

Pacific Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pacific Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of inspection two people were receiving support.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Care plans did not always detail what care and support people needed and there was a lack of specific risk assessments in place for people. Medicines were not always managed safely, people did not have up to date information in relation to medicines they were taking. Staffs competency wasn't checked to ensure they were safe to administer medication. People told us they felt safe when staff visited them. Staff were recruited safely and there were enough staff to take care of people.

People's needs were assessed, and outcomes recorded. People were offered a choice of food and drink when staff were preparing meals. The service worked with other health care professionals. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the management team. Staff received supervision, but this was not recorded.

People who used the service told us staff were kind and caring. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. People told us staff treated them with dignity and respect, they were involved with the planning of their care and their views were listened to.

There was a complaints procedure and people knew how to complain, however the service was not recording complaints in a formal way. Peoples likes, and dislikes were not recorded in people's care plan, however, staff knew people and their preferences well. People's communication needs were not recorded in their plans.

Everyone spoke highly of the registered manager who they said was approachable and supportive. The provider and registered manager understood the regulatory requirements; however, they did not monitor the quality and safety of the service on a regular basis. People told us they thought the service was well led

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

Rating at last inspection

This service was registered with us on 16 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the services registration date.

Enforcement

We have identified two breaches at this inspection in relation to not doing all that is reasonably practicable to mitigate risks, this is a breach of Regulation 12: Safe care and treatment. Not monitoring the quality and safety of the services provided in the carrying on of the regulated activity. This was a breach of Regulation 17: Good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Pacific Care Services 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

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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. We sought feedback from the local authority who work with the service. This information helps support our inspections.

During the inspection-

We reviewed a range of records. These included two people's care records. We also looked at two staff recruitment files and the training records of all staff. We reviewed records relating to the management of the service and a variety of audits implemented by the provider.

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We spoke to the registered manager as they were not present on the day of inspection.

Is the service safe?

Our findings

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

This was the services first inspection. At this inspection this key question is requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Before providing support an initial assessment form was completed to assess whether the service could meet people's needs. However, this was basic and required more detail.
- People's care files included assessment of risk which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines and moving and handling. However, these required more detail.
- The care documentation set out some risks and control measures in place to mitigate the risks. However, not all areas of risk had been covered and what was recorded lacked detail for some aspects of care provision. For example, where people had specific health conditions there were no risk assessments in place to provide guidance to staff and mitigate any risks.

We found no evidence that people had been harmed. Due to not doing all that is reasonably practicable to mitigate risk this is a breach of Regulation 12: Safe care and treatment. The Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

Using medicines safely

- One person told us, "Staff always help me with my medicines, they ensure I have taken them all."
- Staff received training in the safe management of medicines. However, staff did not have their competency checked.
- The care plan did not clearly document the level of medicine support needed for each medicine, or who to contact about their medicines.
- There was no up to date information in people's care plan about what medicines people were taking and why. Medication administration records (MAR's) had not been brought to the office for auditing, therefore we could not see an accurate record of all medicines administered.

We found no evidence that people had been harmed. However, these failings placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe and they felt safe when staff visited. One person told us, "I feel very safe when staff visit me." Another person told us, "I feel very safe with the staff. They are all alright including the manager and partner of the company."
- There was a safeguarding policy in place which set out the types of abuse, how to raise referrals to local

authorities and the expectations of staff.

- Staff could explain what action to take to ensure people were safe and protected from harm and abuse. Staff told us, "I am confident to raise any concerns I have, if I wasn't listened to I would contact the CQC."

Staffing and recruitment

- The service was adequately staffed.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Preventing and controlling infection

- Staff completed training in infection prevention and control.
- Staff had access to personal protective equipment such as gloves.

Learning lessons when things go wrong

- There had been no accidents or incident, however the registered manager had a system in place to monitor this. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences should they arise.

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 was the services first inspection. At this inspection this key question was rated as good. This meant 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

- Assessments of people's needs took place, outcomes were identified and care and support was regularly reviewed.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care.
- The provider was working with a training company to develop their induction programme for new starters.
- The operations manager and registered manager told us they met with staff on a regular basis, the staff we spoke to confirmed this. However, this was not documented formally. We spoke with the operations manager who informed us they would record this moving forward.
- The registered manager completed spot checks.

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

- People told us, "Staff always offer a choice of meal. I usually plan what I'm having when I do my shopping, but they will ask me what I want. They help me be independent," and "I have frozen meals, staff just whack them in the microwave, not much to it. But, they always ask me which meal I want and offer me a choice."
- No one required their food and fluid intake monitored, however, the service recorded this in people's daily notes to help monitor and identify early if there were any concerns.

