

PALS Ltd

PALS Limited

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 ●

Summary of findings

Overall summary

About the service

PALS Ltd provides support and personal care to people with learning disabilities, autism and other needs, in the community. This report refers to the care and support provided to people who received personal care in their own homes. Personal care is help with tasks related to personal hygiene and eating. At the time of the inspection, two people were receiving support with their personal care within their home on an adhoc basis. The service responded flexibly to people's changing needs and circumstances and had the capacity to provide personal care to other people in their homes, if required.

People's experience of using this service and what we found

The registered manager was an inspirational leader. They told us before the inspection, "We actively encourage person centred approaches in all aspects of our service." Our findings confirmed this was an ethos which ran through the whole organisation. Feedback from people, families, staff and professionals about the service was universally positive.

A key theme throughout the inspection was the cherished relationship between care staff and the whole family of the person they supported. There was an intensive process which matched each person to a small caring staff team who knew them well and had been selected specifically to meet that person's individual needs and preferences.

Staff were skilled at meeting people's needs safely, enabling them to be part of their local community. The service provided flexible opportunities for staff to develop their skills, so they were able to meet the needs of the people they supported. People's health needs were mainly supported by families and other professionals, with staff providing support to enhance their wellbeing.

Senior staff had assessed people's needs and produced written guidance for care staff. This guidance did not always reflect the person-centred support people received. This did not impact on the safety or on the quality of the support people received due to excellent communication, and the detailed matching and shadowing process. We discussed the quality of care records with the registered manager and they agreed to review their process to ensure staff had the required information, particularly for people with more complex needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was scope to improve some of the more formal quality checks. However, the commitment and involvement of the senior staff team meant they had a deep understanding of what was happening at the service. The registered manager promoted open communication with people, families, staff and professionals. This created a service which adapted flexibly to people's needs and in response to feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first inspection for this service. Although the service was registered in 2011, they have not always been providing personal care during this period.

Why we inspected

This was a planned inspection to check the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

PALS Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency, providing personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service provides wide-ranging support and training in addition to the personal care provided to the two people reviewed during this inspection. At the time of our inspection, the service was working with nearly 100 people, whose support was not covered by our report.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection and we could arrange to meet with the people and their relatives. We visited the office on 24 October 2019.

What we did before the inspection

Prior to the inspection we gathered and reviewed information we held about the service, including information we had received from the provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support and plan our inspections.

During the inspection

We met with two people who used the service, their relatives and the staff who supported them.

We met or spoke with two members of care staff, one senior care staff, the registered manager and one of the directors of the organisation. We reviewed a range of records, including two people's care records. We looked at information relating to the management of the service, including staff files and quality audits.

After the inspection

The registered manager sent us information which we had requested. We had contact with four health and social care professionals who had contact with this service. Four relatives of people not included in the inspection contacted us to provide feedback on the service.

During our inspection we became aware an administrative change was needed to ensure the organisation's registration certificate held the right information. The provider readily submitted the necessary paperwork when requested and the revision was completed prior to the publication of the final report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A relative described how staff supported their family member from the risk of abuse when in contact with other people. This included enabling the person to develop skills which promoted safer and more positive interactions when in the local community.
- Senior staff carried out spot checks on staff and were involved in direct care to people. This vigilance helped protect people from the risk of abuse.
- Staff knew what to do if they were concerned about a person's safety. There were systems in place to ensure concerns were raised with the necessary authorities. Senior staff worked well with professionals in any investigations.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff had a practical approach to risk, minimising restrictions on people and enabling them to take an active part in the local community. A relative described how staff picked less busy places to visit to lessen a person's anxiety.
- There were risk assessments and action plans in people's records which outlined measures to keep people safe, for example when driving in a car. Some of the written guidance to staff was generic and did not reflect the highly person-centred support provided to keep people and others safe.
- We found no impact from the lack of detail in risk assessments and plans. Staff and relatives described in detail the measures staff took to keep people safe.
- We discussed this with the registered manager, so they could consider adapting plans to better reflect the safe care being provided.
- Staff and families described how the service continually learnt and evolved. For example, senior staff acted promptly if the matching between a person and member of staff had not been successful for them.

