of care because people usually saw the same staff. Comments included, "Always arrive on time. I've had other care services before which were really bad, this service is great", "We have had no problems with late calls. [Staff member] always asks if [relative's name] needs more support before leaving", "Staff provide more support than expected, they do everything we want" and "[Staff member] stays for the full duration of the call. She fills her time well". One person told us the service provided effective care when they needed extra support hours at very short notice and PIC 24 Healthcare Ltd were able to meet their needs. This shows the service is committed to providing effective care and meeting people's individual needs.

Every person spoken with said they had good communication with the registered manager. One relative told us, "The service always ring to let me know if there is problem, for example, if [relative's name] has hurt his knee." People told us they felt consulted and staff always asked for permission before providing support.

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 so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. For people living in their own home, applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager told us at the time of the inspection everyone who received personal care was able to consent to the care and support they were provided with. However, we saw conflicting information and in one out of the two care records we checked, there were no signed consent to care and treatment record to evidence this person had been consulted and had agreed to their plan. When we explored this concern with the registered manager it was evident they did not know whether this person had the mental capacity to consent to their care and treatment. This concern was compounded by the registered provider taking verbal consent to provide a service from a relative without proper assurances they had lawful authority to act on their family member's behalf. In regard to decisions about a person's care and treatment, it is only appropriate for a registered provider to obtain consent from a relative or their representative when they have a legal authority to do so and the person has been assessed as lacking the mental capacity to make this decision themselves. This meant we were not confident the service had followed the principles of the MCA and had obtained lawful consent before care and treatment was provided. We have discussed this concern with the registered manager who assured us they will retrospectively review people's arrangements for consenting to care and treatment. We also recommend the registered provider review their processes for obtaining consent so this is completed before care and treatment is provided.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

People told us they received appropriate support at mealtimes. They said staff cooked/prepared the required food to a good standard. One person told us how they planned their meals along with staff to help ensure a balanced diet and this worked well. Where staff supported people with food information was recorded within care and support plans to guide staff. If people had specialist dietary needs for example, this was clearly recorded in their care plan. We found care and support plans did not include details of people's food and drink preferences where appropriate. The registered manager submitted evidence after the inspection to show people's care and support plans were updated to include details of their individual nutritional preferences.

People's healthcare needs were assessed and information recorded within care plans to guide staff. We saw the service supported people to maintain good health by working collaboratively with external health services and liaising with family over changes to people's health. Any assessments or information from healthcare professionals were recorded in people's care plans so staff were aware of any changes in their condition and care requirements. The service regularly liaised with professionals including GP's and district nurses. For example, we saw the nominated individual, in her role as a carer, met with a person's district nurse to discuss their catheter care needs before providing them with support. This was reflected in feedback and a relative told us, "We were pleased that they [PIC 24 Healthcare Ltd] arranged a meeting with the district nurse so they knew how to support [relative's name] correctly." This showed the service worked in partnership with external service to promote people's health and well-being.

People receiving support and their relatives told us care staff knew what support was needed and had the skills to do their jobs effectively. Comments included, "Staff are very well trained, you can tell. Even the new ones are tuned in" and "I have to say the staff are trained brilliantly".

We checked the staff training matrix, which showed staff were provided with relevant training, so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, infection control, safe handling of medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills was also undertaken, for example, training in dementia awareness and catheter care. This meant all staff had appropriate skills and knowledge to support people.

We saw the registered manager supervised the nominated individual, who was more involved in delivering care and support. At the time of the inspection the registered manager and nominated individual were the only employees at the service. We saw evidence of regular supervisions taking place and the nominated individual told us she felt well-supported by the registered manager. This helped ensure effective care.

## Is the service caring?

### Our findings

Without exception people and their relatives told us staff were caring and kind. Comments include, "[The service] have been very helpful. He [The registered manager] is right enough, seems like a very caring person", "[nominated individual] is a very caring person, they [management team] obviously communicate well" and "Both [the management team] seem extremely caring".

People confirmed they were treated with dignity and respect. Staff could describe the steps they took to maintain people's dignity, including closing doors and curtains during personal care. Staff also understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

People and their relatives were involved in planning their care and support so it was delivered in a way they liked. We asked a relative whether they felt involved in decisions about their loved one's care and support and they said, "Very much so, the service completed an in-depth process of working out what [relative's name] needs". Each of the care plans we saw was signed by either the person receiving care and support or their representative. This showed the service consulted with people about their care and support.

