Bicester PA and Care LLP

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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

Overall summary

We undertook an announced inspection of Bicester PA and Care LLP Domiciliary Care Agency (DCA) on 15 October 2015. This is a new service, first registered with the Care Quality commission (CQC) on 23 March 2015. Bicester PA and Care LLP provide personal care services to people in their own homes. At the time of our inspection eight people were receiving a service.

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

People told us they benefitted from caring relationships with the staff. One person said "The care I get is excellent. Nothing is too much trouble for the carers. They always ask if they can do more". There were sufficient staff to meet people's needs and people received their care when they expected.

People were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular

Summary of findings

training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified, risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us they were confident they would be listened to and action would be taken. One person said "They certainly know what I like and do everything to make sure I am happy". The service had systems to assess the quality of the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

The registered manager had a clear vision for the service that was displayed on their website and its sentiments were echoed by staff.

Staff spoke positively about the support they received from the registered manager. Staff supervision meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the registered manager and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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?

Good

The service was safe. There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments in place to reduce the risk and keep people safe.

Is the service effective?

Good

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Good

The service was well led. The registered manager had systems in place to monitor the quality of service.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

The service had a culture of openness and honesty and the registered manager had a clear vision for the future.

Bicester PA and Care LLP

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 the 15 October 2015. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. This inspection was carried out by an 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.

We spoke with four people, four relatives, two care staff, the registered manager and the director of the service. We looked at four people's care records and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, this captures the experiences of a sample of people by following a person's route through the service and obtaining their views.

Before the visit we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law. In addition we reviewed the information we held about the home.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I feel so safe with them", "They (staff) are so nice and personal and I feel ever so safe" and "They (staff) are really lovely people. I feel totally safe with them and they are definitely first class". Relatives comments included "We feel very safe with the carers", "The carers are absolutely brilliant. We feel so safe with them" and "We definitely feel very safe with the carers".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. One member of staff said "I'd check the client was ok then report to the manager and social services. Another said "I'd make observations and let the manager know what had happened. I'd call CQC (Care Quality Commission) as well". The registered manager had systems in place to report any concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, one person was at risk of choking. They had been referred to a speech and language therapist (SALT) who had assessed the person and provided guidance to reduce the risk. The care plan also stated 'do not feed pudding unless you have completed level three compromised swallowing training'. Staff we spoke with was aware of and followed this guidance.

However, not all identified risks had a risk assessment. One person's care plan had not been updated to cover all known risks. Staff who supported this person were aware of the risk and had taken action to reduce this risk. We raised this with the manager who took immediate action to resolved this issue.

There were sufficient staff deployed to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our clients". For example, where people required two staff to support them we saw two staff were consistently deployed for each visit.

Staff told us there were sufficient staff to meet people's needs. Comments included; "There is enough of us, definitely. We are still a small service so we know all our clients very well and we have time to sit and chat with them. We are not rushed at all" and "Yes there is enough staff. We're never rushed so we have got plenty of time to care for people". The registered manager said "The director and I also deliver care regularly. I have no issues with staffing and intend to keep it that way".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

People told us staff were punctual and never late. Comments included; "They come twice a day and are always on time. They always stay for the full time, sometimes even longer to make sure everything is alright" and "They always turn up on time and will stay as long as it takes to complete the work". Where staff were behind schedule the service contacted the person and informed them staff were delayed. We asked staff if they were ever late for calls. One member of staff said "Very occasionally, mainly it's traffic. If I am, I call the office and they let the client know. It is not a problem". People told us and records confirmed there had been no missed visits.

People received their medicine as prescribed. Where people needed support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained. One member of staff said "I've had the medicine training and I know what to do". One person told us how staff supported them with their medicine. They said "They always give my tablets and write it up in my record book". Records confirmed staff had been trained to support people with their medicine and had undergone competency assessments to ensure they were competent.

The service had contingencies for emergencies. Contact details were held in people's homes and included the registered manager's home phone number. People knew who to contact in an emergency. One person said "I can call the manager anytime". The office was based in the registered manager's home, effectively providing 24 hour emergency cover.

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. Comments included; "They (staff) certainly know what they are doing" and "They (staff) are very well trained. Nothing is too much trouble" People's relatives told us they had confidence in the staff. One said "The level of their (staff) training is excellent. They know what to do and how to it". Another relative spoke with us about the specific training staff were taking to support their daughter's individual needs. They said "The carers are currently undergoing training and certification so they can help feed my (relative)".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included fire, moving and handling and infection control. Staff comments included; "I've had very good, detailed training. I've already got NVQ (national vocational qualification) level two in care and I've just started level three" and "I enjoyed the induction, it gave me confidence to do what we need to do. The moving and handling training was really useful as we support a person with their mobility". Staff also received specific training for people with specific and complex needs. For example, staff had been trained in specialist healthcare techniques to support one person.

