

Mrs Alison Sarah Barrett

PA Care Agency

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

PA Care agency is a domiciliary care service registered to provide personal care to people living in their own homes. The registered manager explained that the support hours provided varied depending on the person's needs. Flexible support was offered 24 hours a day for seven days a week. At the time of our inspection 13 people were using the service.

This inspection took place on the 20 April 2016 and was announced, which meant the provider knew before the inspection we would be visiting. This was because the location provides domiciliary care services. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

A registered manager was employed by the service. 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. The registered manager was available for the all of the inspection.

People using the service and their relatives said they valued the relationships they had with staff and were satisfied with the care they or their family member received. People were supported to have a say in how their care was delivered.

Staff were aware of the types of abuse people may be at risk of and the actions to take if they suspected someone was at risk of harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare.

People received their care at the correct time and had support given by the same members of staff to ensure consistency of care.

There were enough staff deployed to fully meet people's health and social care needs. Appropriate recruitment processes were in place to reduce the risk of unsuitable staff being employed by the service. Staff received training and support from management to ensure they had the right knowledge and skills to meet people's needs.

Systems were in place to ensure people were given their medication in a safe way.

People told us staff sought their consent before providing any care or support. Staff had an awareness of the Mental Capacity Act (2005) and knew how to support people to make their own decisions.

People's needs were assessed and care plans developed to identify the care and support people required. People and their relatives told us they were involved in the planning and reviewing of their care and support

and that when they required changes to be made, this was actioned by staff or the registered manager.

People and their relatives told us they knew how to raise any concerns or make complaints should the need arise. The registered manager sought feedback from people to ensure the quality of care was maintained.

People, relatives and staff all spoke positively about the management of the service. Staff felt supported and confident in raising concerns and felt the registered manager would act on these.

Staff working in the service had access to personal protective equipment (PPE) such as gloves and aprons to help prevent cross contamination and promote infection control.

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 ●

This service was safe.

There was sufficient staff to provide care and support to people using the service. Safe recruitment practices were followed.

People using the service were protected from the risks of harm or abuse because there were safeguarding systems in place and staff knew how to use them.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received sufficient support with nutrition and hydration where necessary.

Records showed staff had received the required training to do their jobs effectively.

Staff had an understanding of the Mental Capacity Act 2005 and supported people to make decisions regarding their daily living.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring.

People told us that staff treated them with dignity and respect.

There were plans in place to ensure people's privacy was maintained at all times. □

Is the service responsive?

Good ●

The service was responsive.

Care plans were written in a clear and comprehensive way so they were easily understood by staff providing support.

People were able to raise issues with the service in a number of ways including formally by using the complaints process.

Staff were knowledgeable about people's support needs, their preferences and interests. This ensured people received a person centred service

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post who made themselves available to the people who used the agency and staff. They had clear ideas about the standard of service people should be provided with.

Staff told us they enjoyed working for the agency and felt supported by their manager.

There was a quality assurance system in place. People using the service and staff had opportunities to comment about the service they received.

PA Care Agency

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.

The inspection took place on 20 April 2016 and was announced. This was because the location provides domiciliary care services. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by one inspector.

Before we visited we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR) from the service. 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.

During our inspection we went to the service's office and spoke with the registered manager. We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included five care and support plans, staff training records, staff personnel files, policies and procedures and quality monitoring documents.

We spoke on the telephone with four people who used the service and two relatives about their views on the quality of the care and support being provided. We spoke with the registered manager and five staff members.

Is the service safe?

Our findings

People told us they felt safe when the agency staff were in their home providing care and support. Comments included "Yes I do feel safe. I have total trust in them" and "I feel totally safe with the staff who provide my care". Relatives spoken with also felt their family member was safe with carers. One relative told us "I trust staff and know they are giving him good care".