The care records we looked at were person centred and reflected the person's diversity. For example, key information about people's lives, their individual identity, culture and what was important to them was captured as part of their person centred plans. They also outlined their abilities, so people's independence could be respected and encouraged.

Staff had a good understanding of people's individual communication needs.

## Is the service responsive?

### Our findings

Staff told us people had a care plan in their home which was reflective of their needs. The registered manager told us a copy of each care plan was kept in the persons home and at the office. We saw evidence people's care plans were reviewed every two months, or as required when people's care or support needs changed. People and their relatives we spoke with told us the standard of care provided was good.

Each of the two care records we reviewed was person centred and reflected the persons preferences and choices. This helps staff to know what was important to the people they cared for and helped them take account of this information when delivering their care.

We saw care records contained clear information about which element of support staff were required to provide at each scheduled call. For example, in one person's care record it directed staff to assist them with washing and dressing in the morning call and in the evening call to prepare dinner. We identified more detail was needed in people's support plans in regard to more specialist support, such as catheter care or changing of a urinary leg bag.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services. Each care plan recorded the support people needed with communication. For example, if they had adequate vision and hearing. Care records were all produced in English, the registered manager told us people who used the service each had close family members who were fluent in English. They told us documentation could be produced in an alternative format if required.

The registered manager told us they had not received any complaints about the service. This was reflected in feedback and people told us they were satisfied with the service and never had any reason to complain. People knew how to complain if the need arose and they felt the management team were approachable and responsive to feedback. We saw a checklist in each person's care record, which showed when important information about the service provision had been communicated. This included information about the registered provider's complaints process, service user guide and useful policies and procedures. We saw once the checklist had been completed it was signed and dated. We saw one person who was new to the service had no completed checklist in place. The registered manager assured this was a record keeping issue and information about the service provision had been communicated to them.

At the time of our inspection, the service was not supporting anyone who required end of life care. People's care plans did not refer to any aspect of end of life care, there was no inclusion of people's personal or cultural preferences in the event their wellbeing deteriorated. However, the registered manager was aware of how to access support from other healthcare professionals if required. We recommend the service seek advice and guidance from a reputable source regarding advance care planning. This is a key means of improving care for people, enabling people to discuss and record their future health and care wishes and to appoint someone as an advocate, thus improving the likelihood of these wishes being known and respected at the end of their life.

## Is the service well-led?

### Our findings

We found the registered provider had not established systems to evaluate and improve the quality and safety of the services provided by PIC 24 Healthcare Ltd. For example, there were no systems to monitor the quality of care records and staff competency. One way of monitoring staff competency is through regular spot checks, which are also recorded, so any issues of poor practice can be identified and followed up. We found no such system in place which meant the registered provider was not able to show us evidence staff were providing safe and high quality care. During the inspection we identified necessary improvements with people's care plans. An audit tool which checks the quality of a care plan against a set criteria is one way of ensuring the quality and safety of people's records. Again, no such system existed which meant issues relating to quality and safety were at risk of not being identified and acted on. This shows the registered provider's systems or processes were not established and operated effectively to ensure compliance with the requirements of regulations.

We saw the registered provider had carried out a satisfaction survey with people who used the service and feedback obtained was positive. However, the registered had failed to obtain feedback from a wider range of stakeholders and their systems for people to give their feedback about the service were limited. The registered provider should actively seek the views of not only the people who use the service but anyone associated with the service, such as health and social care professionals, members of the public?, commissioners and other relevant bodies, about their experience of, and the quality of care and treatment delivered by the service. Feedback should be listened to, recorded and responded to as appropriate. Stakeholder feedback is a vital part of driving improvements to the quality and safety of services. Improvements are required in this area.

The registered manager told us pending satisfactory recruitment checks they had two new care assistants due to commence employment at the service. The registered provider told us they were trying to grow the service and forge new commissioning links. Through talking with the management team it was evident there was no clear strategy for improvement or managing the growth of the service to promote quality and safety. Providers must monitor progress against plans to improve their services, and take appropriate action without delay where progress is not achieved as expected.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

People and their relatives told us they felt the service was well-run and the management team were approachable and friendly. We also saw evidence of an open culture within the management team.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered provider failed to obtain consent from relevant persons before providing care or treatment.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider failed to properly assess all risks relating to the health and safety of people receiving the care or treatment.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  We found the registered provider had not established systems to evaluate and improve the quality and safety of the services provided.