People received effective care. Details of how to support people were contained in their care plans. For example, one person's care plan stated the person 'will be in bed upon arrival. Likes to have a biscuit first and then tablets whilst still in bed'. Another person needed support with preparing their meals. Guidance stated the meals were prepared by the person's family. However, staff were advised to 'offer a choice of snacks, make a drink and refill water and juice as required'. Staff were aware of and followed this guidance.

Staff received support to carry out their duties. Both care workers we spoke with were new to the service. We saw supervisions, a one to one meeting with their line manager were scheduled along with annual appraisals. Supervisions were scheduled twice a year with spot competency checks also scheduled twice a year. The registered manager said "As a small team we regularly meet to discuss issues and support each other. This is an on going process but the supervisions will formalise that procedure".

Staff told us they felt supported. Comments included; "I have a lot of support from the team and my manager. I cannot fault the help and support I've been given" and "Even though I am new here I cannot believe the support I've been given. It's been brilliant".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

Staff were able to demonstrate a good understanding of the principles of the MCA. One said "It's whether clients can make decisions. It's decision specific and we need to consider their best interests. It's all about choices". Another said "This protects people where they may not understand the decisions they have to make. I give them choices and time to understand and to choose. They have capacity unless we have good evidence to think otherwise".

People told us staff sought their consent before supporting them. Comments included; "They have got real patience and they always listen to what I have to say and always respond", "They always ask if it's alright to do things before they start doing it" and "They always make me a cup of tea before they leave and ask if everything is alright and if I need anything else doing". Relatives comments included; "They always ask if it is OK to do things before they start", "They always ask my wife if it's alright to do things" and "They always ask before they start anything to check it's alright".

We asked staff about consent and how they ensure people have agreed to support being provided. Staff comments included; "Consent is all about making sure people understand what you need to do and getting their permission first. I always ask" and "I always give people a choice every time. I check the notes to see what they did the day before and then offer alternatives. I then give them time to decide and respect their decisions".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included

Good

Is the service effective?

people's GPs, district nurses and speech and language therapists. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

People were protected against the risks of malnutrition and dehydration. People told us they had plenty to eat and drink. Most people did not need support with eating and drinking, however one person did need support. They told us they were happy with the support they received. They said "They cook all my evening meals and always prepare what I ask for". Another person was supported with snacks. Their relative said "They make sandwiches for my mother and always make her a hot drink before they leave".

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "The care I get is excellent. Nothing is too much trouble for the carers. They (staff) always ask if they can do more", "The care is excellent. They always ask if there is more they can do for me and think of me first" and "They are exceptional carers, nothing is too much trouble". Relatives we spoke with echoed people's sentiments. Comments included; "The care my wife gets is excellent. The relationship the carers have with my wife and I is excellent", "The level of care is excellent. They (staff) are very professional but always work at the personal level" and "The level of care we get is excellent and cannot fault it. They (staff) always treat my daughter with total respect and always chat with her which she really enjoys".

Staff told us they enjoyed working at the service. Comments included; "I love the work. I couldn't do anything other than care, it's so important but rewarding", "Caring is what I do and I enjoy my work. The clients are wonderful. I've worked in care before but this is really good. It's the best service I've worked for" and "We care and really it is that simple. I truly believe we make a difference in people's lives. It doesn't get any better than that".

Staff told us how they saw the same people regularly which meant they got to know them well. One member of staff said "I'm building good relationships with our clients. They know me and I'm really getting to know them. I'm supporting one person to choose a new dog. This has helped me get to know them and gain their trust". Another said "I think I have good relations with my clients and their families. I think we are all working as a team". The registered manager told us about one person they supported who had to spend two weeks in hospital. A relative had asked if the service could provide some support for the person during their stay as they could become anxious with strangers and familiar staff faces would reassure them. The registered manager said "We managed to work around this and provided support for them every day, sometimes for up to six hours at a time. It was difficult but clearly was of benefit to them which makes it so worthwhile".

People told us staff were friendly, polite and respectful when providing support to people. Comments included; "They are really lovely girls and treat me with real respect and make sure that I keep as independent as possible", "They treat me with total respect and make sure that I keep up my independence" and "They most definitely treat you with respect where you come first". Relatives told us staff were caring, respectful and treated people with dignity. One relative said "They treat us both with total respect. They always think of the whole person. They do little things like my wife's nails which she appreciates".

We asked staff how they promoted people's dignity and respect. Comments included; "I am very respectful and polite. I ask what they want and how they want it done. When I give personal care I cover them up as much as possible, close doors and curtains and I talk to them gently and calmly" and "I respect their decisions and I'm mindful of religion and race. If someone is praying I wait quietly until they are ready. I close curtains and shuts door to keep things private and I don't make an issue of care".

People's relatives told us people's independence was promoted. Comments included; "They clearly understand her and her needs and work with her to try and maintain her independence" and "They always work to try and keep my mother's independence".

People told us they were informed who was visiting them and when the visit was scheduled. All the people we spoke with told us they had a regular staff who visited them. They also told us new staff were introduced by the registered manager

Good

Is the service responsive?