People told us they had never had any missed calls and that staff were usually on time. One person told us "They are very reliable and always come on time. I've never had any missed calls". A relative said "They may occasionally get held up by traffic but that can't be helped. They are very rarely late and we've never had a missed call". Staff we spoke with felt there were sufficient numbers of staff available to meet people's needs and that they had enough time to support people. One member of staff told us "If I need to stay longer with someone then it's not a problem. Someone from the office will always cover if needed". The registered manager explained that if people's needs changed and they found the time allocated was not enough then they would reassess the person and look to increase the time of their visit. Day to day staffing levels were varied and set to meet people's needs.

We checked the care plan's for five people who used the service and saw they contained risk assessments which recorded the safety of the person and the person's home environment. This included an assessment to support the person to mobilise, any personal care needs and nutritional needs. Staff training records indicated they had completed training on moving and handling. This meant staff had the knowledge they needed to assist people to mobilise safely.

People told us they were supported to have their medicines by staff. One person told us "I order all my medicines, they just make sure I am taking them on time". We saw that people were supported with taking their prescribed medicines and medication administration records (MARs) were completed fully. There was a medication policy and procedure in place. The registered manager told us medicine management training was provided.

People were safe because they were protected from avoidable harm and potential abuse. We looked at the arrangements in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. These were read by staff as part of their induction, where they also undertook training in this area. Staff had an awareness and understanding of the signs of abuse. They were aware of their responsibilities to report any suspicion or allegation of abuse. They felt confident any concerns raised would be taken seriously by the registered manager and where necessary acted upon. Whilst there had not been any safeguarding alerts the registered manager was aware of the need to report any concerns to the local authority safeguarding team and to inform the Care Quality Commission as required by their registration. The registered manager and team leaders also undertook unannounced visits to observe the working practices of staff. The team leader explained this was to make sure staff were following safe working practices to ensure both themselves and the person using the service were safe. We saw records of these visits on staff personnel files.

The service followed safe recruitment practices. We looked the recruitment records for three staff. Application forms were completed, formal interviews undertaken and employment references were held by the agency. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work for the agency. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Some people using the service were involved in the recruitment of staff.

There was a policy and procedure in place to guide staff on infection control and prevention. Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. One person told us "They always put their gloves on before helping with my care".

Is the service effective?

Our findings

People and their relatives told us they felt the staff who supported them were competent and had the right skills for their role. One person told us "I'm very happy with the service. The staff all know what support I need". A relative said "They are a very professional service. The staff certainly know what they are doing".

Most people were independent with preparing their meals and drinks. Staff told us where they supported people they recorded this information in daily records so other staff could see what meals had been provided previously and they could monitor people's nutritional requirements. One person told us "I plan what it is I want to eat and they just help where needed". Staff told us that it was always people's choice what foods they prepared or helped them prepare. One staff member said "She tells us what she wants to eat and help with the cooking. We try and encourage a healthy and varied diet of food she likes".

Staff we spoke with told us they had received training to support them in their role. One member of staff told us "The training here is very good. I've done things like moving and handling, safeguarding people and medicines". Records showed people received training specific to the needs of the people they were supporting. Staff told us and records confirmed that prior to starting work, staff undertook an induction which included core training and a period of shadowing an experienced member of staff. One member of staff told us "Yes I had enough training during my induction. I was able to shadow other staff which really helped me to get to know people before I started working with them".

There were effective communication systems in place to ensure staff had the information they needed to support people. All staff we spoke with confirmed they were kept up to date with any changes in people's care and support needs. One member of staff told us "We fill in their daily records every day which we use as a handover for other staff. We write what we have done, what people have eaten and drank and if there have been any issues". Another member of staff said "If there are any changes with people's care then we will get a call or a text from the office telling us what has changed and what the new care plan is". Another member of staff told us "If we notice things have changed and the care plan isn't working then we can speak with the office and they will make any changes".

Staff confirmed they received regular supervision meetings with their manager. During these meetings they had the opportunity to discuss their work and identify any additional training needs to support their personal development. One staff member told us "We have regular supervision. X and Y in the office are very approachable so I can talk to them anytime if I'm not sure of something".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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. Any

DoLS applications must be made to the court of protection.

