

PCM Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: PCM Homecare Limited provides personal care and support to people who require assistance in their own home.

People's experience of using this service: People and relatives were very complimentary of the staff and the service they received.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for and supported by staff who had received the appropriate training. Staff were employed following the appropriate recruitment checks. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. There were safe medication procedures for staff to follow.

Staff had a good understanding of people's preferences of care, staff promoted people's independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet. People and their relatives were involved in the planning and review of their care. The registered manager had policies in place to respond to complaints.

The provider had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: The last rating for this service was Good. (last report published 24 March 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people.

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

PCM Homecare Limited

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.

Inspection Team:

The inspection was carried out by one inspector.

Service and service type:

PCM Homecare Limited is a domiciliary care agency. It provides personal care and support to people in their own home. At the time of our inspection they were providing approximately 270 care hours a week.

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 48 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. Inspection activity started on 11 March 2020 and ended on 12 March 2020. We visited the office location on 11 March 2020.

What we did:

Before the inspection, the provider completed 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 reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with three people and two relatives. We spoke with the registered manager and four care workers. We reviewed three care files, two staff files and records held in relation to the running

of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One person said, "I feel safe with the staff, we always have a good chat."
- There had not been any safeguarding concerns raised by the service, however the manager knew they had to raise any concerns with the local authority to keep people safe.
- Staff had received training in how to safeguard people. One member of staff said, "We keep people safe from everything, any concerns I would call the manager."

Assessing risk, safety monitoring and management

- The registered manager completed detailed risk assessments for staff to follow to minimise risks to people. These included risks identified in people's home environments.
- We saw where one person had an issue staff had arranged a plumber to come out and resolve the problem.
- We saw where appropriate staff had facilitated a fire risk assessment to be completed by the fire service.
- Staff knew what to do in an emergency such as a person not being present for the call or having had an accident. One member of staff told us, "I would contact the office first to find out if there was a reason for the person not answering. When I once found a person had fallen, I called for an ambulance and stayed with them and let the office know to cover my calls."

Staffing and recruitment

- People told us they received support from consistent staff. One person told us, "I have visits three times a day, all the staff are very good, and they know where everything is."
- Checks were undertaken on staff before they commenced employment at the service, which included references and disclosure and barring checks. This helped ensure that only people of a suitable character were employed.
- The registered manager told us they only agreed to take on care packages if they had the staffing capacity to do so.

Using medicines safely

- Staff received training in how to support people with their medication. We saw where one person needed specific support staff had recently received training from a healthcare professional how to provide this. A relative told us, "The staff have been fully trained."
- The registered manager had recently updated their training so that they could deliver up to date training to staff.

- Medication records we reviewed were in good order. However, we saw as and when required medication did not have guidance in place for staff to follow. We spoke to the registered manager to put these in place.

Preventing and controlling infection

- The registered manager was closely following the government guidance on how to manage the recent outbreak of infectious diseases and was putting contingency plans in place should this impact staffing levels.
- Staff had received training in infection control and told us they were provided with the appropriate personal protection equipment.
- Staff we spoke with had good knowledge of how to manage infections and prevent the spread of infectious diseases.

Learning lessons when things go wrong

- The registered manager acted to learn lessons when things went wrong and learning points were shared with staff.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager met with people and relatives to discuss the support they required before care packages were put into place.
- The registered manager kept themselves up to date with best practice guidance and care and support was delivered in line with these.

Staff support: induction, training, skills and experience

- New staff were supported with a full induction, which included training and working with more experienced staff. Any staff new to care were commenced on the Care Certificate, an industry set of standards to support staff with the skills they need to work in care. One member of staff told us, "I was introduced to people and I shadowed another member of staff when I first started before I worked on my own."
- Staff told us they felt well supported by the registered manager. The registered manager told us they completed spot checks and had supervision with staff to support them with their work.

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

- Some people required support with eating and drinking. Staff had received training in the safe handling of food. The registered manager told us most food had been pre prepared in the form of micro-wave meals.
- Where people required specific diets, this was clearly identified in care plans, for example, if people were at risk of choking.

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

- The registered manager told us they liaised with other health care professionals when required such as GPs, district nurses or community occupational therapists if people needed adaptations to their homes.

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.

- The registered manager worked within the principles of the MCA. Staff knew how to support people to make choices and these were clearly identified in care plans.
- People's consent was clearly documented, and relatives and other care professionals were involved where appropriate with decisions on care and support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager told us they wanted to champion people to be able to stay in their own home and receive care and support.
- People were consistently supported by the same care workers so that they got to know them well and developed good relationships with them. One person said, "I am very pleased with the staff, I looked forward to seeing them." A relative said, "The staff are like family, I am very happy with the care."
- Equality and diversity needs were assessed during the assessment process and recorded in care plans.

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

- People told us they were involved in arranging and reviewing their care and support packages. One person said, "[Person name] originally came and did an assessment and reviewed this with me. There is a new person who will be coming now to review my care with me."
- The registered manager told us following the initial assessment they reviewed people's support needs with them after three months and then six monthly unless needs changed before this time.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "I am very pleased with everything they do."
- Staff knew people well and had a good understanding of how they preferred to be supported.
- Staff told us they promoted people's independence as much as possible. One member of staff said, "I try to support people's wellbeing."
- The registered manager told us all staff had training in delivering person centred care to people and knew to maintain people's confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- An assessment of people's care needs was undertaken, and care packages planned with people's and relative's full involvement to ensure their needs could be met by the service.
- The registered manager told us they made sure the service could meet people's needs and worked to provide the times they requested for visits. Once care had commenced this was reviewed regularly to make sure people were happy with the service they were receiving. One person said, "[Managers name] came to see me last week and reviewed my care plan."
- Care plans were kept up to date and any changes notified to staff. Daily records were maintained which outlined the care provided on each visit in detail.

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 communication needs were assessed, and this was recorded in care plans so that staff knew the preferred way to communicate with people.
- Where people had specific communication difficulties staff were aware of this and how to support them.

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

- Staff told us they had supported people with social activities and could act as companions for people if required to keep them company or provide a sit in service for relatives to enable them to go out.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure which people had access to. People and relatives, we spoke with told us they had no complaints however, if they did, they would speak to the manager.

End of life care and support

- There was no end of life care currently being supported. Where people had made decisions about if they wished to be resuscitated should they become unwell this documentation was kept in support files.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- All the people and relatives we spoke with were very complimentary of the service they received. One person told us, "The staff are all splendid."
- The registered manager was a champion of people receiving care and support at home and wanted people to be enabled to remain in their own home.
- Staff shared the registered manager's vision and values. One member of staff said, "We want to do the best job for people, so they are satisfied."
- The registered manager understood their responsibility to say when things went wrong to investigate these fully, and to learn from these and take steps to put it right. This is known as 'duty of candour.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were clear about their roles and told us they felt well supported by the management team. One member of staff said, "[managers name] is very supportive, we have all the support we need to do our job."
- Staff told us they kept in contact with the registered manager and office daily and they had good communication systems in place.
- The registered manager kept in contact with people, relatives and staff to get their feedback on the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager provided learning opportunities for staff and supported them to develop their skills. In addition, they kept themselves up to date.
- There was a governance systems in place to monitor the effectiveness of the service which the registered manager was continuing to develop and improve.
- The registered manager worked in partnership with other healthcare professionals such as social workers and district nurses when required.