

Caring Personal Assistants Ltd

Caring Personal Assistants Ltd - Head Office

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?	Requires Improvement ●

Summary of findings

Overall summary

We carried out this inspection on 10 and 11 October 2018. This inspection was announced, which meant the provider was given 48 hours' notice of our inspection visit. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us.

We checked progress the registered provider had made following our inspection on 13, 14 and 15 September 2017 when we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to fit and proper persons employed. We asked the registered provider to complete an action plan to show what they would do and by when to improve the key question of safe to at least good. We found improvements had been made in this area and the service was no longer in breach of this regulation.

This service is a domiciliary care agency. It provides support to people living in their own houses and flats in the community. It provides a service to older people and younger disabled adults. Care staff are employed as personal assistants to provide a combination of practical and personal care, as well as general day to day assistance both within the person's own home and during any outings and activities. Not everyone using Caring Personal Assistants Ltd receives support with the regulated activity of 'personal care'; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection five people were being supported with personal care tasks.

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 2008 and associated Regulations about how the service is run.

There were systems in place to monitor and improve the quality of the service provided. However, these were not always formally recorded to provide a clear audit trail.

There were no team meetings for staff. These meetings are an opportunity for shared learning and peer support. We recommend the registered provider consider ways of providing this type of support to staff.

The registered provider now had safe recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager and the nominated individual.

Safe procedures were in place to make sure people received their medicines as prescribed.

Staff told us they received an induction, training, regular supervisions and yearly appraisals to support them to carry out their jobs effectively. However, staff personnel files we looked at did not contain evidence of supervision meetings taking place in line with the registered provider's policy of four a year. The nominated individual told us they would review this.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

Where required, people were supported to eat and drink to maintain a balanced diet.

People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to meet their needs.

Staff knew people's care and support needs. They were able to tell us about people's life histories and their likes and dislikes.

People told us they were treated with dignity and respect.

People received personalised care. People's care records reflected the person's current health and social care needs. Care records contained up to date risk assessments.

There was a complaints, suggestions and compliments policy and procedure in place. Feedback on the service was welcomed and encouraged.

People, their relatives and staff told us the nominated individual, registered manager and deputy manager were supportive and approachable.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Regulation 17, Good governance.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Staffing levels were appropriate to meet the needs of people who used the service, and safe recruitment procedures were followed to make sure staff were of suitable character and background.

There were clear procedures in place to recognise and respond to any allegations of abuse. Staff had received training in this area.

We found systems were in place to make sure people received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff told us they felt supported to undertake their jobs effectively.

Staff understood the Mental Capacity Act 2005 and what this meant in practice.

People were supported to maintain good health and have access to health and social care services.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and caring, and treated them with dignity and respect.

Staff knew people well and were therefore able to provide person-centred care and support to people.

Is the service responsive?

Good ●

The service was responsive.

People's care records were person-centred, they reflected the person's current health and social care support needs.

There was a complaints policy and procedure in place. This was readily available to people.

Is the service well-led?

The service was not always well-led.

There were systems in place to monitor and improve the quality of the service provided. However, these were not always formally recorded to provide a clear audit trail.

There were no team meetings held for staff to share learning and provide peer support.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

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 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 10 and 11 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us. The inspection team was made up of one adult social care inspector.

The inspection activity started on 10 October 2018 and ended on 11 October 2018. We visited the office location on 11 October 2018 to see the registered manager, nominated individual and deputy manager; and to review care records and policies and procedures. Over both days we spoke over the telephone with people who received a service from Caring Personal Assistants Ltd and staff who worked there.

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

Before the 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 has a serious injury.

Before the inspection we contacted staff at Healthwatch Sheffield and they had no concerns recorded.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield City Council contracts and commissioning service, and Sheffield clinical commissioning group.

During the inspection we spoke with two people who used the service. We met with the registered manager, nominated individual and deputy manager. We spoke with four members of staff. We spent time looking through written records, which included four people's care records, five staff personnel files and other records relating to the management of the service.

