Care Quality Commission

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PLL Care Services

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We inspected PLL Care Services Limited on 4 February 2015. PLL Care Services Limited is a domiciliary care service which provides care and support for people who live in their own homes.

We last inspected in July 2013. The service was found to be meeting all of the standards inspected at that time.

There was a registered manager in post at the service. The registered manager was the same person as the registered provider. 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.

People and their relatives had mixed opinions on how the registered manager dealt with their concerns. Some people and relatives spoke positively about the registered manager while others did not always have confidence that their concerns and complaints would be dealt with. People told us the registered manager was not always approachable.

Summary of findings

The registered manager did not have systems in place to assure themselves of the quality of care people received. There was limited information to show that people's concerns were listened to and acted upon.

People did not always receive the support they needed to take their prescribed medicines. Care staff did not always document the support they provided. The registered manager did not check medicine and people's daily care records to ensure staff were providing support to people in line with their assessed needs.

People were not always protected from inappropriate care and treatment as their care plans and risk assessments did not always reflect their needs or provide clear guidance to care staff.

People told us they were safe and care staff had a good understanding of safeguarding, whistle blowing and the Mental Capacity Act 2005 (The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time). Care staff had the training they needed to meet people's needs.

Care staff treated people with dignity and kindness, and took the time to understand their needs and preferences. Care staff spoke positively about the aims of the provider and the support they received to provide personalised care.

People received support around their nutritional needs and care staff were quick to report any concerns they had regarding people's welfare.

Where people were supported by a "live in carer", care staff knew their life history and the hobbies they liked. Care staff supported people to maintain their independence and do as much for themselves as they could.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 always safe. People did not always receive the support they needed to take their medicines safely.

People and their relatives felt their calls were not always at the time they expected. The registered manager was dealing with these concerns.

Care staff managed the risk of people's care to protect them from risk. Staff had a good understanding of safeguarding and people felt safe.

Is the service effective?

Good

The service was effective. Care staff told us they were well supported to deliver care through appropriate training and regular supervision with the manager.

Staff had received training around the Mental Capacity Act 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

Care staff sought the consent of people before providing care, and accepted people's choices. Staff supported people to maintain their nutritional needs where appropriate.

Is the service caring?

Good

The service was caring. People benefited from positive relationships with care staff.

People enjoyed talking to care staff, and spoke positively about the care they received.

People were supported by care staff who understood the importance of respecting people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive. People and their relatives concerns were not always responded to by the registered manager.

People's care records were not always current and accurate and did not protect them from the risk of inappropriate care and treatment.

Care staff were aware of people's likes and dislikes and regularly sought and acted on people's views.

Is the service well-led?

Requires Improvement

The service was not always well led. The service did not have effective quality assurance systems in place to ensure action was taken when concerns had been identified.

Summary of findings

People and their relatives did not always feel the registered manager was approachable.

The registered manager had a clear view of providing personalised quality care, and staff were supported to help achieve this. Staff could openly discuss concerns with the registered manager.

PLL Care 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 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.

This inspection took place on 4 February 2015. We gave the service 48 hours' notice of our intention to inspect. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Following our inspection we spoke with a range of people, relatives and staff.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams and sought the views of one healthcare professional.

We spoke with eight people who were receiving care and support from PLL Care Services Limited. We also spoke with 10 people's relatives. In addition we spoke with five care workers, the registered manager, and one office staff worker.

We looked at 14 people's care records including their medicine records and at a range of records about how the service was managed. We reviewed feedback from people who had used the service and a range of other audits.

Requires Improvement

Is the service safe?

Our findings

Where care staff assisted people with their medicines, an accurate record of this support was not always recorded. We looked at seven people's medicine administration records and staff did not always record the support they gave to people with their prescribed medicines on medicine administration records of daily notes. This included supporting people by prompting their prescribed medicines. Some people's relatives raised concerns that their relatives did not always receive support they needed to take their prescribed medicines. One relative told us, "I have found tablets on the floor meaning [relative] has not been supervised properly." We discussed concerns around people's medicine administration records with the registered manager, who told us they would address these concerns.