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

- One person told us, "Staff always call the doctor if I'm unwell. If I ask for help I get it. They always check I'm alright, they ask if I want them to phone my GP, it's like they pre-empt it."
- Records showed the service worked with other agencies and professionals to ensure people received effective care.
- Information was shared with other agencies if people needed to access other services such as GPs, health and social care services.
- Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact the office and update them.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received. The registered manager was aware of their legal responsibilities under the Act.

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 was the services first inspection. At this inspection this key question was rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us, "Staff are kind and caring, they do what I need doing. They always treat me with dignity and respect," and "They always treat me with dignity and they respect me, I'm happy to have them. They will always do things even if it's not on the plan, always helpful and caring. Compared with the last company these are like Rolls Royce's."
- Staff we spoke with were positive about their role. They told us, "I like working for the company. (Person) I like them, like my (relative). We have a relaxed relationship. We have a joke. I like (person's) humour."
- Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring people received the best possible care.

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

- Records showed people who used the service and relatives were involved in care planning and reviews. One person told us, "I was involved in my plan along with my family members."
- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect, comments included, "They help me to be independent. Whatever I ask of them they do. When they are helping me with my shower, they always take their time and ask me what I want them to do, they never rush me."
- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care.

Is the service responsive?

Our findings

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

This was the services first inspection. At this inspection this key question was rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- One person told us, "It's important for me to have the same person/people. I need the same voice it gives me confidence. When it's different people this has an impact on me. I told Pacific it was important to have regular people, and this is what I have. I told them 'If ever there is a problem please ring me and let me know what's happening, then I feel comfortable with the change'. They always tell me."
- People using Pacific Care had an individualised plan of their care, drawn up with them, based on an assessment of their needs. One person told us, "I was involved with the care plan with the registered manager he wrote information down and put it in a care plan." Plans were reviewed regularly.
- People's likes, dislikes and what was important to the person were not recorded in people's care plans. However, staff were knowledgeable about people's preferences and could explain how they supported people in line with this. One staff member told us, "I speak with people and find out what they want, they are able to tell me this."

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.

- People's care plans did not include details about their communication needs. One person had a specific disability, there was no information to inform staff how to support the person. Due to staff knowing the person well their needs were known and understood by staff. The person confirmed they felt well supported by staff.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service told us they would feel able to raise any concerns with the manager. One person told us, "I do know how to complain. Once there was a problem. As soon they knew what happened they apologised profusely. Explained the outcome of why the issue occurred. Said it was their fault, I was happy with that."
- When complaints were received these were logged in people's files. However, there was no formal process followed. We spoke with the operations manager, who told us they would record these separately moving forward, along with the outcome and whether people were satisfied with this.

End of life care and support

- The registered manager informed us they were not currently providing care for people at the end of life. If

this changed they would support people whilst working alongside other professionals to meet people's needs and wishes.

- The management team had sourced end of life training for staff which they due to attend.

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 was the services first inspection. At this inspection this key question was rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were very limited quality assurance systems in place to monitor the service and identify areas for improvement. However, the registered manager did visit people at home, check through records and inform staff through people's daily notes of required improvements.
- The systems they did have in place being ineffective as they had not highlighted or addressed the issues you found in safe or responsive etc.

Due to not monitoring the quality of the services, this is a breach of Regulation 17: Good governance. The Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

- There was a registered manager in post who provided leadership and support. They were supported by an operations manager. We found the management team open, honest and committed to making a difference to the lives of people using the service.
- There had been no accidents, incidents or safeguarding concerns which required the registered manager to send a statutory notification. However, the registered manager was aware of their responsibility around this requirement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team and the staff team knew people and their relatives well which enabled positive relationships to develop and good outcomes for people using the service.
- The quality of the service was also monitored using surveys to get the views of people and their relatives. This was completed face to face. The survey overall results were positive. One person told us, "The manager turns up every now and again. He does a survey asks how I'm getting on, has a cup of tea and a chat. Asks if I have any problems, anything bothering me and anything to be addressed. If there is anything I need to tell, then they will address this."

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

- People who used the service were positive about the management. Comments included, "I think it is a well-managed company. They are a young company who have had a few issues, they have sorted them out

as they go. They are growing and learning and are determined to make themselves as good as possible. They have hick ups, but they deal it them. They always respond, always positive and always answer any questions."

- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The registered manager had a clear understanding of their role.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with social workers and Barnsley, Rotherham and Sheffield local authorities.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Not always assessing the risks to the health and safety of service users of receiving the care or treatment; and not doing all that is reasonably practicable to mitigate any such risks;</p> <p>Medication was not always managed safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not established or operated effectively to ensure compliance.</p>