Staffing and recruitment

- Key to staffing at the service was the matching of people to staff. A relative described their family member's specific needs and said, "[Named staff] is a really good match as they are so calm and good at what they do. [Person] absolutely adores them."
- There were safe systems in place for the recruitment of staff. A member of staff confirmed they had not started working until all checks had been completed.
- The service only started providing support when they had a customised, core staff team in place to support a person. A member of staff told us, "It took a long time after I was recruited until I started work due to the pairing system."
- There were enough staff to meet people's needs. A person's support team had increased to two members of staff to ensure they were supported safely.

Using medicines safely

- Staff did not administer medicines to the people covered by this inspection. There were systems in place to train staff to provide safe support should a person require care which included support with medicines.
- Staff had received training specifically relating to one person, where medicine might be required in an emergency, however this support had not been needed since the person started the service.

Preventing and controlling infection

- Staff received guidance in how to minimise infection.
- A relative described how staff put this into practice in a dignified manner.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. This key question has been rated good. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Senior staff carried out assessments of people's needs. They developed detailed profiles of people who required support which were used to match them to appropriate staff. Once the people were matched to their staff team, senior staff created plans which outlined the agreed care and support to be provided. These support plans lacked detail and did not reflect the highly person-centred support being provided.
- Staff told us they gained information about a person from the initial profile, a lengthy shadowing process and communication with the person, their representatives and colleagues.
- We found no impact to people as a result of the lack of detail in support plans as people only received support from staff who knew them well. However, we discussed this with the registered manager who agreed they would review their processes to ensure support plans reflected the support provided.

Staff support: induction, training, skills and experience

- Staff were skilled at adapting their support to ensure people achieved good outcomes. A member of staff described how they used "active support" when working with people. This is a person-centred approach which ensures people are at the centre of their support. The staff member told us about how they had used this approach with a person they were working with to gradually reduce their anxiety when in the local community.
- Staff told us they felt supported in their role. A member of staff told us, "Most comfortable I have felt in a working environment. In the first couple of months there were constant phone calls from seniors and managers to check I was ok."
- Staff received a detailed induction and training. Where necessary staff received specialist training. A relative described an exceptional approach by the registered manager to ensure care and senior staff received training on their family member's specific need.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff worked alongside people and their families to support people maintain a balanced diet.
- The personalised support staff provided meant people's quality of life was enhanced and they could enjoy new experiences. For example, they worked with staff to gain the confidence and skills to eat out at a restaurant or have a meal with a group of friends.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service did not have primary responsibility for people's health care. The people we met lived with their families who supported them to access healthcare services and support.

- Staff worked alongside families and other professionals to support people to live healthier lives. For example, they provided support to enable a person to attend appointments.
- The service provided advice and guidance which enabled people to achieve positive outcomes. For instance, staff promoted the importance of annual health checks with GPs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The organisation's passion for creating person-led support meant the service worked within the principle of the MCA. We found multiple examples of best practice in how staff used specialist communication and skills to ensure people were enabled to make decisions about their care.
- Care records had some reference to mental capacity and evidence that consent was sought before care was set up, however this was not always consistent. We discussed this with the registered manager who agreed to review the records to ensure records had been completed in line with the requirements of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved in partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager had set up the service to promote the rights of people to have access to holistic, personalised support. They told us of the importance of avoiding people being forced to leave their local area due to a lack of specialist services. This represented a highly caring approach, centred on a respect for equality and diversity.
- We observed people spending time with the staff who supported them. The interaction was comfortable, relaxed and reflected positive and equal relationships.
- The care provided benefitted whole families. A relative told us, "They have been invaluable. We had a very stressful family emergency and PALS stepped in at the last minute."