This issue was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person wished to take their medicine without the support of care staff. A risk assessment had been conducted by senior care staff to support the person with their independence and protect them from risk. Care staff were to assist the person, by checking the person's medicine stock and offering assistance if required.

In September 2014 concerns had been raised by local authority commissioners around missed and late visits. Following these concerns the registered manager met with the commissioners and implemented a plan to ensure people received their calls on time and as expected. The registered manager had identified concerns over missed visits that had occurred in 2014, due to a high number of care staff being unavailable due to 'expected' and 'unexpected' absences. The registered manager ensured us there was now enough care staff in place now to prevent further occurrences of these concerns.

People and their relatives told us there had been improvements and they received their calls, however they felt a number of calls were still late. Comments included: "They were always late for the lunch time call", "I'm concerned about the irregularity of visits. The times vary too much" and "their timekeeping is not very good. They sometimes arrive late." People's on-going care records, showed care staff visited people at varying times. People and their relatives told us they received information about their calls, and when they were to expect care staff. The registered manager told they were making improvements to ensure people had their calls times as they expected.

Staff told us there were enough staff to meet people's needs. Staff spoke positively about their roles and told us they had time to spend talking to people whilst supporting them. One staff member said, "sometimes we are delayed by traffic, but we always have the time to spend with people."

People told us they felt safe when supported by care staff. Comments included: "Most definitely feel safe with the care staff", "the care staff make me feel safe" and "they look after me, keep me safe."

Staff we spoke with had knowledge of types of abuse, signs of possible abuse and their responsibility to report any concerns promptly. Staff members told us they would document concerns and report them to registered manager. One staff member said, "I would raise concerns with the registered manager, they are receptive to concerns." Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

We also looked at safeguarding notifications made by the manager or provider and emails we had received from local authority safeguarding team. The provider had worked with the local authority safeguarding team to ensure people were protected from abuse. During our inspection the care staff raised concerns relating to one person who had unexplained bruising, this was reported to local authority safeguarding team in accordance with the providers policies.

People had assessments which identified risks in relation to their health and wellbeing, such as moving and handling, mobility, nutrition and hydration. One person's risk assessment highlighted the support they needed to maintain their stoma care needs. Care staff had a clear plan to follow to ensure the person was protected from the risk of infection.

People were involved in making decisions about taking risks and risk were managed in a way that protected people's freedom. For example, one person was at risk of falls. Care staff told us the person liked to go out in the day

Requires Improvement

Is the service safe?

time and was at risk of falls. The person had an alarm pendent which they could use if they fell at home or in the community. Care staff had clear instructions to assist the person and promote their independence. We saw from their care plan that care staff needed to look for any signs of infection as this would increase the risk of the person becoming confused and falling. Care staff said they were aware of this person's needs and how to protect them from harm. We were unable to speak with this person, however we saw feedback the registered manager had sought from this person which stated they felt happy and safe with their service.

Moving and handling risk assessments were detailed and gave care staff the information they needed to support people to mobilise. One person required the support of two care staff to assist them with their mobility. Clear risk assessments were in place regarding the equipment needed, such as a hoist and sling and how care staff should involve people. One person said, “staff assist me with mobility. They’re always caring, they explain everything to me.”

Where equipment was used in people’s care and treatment, guidance for care staff about how equipment should be used safely was clearly recorded on people’s risk assessments. Staff told us they checked equipment to ensure it was safe to use, which protected people from any unnecessary accidents.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. In addition staff told us they received induction training and a period of shadowing of more experienced staff.

Good

Is the service effective?

Our findings

People told us care staff had the training they needed to meet people's needs. One person told us they had specific healthcare needs, which required staff to have training from community nurses. They said, "they arranged training for using my nebuliser here at home." Staff told us, and training records showed, they had access to training such as moving and handling, food hygiene and safeguarding. Care staff told us where they needed training, the registered manager ensured this was provided. One care worker said, "I assist someone with their stoma care. I needed specialist training, which I received and I've benefitted from support around this."