We checked the service was working within the principles of the MCA. People told us staff sought permission before undertaking any care and support. One person told us "I am in total control of my care and can choose what care I want". Another person told us "They always check first and tell me what they are doing".

Where necessary staff contacted health and social care professionals for guidance and support or to book appointments for people at their request. This supported staff to ensure people had the contact they needed with the relevant health and social care professionals. People and their relatives told us where required the service would support them to make and/or attend medical appointments. One person told us "Whilst I make the appointments they will help me to get there". One staff member told us "If I have any concerns about anything I can raise my concerns with my manager". They told us about a recent situation where they had noticed a change with a person's behaviour. They had spoken with the registered manager who had raised these concerns with the person's family and GP. Daily records contained information when people had been assisted to seek healthcare support.

Is the service caring?

Our findings

People told us staff were kind and caring. Comments included "This is the best service I have had. Staff know me well and are very supportive" and "The staff are fantastic. They are very kind and meet all my needs". Relatives spoke positively about the caring nature of staff. One relative told us "We are very satisfied with the care. They are A one".

People told us they were involved in planning their care. One person told us "I was able to write my own care plan and be in total control". Another person told us "I sat and had a chat with the manager about the care I wanted. We worked together to make a plan". One person told us how they had not got along with one of their carers. They said they had spoken with the team leader who had then organised for this staff member not to work with this person again.

Relatives we spoke with confirmed they were involved in their family member's care. One relative told us how it was important to their family member that they had their hair done each day. They said when the care package was organised they were able to let the agency know this was to be a part of the person's daily care routine. Another relative said "I can chat about how the care is going and I'm involved in reviewing her care plan. In fact we only did this last week".

People and their relatives told us people were treated with dignity and respect. One person told us "They always make sure my dignity is maintained. They make sure the door is closed and keep me covered". A relative told us "They respect her privacy and make sure she is covered. They never just come in and strip her off. They are always checking she is ok". One staff member told us "It's important to respect people's dignity. There is one person who I know likes their own space. When I help her to the toilet I always stand outside the door just to give her a bit of privacy".

Staff told us they encouraged people to do as much as they could for themselves to retain their independence. Comments included "one of the values of the agency is that we promote people's independence and encourage them to do as much for themselves as they can" and "We have enough time to support people so we are not rushing and doing things for them. You have time to help people be independent". One person told us "They understand me and not what I can and can't do. They don't take over".

People and their relatives told us staff spoke to them in a respectful manner. One relative told us "They converse really well with her and treat her as an individual". One person told us "They are all so professional. They always talk to me and tell me what they are doing, which is nice to know".

We saw records of observations undertaken of staff's working practices. This included how staff interacted with the people they were supporting. It was recorded that each member of staff observed displayed a caring approach towards people at all times. They behaved in a professional manner and it was clear that positive trusting relationships had formed between care staff and people.

The service was committed to providing end of life care that met people's needs where required. The registered manager told us they were proud of the support they provided for someone who had recently passed away. They said they would work alongside other healthcare professionals, such as community nurses, to develop an end of life care plan when required. They also liaised with the local hospice regarding training and guidance. Staff had recently attended training on end of life care and the registered manager was looking to develop this service.

Is the service responsive?

Our findings

People and their relatives told us that prior to them receiving support; they met with the registered manager or team leader to discuss their needs. One person told us "I emailed them my routines and what my needs were which is now in my care plan. We saw a copy of this email, the contents of which were recorded in the person's care plan. The registered manager explained they felt it was very important that where people could and wanted to they should write their own care plan. Another person said "They did a home visit where I sat with X and they asked me what it was I needed". One relative told us "Before they started providing care we sent down and went through what support was needed". Records we looked at showed people were involved in planning their care and support.