Supporting people to express their views and be involved in making decisions about their care

- We observed the support from staff meant people were central to any decisions made about their care, for example where they went each day.
- Staff prepared a profile about themselves which was given to a person and their representatives to help them be involved with the matching process. This promoted the role of the person as an equal in their care.

Respecting and promoting people's privacy, dignity and independence

- The process of matching people to staff promoted people's dignity as they were supported by a core of people who knew them and their families well.
- A member of staff described how they supported a person to maintain their dignity when providing personal care during trips out. They said, "I try and make sure as few people know about it as possible."
- The ethos of encouraging independence was central to the service. The member of staff described how they promoted independence when providing personal care. "Doing it this way gives [person] more control over what is happening."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Support was tailored to meet people's needs. A relative told us, "It's very flexible and might change on the day depending on mood or weather."
- Care was constantly reviewed, based on daily conversations with people and their representative. Over time staff also worked with people to help them review their long-term objectives.
- Daily records reflected the vast array of opportunities and activities people took part in. These reflected people's interests and their overall aims and objectives, such as increasing their physical fitness through going swimming.
- PALS had a central role in reducing social isolation. People congregated in a communal room near the offices in Chelmsford and benefitted from the social contact. The registered manager told us on the day of our inspection, "One group of people has just gone into town shopping, on another day they might meet up to play rounders."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff tailored their communication around people's needs in a skilled manner to ensure people remained central to what was happening. For example, by using pictures of care staff to help a person understand changes in rotas. A professional told us staff skills in the use of communication technology enhanced people's involvement in their service.
- Staff understood what specific gestures or actions meant where people were non-verbal. We observed staff communicating exceptionally well with people in this situation. Staff used in depth knowledge of people's communication to provide support which helped minimise any anxiety or distress.

Improving care quality in response to complaints or concerns

- There were systems in place to support people and their families to complain and to ensure concerns were investigated and acted on effectively. The service had received very few complaints.
- Everyone we spoke to told us concerns were dealt with at an informal level. A member of staff described how regular communication with families ensured they resolved any issues together.

End of life care and support

- Staff were not providing end of life care to anyone at the service at the time of our inspection.
- The personalised systems were able to flexibly adapt staff skills and support to respond to any deterioration in people's health.
- Should end of life care be required, excellent communication and relationships meant staff had built a strong foundation through which to support a person and their family members.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us they set up the service because they believed people had the right to be in control of their own lives. They believed people achieved good outcomes when support was holistic and led by the person, or in their best interests. We found this ethos reflected the service.
- Staff advocated for the people they supported and ensured their views were central in the development of the service. This meant people and their representatives were automatically part of discussions when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were weekly management meetings which provided the registered manager with good oversight of what was happening at the service. Discussions included reviewing incidents and concerns and agreeing action taken to improve care.
- The registered manager ensured there were ongoing checks on the quality of the service. Some of these were formal, such as spot checks on the quality of the care and support. Others were more informal, for example, the registered manager and other senior staff worked alongside care staff and used this opportunity to check they were happy with the support being provided.
- We discussed the benefits of some more structured checks to ensure there were no gaps or inconsistency in the quality of care across the service.
- The registered manager promoted a culture where the care was always evolving. We noted in records of meetings that staff felt able to make suggestions of how to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from professionals was universally positive. One professional said, "I professionally feel that Pals Ltd work well with myself and other social care professionals. I have been pleased with the open and honest discussions we have been able to have."
- Professionals told us the organisation promoted open communication and ensured people and their families remain engaged and central throughout challenging discussions.
- The registered manager described how they promoted their ethos and values through positive relationships with professionals. They belonged to several formal and informal networks and groups which

help shape the local care market to ensure they kept up to date with best practice.

- We were sent extensive wide-ranging information which did not relate directly to the personal care we were inspecting. This included families telling us their positive experiences of PALS Ltd and details about how the service promoted inclusiveness through the employment of people with disabilities. This information demonstrated the service was valued as an important part of the local community.