Our findings

People told us the service responded to their needs and wishes. Comments included; "They certainly know what I like and do everything to make sure I am happy" and "They most certainly know what I like and always try to make sure that I get what I like. I cannot fault the service". Relatives comments included; "They really understand my daughter and her needs", "They certainly are getting to know what my daughter likes and does not like" and "They know what my wife likes and does not like and always chat to find out more about what she does like".

People's needs were assessed prior to receiving any care to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person had stated 'I like sensory activities, walking and music'.

People told us they were involved in their assessments. One said "We had a planning meeting to discuss what I needed". Another said "When we started they (registered manager) came out with all the paper work and planning and we worked out how to do it so it worked for me". One relative told us about planning support and responding to changes in the person's needs. They said "We were directly involved in the planning and if we need to change anything for whatever reason it can happen. Nothing is too much trouble"

The service responded to people's needs. One person had complex needs. Details of how this person needed to be supported were clearly listed with guidance available to address their specific needs. Staff had also received specific training to enable them to support this person safely. Another person required support with their mobility. Guidance was provided to staff including what activity the person needed support with and what equipment should be used. For example, 'going to bed' required the use of a 'full hoist'. Staff were aware of this person's support needs and had been trained in moving and handling.

People knew how to raise concerns and were confident action would be taken. However, people's overwhelming opinion was they had no need to complain. One person said "There is no reason to complain the service is first rate". Relatives comments included; "I have had no reason to complain and doubt I will have. The service is superb", "The care is excellent and cannot be faulted" and "Everything is great".

Staff told us how they would support people to complain. One said "They have the forms in their homes so I'd help them fill it in and give them phone numbers and addresses". Another said "I'd write it all down for them and keep them informed. I'd also let them know what I'd done".

The services complaints policy was contained in people's care plans in their home and gave guidance on how to raise concerns. This also included details of how to contact the Care Quality Commission (CQC). No complaints had been recorded. The registered manager told us complaints would be investigated and resolved in line with the policy. They said "We have not had any complaints. I think because we are so close to the people we support, any issues are picked up long before they reach the stage where people feel they need to formally complain. That is how I want it to stay".

Good

Is the service well-led?

Our findings

People told us they were happy with the service, felt the office was friendly and the service was well managed. Comments included; "The office is very helpful and nothing is too much trouble for them. I cannot fault them", "I am very happy with the service. They are so accommodating and the office is very helpful", and "I cannot fault it. The office is very helpful and is always there for you. The whole thing is well managed". Because the service was small and the registered manager was also delivering care, people knew the registered manager.

Relatives told us they had confidence in the service and felt it was well managed. Comments included; "We are very happy with the service we get and cannot fault it in anyway. The Office is very good and helpful. Nothing is too much trouble for them and they always respond", "We are very, very happy with the service. The office is brilliant and we can contact them or the carers. It is so easy. It's all so well managed. The manager came out recently to check everything was working for us" and "It is easy to contact the office. They are very well organised and professional. They never panic just get on and do the job. They are first rate".

Staff spoke positively about the registered manager. One said "They are very supportive and very flexible. I had to attend a personal appointment and my shift was changed, just like that. They are very open to ideas and there's lots of training opportunities". Another said "The manager is wonderful, very supportive with a caring nature. Easy to talk to. This is an open and honest service and I'd happily report any mistakes. There is no blame culture here".

Systems were in place to record, report and investigate accidents and incidents. The service had yet to experience any accidents and incidents, however the registered manager told us they would treat any such events as an opportunity to learn. They said "I meet my team every day and we discuss issues and our clients and share learning to hopefully prevent any accidents".

The registered manager had systems in place to monitor the quality of service and to look for continuous improvement. For example late or missed visits were monitored weekly. Visit and staff rotas were analysed to look for patterns and trends and changes were made in light of this information. For example, at a staff meeting it was identified there was a specific training need to enable staff to support a person. Rotas and schedules were changed to accommodate this training without disrupting the person's visit schedules.

Regular surveys were conducted to obtain people's opinions and views on the service they received. People were sent surveys at six monthly periods and asked questions relating to all aspects of care. All the responses we saw were very positive. The service also responded to people's requests. One relative had asked if the service could assist them with transport to and from hospital whilst their daughter received hospital treatment. The registered manager arranged this and assistance was provided.

We spoke to the registered manager about their vision for the service. They said "I want to provide people with not just personal care but that little bit extra. We do this because we care. My personal vision is shared by my staff and we use it on our website". On the services website the vision was clearly displayed. It stated 'caring about a person represents life's greatest value'. Staff were aware of this vision.

There was a whistle blowing policy in place. This policy was readily available to staff and they were aware of its contents and message. People and staff also had contact details for Oxfordshire County Council (OCC) and the Care Quality Commission (CQC).

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The service worked closely with other healthcare professionals including GPs, occupational therapists and district nurses. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans.