

Pastures Home Care and Rehabilitation Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out our inspection on 27 February 2017. The inspection was announced. We gave 48 hours' notice of our inspection because we needed to be sure somebody would be available.

Pastures Homecare is a domiciliary care service providing care and support to people living in their own homes. The office is based in Thorpe Astley Leicestershire. At the time of our inspection there was one person using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives felt their loved one was safe when using the services of Pastures Homecare. They had a trusting relationship with care staff. Staff did not always know their responsibility to keep people safe from harm and abuse. This was because the provider did not have guidelines on how staff could support people to be safe from abuse and report any concerns they had on people safety and wellbeing. There were systems in place to record and monitor incidents that may occur. However, incidents that had taken place were not recorded.

Staff had the relevant skills they required to meet people's needs. The provider completed relevant checks which ensured that staff had the right skills, experience and were safe to support people. Staff were provided with the training that they required to carry out their role effectively.

There were sufficient numbers of staff to meet people's needs. Care staff attended at agreed times and stayed the duration of time as stated in people's care plan.

The provider supported people in accordance to the requirements of the Mental Capacity Act (MCA) 2005.

Staff were kind and compassionate. They developed a positive relationship with the person that used the service and their relatives. Staff promoted the person's dignity and treated them with respect.

The care that staff provided met the needs of the person that received care. Their relatives had a positive opinion of the service and knew how to make a complaint should they require to.

Relatives spoke positively about the registered manager. They were satisfied with the quality of care their loved one received.

The provider did not have systems to check the quality of care people received. They did not have an inclusive approach and aim to providing good standard of care. The registered manager did not always have

oversight of 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.

The provider did not have systems in place to protect people from avoidable harm and abuse. There were systems in place for managing incidents and accidents. However, incidents had not always been recorded when they had taken place.

There were sufficient numbers of staff on duty to meet people's needs,

People felt safe when they received care from staff.

Is the service effective?

Good ●

The service was effective.

Staff had access to an effective induction and training.

The provider had systems in place to support people with their nutritional and health needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect.

People were involved in decisions about their care.

Staff supported people in a kind and compassionate way.

Is the service responsive?

Good ●

The service was responsive.

The care people received met their needs.

Relatives were involved in planning the care and support of their

loved one.

People knew how to raise any concerns or complaints they may have.

Is the service well-led?

The service was not consistently well-led.

The registered manager did not always demonstrate any awareness of their responsibility to maintain records and have an oversight of the service.

The provider did not have procedures for monitoring and assessing the quality of the service.

Staff and relatives received good support from the registered manager.

Requires Improvement 

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We carried out our inspection visit on 27 February 2017. The inspection 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 carried out by one inspector.

Before our inspection visit we reviewed information we held about the service. This included enquiries received from the provider and from other stakeholders. We had not received any notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law.

We used a variety of methods to inspect the service. We visited the home of one person who was using the service; we spoke with their relatives, due to the person's communication needs of the person we were unable to speak to them directly.

We spoke with the registered manager. The registered manager also provided care calls with the support of one member of staff. We looked at the care records of one person who used the service. We looked at one staff file including their recruitment and training records. We also looked at other records associated with the service such as policies.

Is the service safe?

Our findings

The relative of the person that used the service told us that they felt their loved one was safe when they received support from staff. They told us they were confident because staff knew their loved ones needs and took steps to meet those needs when they provided support. This included ensuring they used safe techniques when they supported person with mobilising and their personal hygiene.

The provider had introduced systems to assess the risks that may be encountered when staff provided support to people. We saw that the risks assessments were generic and not tailored to the individual needs of the person. The provider did not ensure that the risks assessments were reviewed and updated to reflect any changes in the person's needs and reflects the current requirements that would guide staff to provide support in a safe manner.

Staff did not always know their responsibility about how to keep people safe from harm and abuse. They were not aware of how to report any safeguarding concerns or concerns about people's wellbeing. There was no policy or guidelines available during our inspection that provided staff with this guidance. The registered manager told us that they would make their safeguarding policy available to us following our visit. We did not receive this policy within the agreed timescales. The provider has since sent a copy of this to confirm that guidelines are available for staff to follow if they suspect a person is being abused or harmed.