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 13, 14 and 15 September 2018 when we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed. This was because not all required information was available in relation to every person employed, such as references. During this inspection we found improvements had been made and the registered provider was no longer in breach of this regulation.

We checked five staff personnel files. Three of the five members of staff had been recruited since the last inspection. We saw each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. These checks helped to ensure people employed were of good character. Where not all the information was available, such as second references we saw risk assessments had been undertaken. This confirmed recruitment procedures in the service helped to keep people safe.

We checked to see whether there were enough staff to meet people's care and support needs. All five people currently in receipt of personal care from Caring Personal Assistants Ltd had personally chosen them to provide them with personal assistants. People told us staff stayed the full amount of time allocated to each visit. Staff we spoke with told us they had enough time to meet people's needs and they would contact the registered manager, nominated individual or deputy manager if they felt rushed and the person's care and support package would be reviewed.

The nominated individual told us they continued not to use agency staff and part time staff took on extra hours to cover if any of their colleagues were absent from work. The nominated individual, registered manager and deputy manager had completed mandatory training and had up to date DBS checks so they would step in if no care staff were available. The staff team were aware of every person's care and support needs in case they needed to cover.

We saw the registered provider had an up to date whistleblowing policy and procedure. Whistleblowing is one way in which a staff member can raise concerns about unsafe work practices or lack of care by other care staff and professionals. Staff we spoke with were aware of this procedure.

We saw the registered provider had an up to date safeguarding policy and procedure. We saw staff had completed eLearning training about safeguarding. Staff we spoke with were able to describe what abuse could look like and what action they would take if they thought abuse had taken place. All were confident the registered manager, nominated individual and deputy manager would take their concerns seriously and respond appropriately.

The registered provider had systems in place to record any accident and incidents and the action taken in response. We saw where a recent accident had been recorded, appropriate action had been taken in response. This included referring the person back to physiotherapy via their GP.

We saw people had risk assessments on their care records. Every person had a risk assessment linked to each of their assessed care and support needs. Each risk was given a rating of low, moderate or high. People's care records also contained environment risk assessments. These was to identify any risk to care workers, such as pets. There was guidance for staff on what action to take to reduce the risks. We were told these were up to date and we saw care records were regularly reviewed.

Some people required support with managing their medicines and this was recorded in their care records, alongside the level of support needed, from prompting through to administering. Where appropriate, we saw there were medication administration records (MAR) in place. Care staff were expected to sign the person's MAR chart to confirm they had given the person their medicines or record a reason why it had been declined.

The registered provider had up to date medicines policies and procedures, covering all aspects of safe medicines management. Staff we spoke with confirmed they received training in supporting people with their medicines. The nominated individual told us staff competencies in this area were observed to make sure they had the necessary skills to manage medicines safely. They told us this happened when they visited people at home and staff were there. However, we saw this was not formally recorded. The last recorded checks on staff were in August 2017, prior to our last inspection. The National Institute for Health and Care Excellence (NICE) recommends that staff have an annual assessment of their competency in administering medicines.

The nominated individual told us completed MAR charts were audited every three months when they were returned to the office. We saw evidence of these audits taking place on people's care records and there were very few errors recorded. They told us they also checked MAR charts when they were visiting people at home.

Staff told us they always had access to personal protective equipment (PPE), such as plastic aprons and gloves. People told us they had supplies in their homes. We saw staff had received training in infection control. This meant there were systems in place to reduce the risk of the spread of infections.

Is the service effective?

Our findings

We checked whether staff received appropriate support, training, professional development, supervision and appraisal in order for them to carry out their jobs effectively.

Staff spoken with told us they had an induction to their role, which included shadowing more experienced members of staff and completing mandatory eLearning training. Mandatory training is training the registered provider thinks is necessary to support people safely. The nominated individual told us all staff completed 22 mandatory eLearning courses. This included: understanding safeguarding, medicines management, person-centred care, and safe manual handling practice. Staff told us they watched the training on line and then completed a work book at the end to confirm their understanding. We saw certificates on staff personnel files confirming they had completed this training.

We saw staff new to working in social care had been supported to complete the Care Certificate standards modules or were in the process of completing these modules. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life.

Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is usually an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We were told by the nominated individual supervision should take place four times a year and an appraisal every year. Staff we spoke with told us they had supervisions, however they were unclear on how often they should have them. All staff told us they felt supported in their role. Comments from staff included, "I can contact them [managers] anytime. They have never not responded or rung back" and "They [managers] really do look after you."

During our last inspection on 13, 14 and 15 September 2018 we recommended the registered provider considered ways to accurately record the content and frequency of supervisions and appraisals. During this inspection on the five staff personnel files we looked at we did now see evidence of an appraisal being completed with staff who had been employed for over a year. We found only two files had one supervision meeting recorded as taking place since our last inspection. One member of staff had not received any supervision since joining the organisation over a year ago. However, they were employed in an office based role and they told us they could talk with the nominated individual and registered manager every day if they needed to. We spoke with the nominated individual about this and they told us they were reviewing the frequency of supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

We found the registered provider had up to date policies and procedures relating to capacity and consent. These included procedures to ensure any potentially restrictive care and support interventions were in the person's best interest.

Staff we spoke with confirmed they had received training in understanding the MCA. They told us they understood the importance of always gaining permission before providing any support.

From people's care records it was clear if they had capacity to consent to their care and treatment. At the time of this inspection all people receiving a 'personal care' service could give consent.

Some people receiving a service from Caring Personal Assistants Ltd required support to eat and drink. We saw people's food and drink preferences were recorded in their care records. Staff we spoke with had a good knowledge of people's preferences and requirements.

People were supported to access health and social care professionals. For example, we saw records of staff supporting people to attend care programme approach meetings. These are multi disciplinary meetings which provide care and support to people with mental health problems. Staff also contributed to these meetings, as they knew the person well.

Is the service caring?

Our findings

People told us the staff were caring. Comments included, "I am pleased to report that all relationships I have with my current P.A.s [care workers] are of an appropriate and supportive nature" and "I can chat with the carers, I trust them. They know what I like, but they always ask first."

All staff spoke respectfully about the people they supported and clearly knew them and their likes and dislikes very well. Staff told us they liked getting to know the people they supported. One member of staff told us, "It's like having a little family. We all get to know people [we are supporting]."

Care workers told us they received their rotas in advance. People told us they also received a copy of the staff rota for their support visits in advance. They were pleased they got this information as they liked to know who was coming to support them. The rotas we looked at also confirmed it was the same group of care workers people were seeing all the time.

The nominated individual told us that they and the registered manager continued to meet with new people considering the service to complete a comprehensive assessment of the person's health and social care needs. This included identifying the person's care and support needs as well as their likes and dislikes. They then aimed to match them with care staff with similar interests and values. We were told by the nominated individual that care staff were always initially placed on a trial placement with people to see if they could work together. People we spoke with and care staff themselves confirmed this continued to be the case. One person told us, "During the last six months CPA [Caring Personal Assistants Ltd] have gone the extra mile to match P.A.s [care workers] suited to my needs."

We saw the registered provider's policies and procedures, statement of purpose and service user guide emphasised the importance of supporting people to maintain their dignity and independence. For example, the service user guide states, "Each Service User is unique. A one-size-fits-all approach will never allow you as an individual to reach your full potential & personal goals. We deliver custom solutions, personal assistance and care packages that are tailored specifically to you - your culture, your beliefs, your aspirations and your one-of-a-kind requirements."

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender. Our discussions with people and staff showed us the service promoted people's rights. On people's care records we saw they were asked for their views in this area through assessments and reviews.

All the care staff we spoke with told us they enjoyed working at Personal Care Assistants Ltd and would recommend the service to a relative if they needed this type of care and support.

Is the service responsive?

Our findings

We looked at four people's care records. We saw there was a copy locked in the office and the registered manager told us one was kept in the person's home, if the person consented to this. We saw they contained a support plan which gave details of the times of visits, what support the person required during this time and what the aim of the support was.