Care staff had the opportunities to develop professionally with support from the registered manager. Comments included: "there are numerous support and development opportunities", "I can request training whenever I need it" and "we asked about having more dementia training. Training around 'yesterday, today and tomorrow' (dementia training from the Alzheimer's Society) is something the provider is looking into." Other staff told us they had been supported to undertake qualifications in health and social care studies.

Care staff we spoke with told us they felt valued and supported by the registered manager. Comments included: "They've helped me out a lot, they've supported me to improve", "I have all the support I need. Sometimes they monitor me, and give me guidance" and "It's a good place to work. I get proper training and I feel incredibly supported."

Care staff received frequent one to one supervision meetings and an annual appraisal with their line manager. These meetings were used to discuss training needs and any concerns or performance issues. Care staff were also asked for their views on training and any concerns they had working in the service. One care worker told us, "I can request a one to one whenever I need. They are so supportive."

Care staff had received training around the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Some of the people receiving a service were living with dementia and did not have the mental capacity to make certain decisions regarding their care and treatment. Where people were unable to make choices, decisions were made in their best interests. Care staff told how they supported people and promoted choice for people with dementia around day to day decisions. Care staff said they ensured people had the information they needed to make decisions around food, drink and the decisions they could make. Care staff said: "we make sure people have choices" and "we always ask for permission, we make sure people have choice and are at the centre of their care."

People's care plans contained clear information regarding communication and where people needed, reassurance. Care staff had guidance on how to talk and engage with people to ensure they had the information they needed. Staff told us how they talked to people who often needed reassurance around their care needs. One care worker discussed how they reassured one person who could be anxious about their on-going healthcare needs.

Where people needed support to maintain their nutritional needs, care staff had clear guidelines to support them. One person required support from care staff to prepare their meals. This person told us, "I'm given choice, I have no concerns." One person needed support and prompting with preparing and eating their meals. Care staff had guidance to support and involve the person in preparing their own meals and to eat with the person to stimulate a dining experience. Care staff we spoke with told us this enabled them to support the person with their dietary needs.

Another person was prone to infections as they did not always drink enough fluids. Staff had clear instructions to ensure they prompted and encouraged the person to drink. The person's daily care records clearly showed where staff had prompted and encouraged the person to drink fluids.

One person was at risk of malnutrition; care records showed the GP was aware of these concerns and had prescribed dietary supplements to protect this person from malnutrition. Care staff had guidance on how to support this person with their dietary needs and recorded the food and drink they had given they provided and what food and drink had been refused. Care staff had a good understanding of the person and their needs.

Where people had been assessed as at risk of choking, they had been seen by a speech and language therapist. Their care plan and risk assessments reflected the

Good

Is the service effective?

recommendations made. These risk assessments provided care staff with clear information on people's needs such as thickened fluids. Care staff knew how to prepare thickened fluids and clear guidance was available on medicine records and prescription labels.

The service worked with other professionals to ensure people's changing needs were supported. People and their relatives told us they were supported by care staff to attend appointments. For example, people who required support with their mobility were supported by occupational therapists to ensure they had the equipment they required.

Where care staff had concerns about people's healthcare needs, they could access support. People's care plans contained a clear record of the support people needed around their health such as diabetes and Parkinson's.

Where care staff were concerned about people's well being they took immediate action. One care worker told us about a person who was prone to infections. They said, "when they're slightly different, I'll call the office and arrange for a doctor to call." All staff said they felt comfortable about identifying changes in people's needs and ensuring these needs were met.

Good

Is the service caring?

Our findings

People were positive about the care staff. Comments included: “very nice carers”, “they [staff] are great”, “they [staff] are pretty good, pleasant and helpful” and “top team. Very thorough."

Care staff told us how they were supported to promote people's independence and choice. One care worker said, "I provide live in care, it's important that I've built an excellent relationship with them [the person they cared for] and their relatives. They [the person] appreciate the consistency and continuity we provide. I know the person, their needs and their preferences.” We spoke with this person's relative who told us they were happy with the care and support their relative received.

Care staff spoke about the importance of treating people with dementia with dignity and respect. One care worker told us how they had worked in dementia care homes and were being supported by the registered manager to use their skills for people using the service. They told us how they supported one person with dementia to be as independent as possible. They said, "I talk to them, find out what they would like to do for themselves, and encourage them throughout their personal care."