The provider had systems in place for recording any incidents or accidents that occurred at the service. They told us that due to the size of the service that incidents were few and far between. However, there were no records of the incidents that had occurred in the past such as the person not receiving support from staff or actions taken by the registered manager and lessons learned as a result of these actions. The relative of the person who used the service told us that there had been times when staff had not turned up. Where this happens it is important that this is documented and the reasons for the staff not turning up are reviewed to avoid reoccurrences.

The provider employed sufficient numbers of staff to meet the needs of people they provided support to. Staff were deployed as agreed in the person's care plans. Relatives told us that on occasions where staff were unavailable that the registered manager provided the support they required. We reviewed care records within person's home and found that staff attended and kept to agreed times and duration.

We reviewed staff records which showed that the provider had safe recruitment practices. They completed relevant pre-employment checks which ensured new staff were safe with the people who used the service. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed.

At the time of our visit the person who received care did not require staff support with their medicines. The provider had a policy in place to guide staff to safely support people with their medicines. This meant that

they had the systems in place should people require this support in the future.

Is the service effective?

Our findings

The person who used the service was supported by staff that had the relevant skills and experience to support them. The relatives of the person who used the service told us that staff had the skills to meet their loved ones needs. They told us that the registered manager spent time supporting new care staff with the needs of the person using the service until they were confident that both person using the service and care staff were satisfied with the competency of the care staff.

We reviewed the provider's training records which showed that staff had completed a range of training which equipped them to carry out their roles and responsibilities. This including on-line training and observational learning during care delivery. Staff also completed specific training that allowed them to meet the needs of particular people using the service. Staff who were new to the service underwent a period of induction that aimed to familiarise them with their roles and responsibilities and increase their confidence in carrying out their duties.

The provider supported the member of staff by providing supervision and guidance. This included through supervision meetings and by observation of their practice when they delivered care. Relative told us, "[Registered manager] always comes with carers to explain tasks."

People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. We reviewed records that showed that staff had received training in MCA. We also reviewed records of people daily records which showed that staff sought the consent of people in accordance with the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. The registered manager told us that there were no restrictions on the person's liberty and therefore no applications were required.

The person who used the service did not require any support from care staff with their nutritional needs as they received this support from the relatives. Care records showed the level of the support that people may require from their care staff to eat and drink well. This meant that should person require this support, the provider had systems in place to meet their nutritional needs.

Staff supported people to stay as well as possible. We reviewed care records which showed that staff commented on the health and well-being of person when the delivered care. The information recorded was used by relatives or other care staff to ensure that person was supported appropriately with any health needs.

Is the service caring?

Our findings

Relatives told us that staff were kind and compassionate. They described the caring attributes displayed by staff and how this had a positive impact in their relationship with the care staff. They said, "Carer is very friendly."

Relatives told us that the registered manager and care staff understood the communication needs and style of the person that used the service. They told us, "They [care staff] have taken their time to understand [person]'s communication. [Registered manager] picked up quickly what [person] was saying." This helped staff understand the person's preferences and build a positive relationship with the person they were providing support to. Where possible, care staff used their knowledge of person's communication to involve them in decisions about their care such as their preference when providing support with personal hygiene. The relative of the person who used the service spoke positively of the relationship they had with the care staff. They told us that person looked forward to visits from the care staff. Person showed positive expressions when their relative commented on this.

The registered manager spoke of the person who used the person in a respectful manner. We reviewed care records which showed that staff used respectful language when they recorded information.

The relative of the person who used the service told us the care staff promoted privacy and dignity when they supported person with their personal hygiene. They also told us that staff respected their home and their belonging during visits. This showed the provider respected people and treated them like they mattered.

Is the service responsive?

Our findings

The support that care staff provided was tailored to the needs of the person that received the service. The person's relative told us that the timings of the care calls and the support provided was according to the needs of the person and around their family circumstances. They told us that staff were flexible when their needs changed temporarily. For example, to accommodate a family holiday.

The registered manager had assessed a person's needs before they started using the service. The information was used in formulating a care plan which stated the support that the person required and how care staff could support them with their needs. We saw that the care plan was generic about person's support needs and did not include detailed information such as their individual preferences, interests or dislikes. The registered manager told us that although these were not recorded, that due to the small size of the service and currently supporting one person that staff knew the person's preferences and were able to apply them in practice when they supported the person. When we visited person's home, their relative confirmed that staff supported them according to their preferences and wishes.

A relative told us that the registered manager involved them when they developed the care plan and agreed that the plan reflected the needs of the person. There were no systems in place for reviewing the care plans. However, a relative told us that they maintained regular contact with the registered manager and would bring up any aspect of care that they felt would benefit from being reviewed. The registered manager told us that they made an effort to maintain telephone contact with the person's relatives and would make changes to reflect current needs such as changing the time of a call or the care staff. They told us that they would look to improve their systems and recording to reflect the work they did in relation to meeting people's needs.

The person that used the service did not require any support to maintain links with the community or access social or work opportunities as this support was provided to them by their immediate family. The registered manager told us that they would be flexible to provide support in the area should this be required in the future.

The relative we spoke with was happy with the care and support that they received. Their relative told us that they had not raised any formal concerns or complaints as they were able to communicate regularly with the registered manager who took steps to address any concerns that they may have. The provider had a complaints policy. There was also information available in the service user guide showing people how to report any complaints they may have. The registered manager told us that they had been no complaints made about the care and support they provided.

We saw a feedback review by the relative of the person that used the service. This was provided on care services website. Their feedback was positive and stated they were satisfied with the quality of care they received.

Is the service well-led?

Our findings

The service had a registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager did not always demonstrate that they understood their responsibilities to keep under review the quality of care they provided and their statutory responsibility regarding dealing with incidents and accidents that may occur.

Where incidents had occurred in the past, the registered manager dealt with the issues informally. They did not have records of the incidents, the actions they took in response to the incidents, lessons learnt and how they may reduce the risk of future re-occurrences. This meant they could not monitor that steps were taken to improve the service they delivered.

The provider had policies in place. However, we found that one of the policies we reviewed referred to other care providers. We brought this to the attention of the registered manager who told us that the policies were developed by the finance director of the organisation and that they were not aware of the errors. The registered manager told us that this policy had been changed to reflect the services delivered by Pastures Homecare. The registered manager was not aware of the content of the policies. This showed that policies were not used, understood and followed within the service and there were no systems to check that care staff applied the provider's policies. For example, the supervision and appraisal policy referred to supervisions taking place every 6 - 8 weeks and being documented on the supervision form. The registered manager told us that they held supervision meetings with the staff member but these had not been recorded until February 2017.

The service had aims and objectives that were identified within the statement of purpose. Aims and objectives are useful to support people that use the service to know the standard of care to expect from the staff who support them.

We found that although the provider had been providing support for over 12 months at the time of our inspection visit, they did not carry out any quality checks nor did they have plans in place to complete checks in the near future. The provider did have systems in place to monitor the care provided and make improvements where required, however these had not been fully implemented. The registered manager told us that due to the size of the business they had not implemented all measures identified in the policy. They told us that spot checks where staff were observed providing care were in the process of being started. The registered manager told us that they provided the care themselves and this helped them to monitor the care provided.

The registered manager told us that they were aware that they needed to improve on their oversight of the service and responsibilities of their role as registered manager. They told us that found completing these tasks a challenge due to the viability of the business as only one person received care from the service. They shared some of their plans of growing the business in the future and shared their expectations that their plans will support them to have the resources to make the needed improvements. They went on to say that they had started working with other care providers in order to learn best practices that they could apply

within Pastures Homecare.

A relative of the person who used the service spoke positively of the registered manager. They told us they found it easy to approach the registered manager should they require this. They told us that the registered manager had a positive relationship with their loved one which they were pleased about.

The registered manager supported care staff to fulfil their role. They did this through supervision meetings and observations of how care staff applied their training when they delivered care.