People and their relatives confirmed they were supported to revise and make changes to the care and support they received when required. One relative said "The manager has recently done a home visit where we looked at how things were going and if any changes were needed. I'm always invited to make suggestions". One person told us "I am very involved with my care. Staff listen to me and we can discuss my needs. This helps them to understand how I want things to be done". Records we looked at confirmed people were involved in reviews of their care alongside their relatives. People and their relatives told us and records confirmed people also received courtesy calls from the registered manager and team leader throughout the year to ensure that care being given continued to meet their needs.

People and relatives told us that staff knew their or their family members needs well. One person said "There's an advantage of being with a small agency. I have a small team of staff who I see all the time. I know them well and they know me well". Another person said "I have the same staff who come to support me. I have one person who comes in the morning and one person who comes in the evening. If one is off then the other will cover. It's nice because we get to know each other". Staff we spoke with had a detailed knowledge of the people they supported and how they liked to receive their care and support. Records we reviewed contained information on people's likes, dislikes, preferences and routines to ensure they received the care in a way that suited them. Staff we spoke with knew this information.

Care plans were person centred and reflected people's care and support needs. They contained documents relating to assessments of need, frequency and times of visits, personal information and details of the support people required and how it was to be given. Additional documents held in people's care plans included risk assessments, daily notes, reviews of care and support and the person's contract with the agency. Care plans were regularly reviewed to ensure a person's current care and support needs were identified and were being met.

We looked at the arrangements in place to manage complaints and concerns that were brought to the registered manager's attention. The service had a complaints procedure in place setting out how complaints could be made and how they would be handled. There had not been any complaints since the service had registered. No one we spoke with had any concerns about the service. People and their relatives told us if they had any concerns then they could speak to any member of staff or the registered manager. They felt any concerns raised would be listened to and appropriate action taken where required. Comments

included "I would feel comfortable making a complaint and have confidence they would do what is needed to sort it", "I know how to make a complaint, although I have no concerns" and "We received something in our information pack before the service started about how to make a complaint. I would just phone the office if I had any concerns". One person told us "They come round and ask if everything is ok so I can talk about my concerns then. If I'm not happy with anything they will try their hardest to sort it out". The registered manager said as soon as anyone contacted them they looked to resolve the situation before it escalated into a complaint.

Is the service well-led?

Our findings

People and their relatives spoke positively about the leadership of the service and told us they felt the service was well-led. One person told us "It is a very professional service. I am happy with the care and support I receive". A relative told us "We are very satisfied with the service. They are always willing to do that little bit more for you".

The service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Staff were aware of the organisation's visions and values. They told us their role was to support people to maintain their independence and provide a high standard of care. Staff spoke positively about the management and felt supported in their role. One member staff told us "I really enjoy working for the agency. It's a really good company to work for". Another staff member said "I love my job. Whilst it has its challenges, I can't praise the company enough. It has strong leadership and I can't fault her (registered manager). She will always act on any issue or concern". Staff were clear on their roles and responsibilities and felt comfortable with asking the registered manager for support when required.

Staff told us and records confirmed that regular staff meetings were held to discuss the service and give staff the opportunity to make suggestions or give feedback. We saw that management completed 'spot checks' on staff to ensure they remained competent in their role. We saw the 'spot checks' covered the staff members' appearance, how well they interacted with people and completed tasks and any issues that arose. Feedback of observations undertaken during these checks was given to staff and any performance issues addressed.

Staff were supported to question the practice of other staff members. Staff had access to the company's whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

Staff members' training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training. Staff told us they received the correct training to assist them to carry out their roles.

The views of the people using the service, their relatives and staff were sought by the registered manager to support the development of the service. People and their relatives were asked to comment on such things as how they felt about services provided and staff competencies. We saw that people were satisfied with the care and support they received from the agency.

The registered manager completed quality assurance audits to ensure the quality of the service. This included audits of daily notes kept by staff about the care they delivered to people. The audits ensured staff were attending calls on time, they were staying for the agreed length of time and any concerns noted had been acted on. There was a process in place for reporting accidents and incidents. However there had not

been any incidents reported at the time of our inspection.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.