Care staff had clear awareness of people's likes, dislikes and preferences. One care worker told us how they supported people to "live their life how they wished." They told us the person's family and friends were important to them, and it was important for them to spend time with their friends and access the community. They said, "I support them to go to the cinema with friends and enjoy their time."

People and relatives told us their preferences were respected around gender of care workers. Three relatives told us they had requested no male care workers assisted their relatives with personal care and these wishes were respected. Each person's care plan contained information on what gender of care worker they preferred to provide their personal care. One person had stated they wished to have female care workers for their personal care needs, however were happy for male care workers to assist them with other duties. We spoke with this person and they said, “I really didn't want care from a male care worker. We discussed this and they explained they would make changes. This was helpful.”

People and their relatives were involved in planning their care and their care and risk assessments. The registered manager told us people were involved, and care co-ordinators and senior care staff supported this. People's care records contained information on their preferences. For example, one person's care plan contained clear information around their stoma care needs and how staff should always promote and support their choices. One care worker we spoke with told us, "we support choice, they know what they want. They need reassurance as they can become anxious around their care needs, and they relate these concerns to us."

People told us they were treated with dignity and respect by care staff. Comments included: “They treat me as a person, they're lovely” and “they are very caring, they know me.” Staff explained how they promoted people’s dignity by ensuring people were comfortable when receiving care and enabling them to do as much for themselves as they could.

Staff spent time talking to people and knew the people they cared for. People and relatives told us staff took the time to talk with people and build a positive caring relationship. One member of care staff told us how they supported a person who often became anxious or disorientated. They said they had developed a relationship with the person, and could identify any triggers of anxiety. They said, "we support them at night, as they can become disorientated. We make sure they are comfortable and are supported." They also told us how they promoted the person with choices when appropriate. They said, "I always provide choice. We sit and talk, I give them all the information they need."

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they knew how to raise complaints with the registered manager. Nine of the eighteen people and people's relatives we spoke with felt their complaints were not always acted upon. One relative told us, "They will not accept any criticism or complaints at all." One person said, "I phone to complain the carers are late and they always blame traffic."

The registered manager did not keep a record of complaints they had received from people or their relatives. Some concerns had been recorded on people's care records, either when the office had been called, or if relatives had written notes for care staff in the care plan. For example, one person's relative had written their concerns around care staff cleaning. There was no information as to how these concerns had been dealt with by the registered manager or care staff. We discussed complaints with the registered manager, who informed us, the only complaints they received came from local authority safeguarding. This meant people and their relatives could not be assured their concerns had been responded to and acted upon.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care needs were not recorded which meant their care plans did not reflect their current needs. This put people at risk of not receiving the care and support they need. For example, one person's medicine risk assessment had not been completed. Therefore there was no information for staff to follow to protect the person from risk.

Another person's risk assessments for their environment had not been completed, however there were possible risks around the environment when care staff were assisting this person at night. We spoke with care workers about these people and both told us how they would protect each person from risk.

One person's care plan identified equipment the person needed to enable them to be involved in their care, this information was not documented in the person's risk assessment and there were limited instructions for care staff to follow to promote this person's independence. We spoke with a care worker who assisted this person, they told us how they supported the person and the equipment the person needed to be involved in their care. While the care worker understood the person's needs, there was limited guidance for other care staff, which may put the person at risk of inappropriate care and treatment.

Some people's care plans had not been reviewed for a year and there was limited evidence to demonstrate if the plan reflected people's current needs. One person had a short term health care need when they started to receive a service from the provider 12 months ago, and there was no information regarding how their needs had changed. Some people's care plans contained no review of their needs. Two people we spoke with told us their care plans had been reviewed. People and relatives told us they or their relatives care plans reflected their needs.

These issues were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A number of people's care files, were person centred and provided clear guidance on how care staff should meet people's needs. Each person's care records contained referral paperwork from the local authority. This information was used as a starting point for the service to conduct their own assessment involving people and those that mattered to them, resulting in a personalised support plan. Plans were often detailed and provided information on how people liked their care to be delivered.