Care records recorded key information about people's personal preferences and any cultural and religious beliefs they held. This meant staff were aware of people's individual needs and support could be provided in a way that respected their choices. Some care records also contained a personal statement, if the person wanted to complete this. This gave care staff additional information about the person in their own words.

The care records we looked at contained written evidence of reviews taking place since the last inspection. We saw these reviews involved people, and their relatives where appropriate. Regular reviews meant people's care records were kept up to date and were reflective of the person's current situation.

At each visit staff completed the 'support log' detailing the date of the visit, arrival time, finish time, support given, any concerns or changes in health or behaviour, and action taken in response to this. Staff then signed the record. These logs were recorded in a 40 page booklet in the person's home and these were audited when they were completed and returned to the office for storage. We saw evidence these were being audited and during our checks we confirmed records of care corresponded to people's care plans.

Where people had been assessed as needing assistance to promote mental health and wellbeing they were supported and encouraged by care staff to undertake different activities and maintain their social relationships.

The registered provider had an up to date complaints, suggestion and compliments policy and procedure. It gave addresses and telephone numbers of who to contact to make a complaint and who to contact if people were unhappy with the original response. We saw this information was also available in the service user guide. Throughout the service user guide, it was clear that feedback on the service was welcomed and would be acted upon.

People told us they knew how to make a complaint and they told us they would inform the registered manager or nominated individual if they were unhappy with their care. One person told us they had approached the registered manager about various matters and they felt as though they were listened to. At the time of this inspection there were no formal complaints about the service recorded.

We saw the registered provider had systems in place so people with a disability or sensory impairment were given information in a format that they could understand and use. For example, one person used texts and emails to communicate with the nominated individual and registered manager because they found it difficult to communicate verbally.

Is the service well-led?

Our findings

The service began operating nearly four years ago and was set up by the nominated individual and registered manager. The nominated individual and registered manager employed a deputy manager a year ago to support them in managing and developing the service. Throughout this inspection people and staff gave positive feedback about the registered manager, nominated individual and deputy manager.

We asked the nominated individual if people and staff were asked for their views on the service and given opportunities to make any suggestions for improvement. They told us they had sent out a customer satisfaction survey in December last year, however the response rate had been low. We did see compliments from people on the wall in the office and on people's care records. However, these were not dated so it was not known whether they were additional to the ones we saw during our last inspection.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager and nominated individual told us they undertook audits of care records, support logs and MARs when they visited people at home. They also told us they used this an opportunity to check staff competencies in medicines management and providing safe care. However, as these were not always formally recorded this meant there was not an effective audit trail to assess, monitor and improve the quality of the experience of people receiving services. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

At the last inspection on 13, 14 and 15 September 2017 the nominated individual told us they were planning to introduce meetings for people who received a service and team meetings for staff. However, during this inspection, we found this had not happened. The nominated individual explained that due to the remoteness of the office and varied geographical locations of the people they supported it had not been practical to implement any meetings. We were told people, their relatives and staff could contact them at any time and our conversations with people and staff confirmed this to be the case.

We were told staff could also use supervision as an opportunity to suggest any improvements or changes and we did see evidence of this on some of the supervision records we looked at. Although staff were not receiving regular supervision, and supervision does not give the opportunity for shared learning or peer support. We recommend the registered provider consider ways of providing this type of support to staff.

The service had a comprehensive set of policies and procedures covering all aspects of service delivery for people, their relatives and staff. These had all been supplied by a private care company. We saw they were regularly reviewed and updated accordingly to make sure they represented the most up to date legislation and good practice guidance. All the associated procedures had been updated by the registered manager and nominated individual to give local contact details where appropriate. For example, the contact details for the local authority safeguarding services. Staff told us they access to the most recent versions online on their smart phones.

It is a requirement a service displays their most recent rating on their premises and on every website maintained by or on behalf of any service provider. Prior to this inspection we checked the registered provider's website and the current rating was not displayed. We spoke with the nominated individual about this and the website was subsequently updated during this inspection.

The registered manager told us they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed there had not been any need to submit any notifications to date.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits were not always formally recorded. This meant there was not an effective audit trail to assess, monitor and improve the quality of the experience of people receiving services.</p>