Where staff identified a change in people's needs staff arranged for a review. For example, one person's needs had changed regarding support with mobilising. Staff had identified this change in needs and the advice of an occupational therapist had been sought. Guidance from the occupational therapist had been clearly recorded in the person's care plan and updated in their risk assessment to ensure staff had the information they needed.

Some people's care needs were reviewed regularly and people and their relatives were involved in this process. One person said, "they asked me how things were going."

Requires Improvement

Is the service responsive?

Another person's care plan clearly showed they had requested changes to their visits to fit in with family arrangements and holidays. These changes was recorded and respected.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had completed a survey of people who received a service in November 2014. The results of people's feedback on the quality of the service had been captured. The survey indicated people were not always informed of which care staff were visiting them and that they were not always being informed when staff were running late. While the registered manager had identified people's concerns they had not documented the action they had taken to improve the service. We discussed with this the Manager who told us they had taken action to ensure people were notified if carer's were running late. However we there was no action plan documenting what the manager told us. What people told us demonstrated that these actions had not always been effective and people were not always notified if their carer was running late.

The registered manager did not have systems in place to identify any possible trends or similar concerns from people's concerns or complaints or from incidents and accidents that occurred within the service. Therefore there was no system in place to use these sources of information to learn from concerns and incidents to improve the quality of the service people received.

The registered manager did not have systems in place to ensure people's care plans were current and reflective of their need. People's daily care and medicine records were not reviewed to ensure staff were delivering the care that was planned. We discussed these concerns with the registered manager who informed us they would look at ways to ensure people's care plans were current and relevant and records were completed appropriately.

Nine of the 18 people and their relatives we spoke with told us they did not always feel the registered manager dealt with their concerns effectively. One relative felt the registered manager was "defensive and abrupt." Another relative told us they had had lots of problems with PLL and had to seek the support of other people as they felt they could not approach the registered manager.

These issues were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other relatives spoke positively about the registered manager. Comments included: "the management are helpful", "they are receptive" and "The registered manager came out to help when the carer didn't show up".

The registered manager had a vision to provide 'quality personalised care' to people who received a service. All the staff we spoke with told us they knew the vision of the provider and fully supported this. Comments included: "They're a very supporting company, who know what they want to achieve", "we're supported to help provide quality care, ensuring it's based on people's preferences", "we make people feel like a person, we take time to help them and treat them as equals" and "we're a team, we know the provider has high standards and we're supported to meet these standards." People and relatives told us they had noticed improvements with the service, and people felt care staff made sure they were at the centre of their care.

Care staff told us they were supported to raise concerns and felt the registered manager acted on these concerns. One care worker told us, "the registered manager has an open door policy, they are happy to discuss concerns." Another care worker said, "if you have any concerns, we can discuss them, they encourage and support us to raise concerns and discuss them as a team. We grow together as a team."

One member of staff told us how they had raised a concern, and were happy with the way the registered manager responded and dealt with the concern. They told us, "the situation was dealt with effectively. I got feedback and the person I was concerned about was protected."

Care staff spoke positively about the information they received from the registered manager. Staff received a newsletter which provided them information around training and they had access to team meetings. During staff meetings staff discussed changes needed to make improvements to the quality of service such as supervisions and increased spot checks. We saw from staff supervision and spot check records that staff were being monitored to ensure they were providing good quality care.

All staff were aware of the providers whistle blowing policy, and were confident in raising concerns to the registered manager, or to local authority safeguarding team or the Care Quality Commission.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have effective systems in place to monitor the quality of the service they provided. Regulation 17. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints How the regulation was not being met: People and their relatives were not assured that their complaints were responded to, dealt with or acted upon. Regulation 16. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: People did not always receive the support they needed to take their prescribed medicines. Care staff did not always record the support they provided people around their prescribed medicines. Regulation 12.

This section is primarily information for the provider

Action we have told the provider to take

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: People were not protected from the risk of inappropriate care and treatment as an accurate record of their needs was not always maintained. Regulation 17 (2) (d). This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.