

Personalized Care Services

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Personalized Care Services is a domiciliary care service that provides care and support for people in their own homes. They provide some short-term packages and support people back to independence. Not everyone who used the service received personal care. 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.

At the time of the inspection the service was supporting 63 people with personal care. Many people using the service were older people and some were people with a learning disability and autistic people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: People were happy with the care and support they received. People were supported by a regular team of staff who knew them well. This promoted continuity of care. 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. Staff worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.

Right Care: People told us they felt safe with staff and were complimentary of the care they received. People's needs and preferences were assessed prior to receiving the service. People received consistent care from staff who knew them well. People and those important to them were involved in planning their care. Staff understood how to protect people from poor care and abuse. Staff were recruited safely. There were enough staff to meet people's needs and deliver consistent care.

Improvements had been made to how risks were managed. A new computer system for developing and monitoring care records was in place and working well. Overall care records contained the information staff required to deliver safe and personalised care to people. We have made a recommendation about risk assessments.

Right Culture: The provider and care team listened and responded to people's views. Quality assurance and monitoring systems had been improved. The provider used their audit processes to learn lessons, reduce risk and improve the quality of care people received. Improvements had been made to ensure medicines

and risks to people's health and wellbeing were being safely managed. The provider was passionate about their service and promoted an inclusive, open and person-centred culture.

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

Rating at last inspection and update.

The last rating for this service was requires improvement (published 8 April 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 4 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Personalized Care Services on our 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 well-led?

Good ●

The service was well led

Details are in our safe findings below

Personalized Care Services

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 Health and Social Care Act 2008.

This was a focused inspection to check whether the provider had met the requirements of the Requirement Notices in relation to Safe care and treatment and Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was also the registered provider.

Notice of inspection

We called the service the day before the inspection to give them 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 31 January 2023 and ended on 16 February 2023. We visited the location's office on 2 February 2023.

What we did before the inspection

We reviewed information we hold about the service. We sought feedback from the local authority commissioners and safeguarding teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 6 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, deputy manager and care staff. We reviewed a range of records. This included 4 people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating was changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to how the service investigated and responded to accidents and incidents. Clear records were maintained analysis completed to identify patterns, trends and potential risks. We saw examples where this information had been used to take action to help reduce the risk of future incidents.
- Improvements had been made to how risks to people's safety were assessed, monitored and managed.
- Risks to people's health and safety had been assessed and risk assessments developed to manage key risks such as environment and falls. People had been involved in this process.
- Staff said they would contact the office staff if they felt care records needed to be reviewed and changed. Most staff told us they had access to the information they needed when supporting people. Some staff told us they could not always get comprehensive information about people's routines when supporting new people, such as covering for holidays. However, the provider told us staff would never support someone without firstly shadowing calls with staff who knew people well. People we spoke with confirmed this.
- Overall we found care records to be well completed. We saw two examples where risk assessments were not in place for potential risks. We did not see evidence people had been harmed as a result of this. The provider immediately addressed this and provided assurance they would review their procedures to ensure it did not happen in the future.

We recommend the provider ensures risk assessments are consistently in place to cover all identified risks.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

At our last inspection the provider had failed to provide medication in a safe way. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to ensure medicines were managed safely.
- Medicines administration records were completed electronically by care staff and showed people received their medicines as prescribed and in line with their individual needs.
- Staff received training in medicines administration and had their competency checked.
- People told us they received appropriate support with their medicines. Another relative said they "get reassurance" from knowing staff provided the support their family member needed to take their medicines safely. Another relative told us, "The manager is very conscious of the staff giving the right medication."

Staffing and recruitment

- There were enough staff to provide safe care which met people's needs.
- People received consistent care from a small group of staff. Staff built strong relationships with the people they supported. One person said, "I would recommend them to others. They're a good bunch. There's continuity of care." A relative told us, "They are all very caring. We have a good relationship with them all." Another relative told us their staff were, "Regular...so you can form a bond with them."
- The provider told us they were particularly proud they had never missed a care call. They said staff had worked exceptionally hard to achieve this including the management team, who had worked extra shifts during weekends, to ensure people always received the support they needed.
- We saw examples where calls were adapted to meet people's changing needs. For example, during our visit the provider arranged for staff to attend a person's morning call at 5.30am so the person could be supported to dress in time for an early hospital appointment.
- Some people told us the timing of their calls were not always consistent and this was an area they felt could be improved. The provider assured us this was something their audits had identified and they were developing plans to address it.
- Staff were recruited safely and appropriate background checks were carried out before staff started work.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding procedures in place. We saw examples where they followed these processes to ensure action was taken to protect people, such as making referrals to the local authority safeguarding team.
- Care staff received safeguarding training and knew how to recognise and respond to potential signs of abuse.
- Staff told us they would inform the management team if they had a concern and were confident appropriate action would be taken to protect people. Some of the staff we spoke with were not aware of where they could report concerns outside of the organisation. The provider told us this would be discussed at the next staff meeting to refresh staff knowledge in this area.

- People told us they felt safe when staff visited. One person told us, "I'm happy. If you need care, go to them." A relative said, "They are all lovely...We have no issues with any of them." Another relative told us, "I like them [the carers]. They have [my relative's] best interests at heart."

Preventing and controlling infection

- Staff had access to protective equipment (PPE) and received training in how to wear it correctly to prevent the spread of infection. People told us staff used PPE where required.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to assess, monitor and improve the quality of the service, and failed to mitigate risks to people using the service. The service failed to maintain contemporaneous records in respect to people using the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to systems to monitor and improve the quality of care. This included audits for medicines, care records and infection control. Observations of staff practices had also been implemented and were effective in driving improvements.
- The provider had introduced a computerised care planning system to complete and monitor care records. Staff told us the new system worked well. We saw the system provided office staff with improved oversight to quickly respond to changes and identify issues.
- New systems were in place to identify themes and trends which sought to reduce the likelihood of an untoward event occurring again in future.
- The provider had a good understanding of their duty to report and were open and honest with people where things had gone wrong. One relative told us, "[The provider] apologises when things go wrong."
- The provider ensured the appropriate notifications were sent to CQC in a timely manner and in line with their regulatory responsibilities.
- Without exception, people and staff spoke positively about the provider and management team. A staff member told us the management team, "Always make time for you. You feel like you are part of a really close, tight knit family when you work here."

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 provider was passionate about their service and ensuring positive outcomes for people. They told us their key motivation for setting up the organisation was to provide personalised support to people. We saw

this caring and person-centred ethos was reflected across the entire staff team.

- People were supported in a variety of ways to make sure they achieved good outcomes. Often this meant staff going above and beyond what was originally required of them. For example, the provider showed us how they had supported one person to appeal a benefits decision.
- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.
- People told us they felt involved in making decisions about the care they received and that they received regular reviews of their care. One relative told us, "They are efficient. It is a good company to deal with. They listen." Another person described how staff had kept them informed about a recent change to their relative's health needs.
- People's feedback was regularly sought and used to improve the quality of care provided.

Working in partnership with others; Continuous learning and improving care

- Staff worked positively with other agencies and partners to deliver holistic care and improve outcomes to people.
- The provider was proactive in seeking opportunities to develop and maintain support networks to help drive improvements, adapt to new ways of working and share best practice. The provider was an active member of several provider forums and had participated in an initiative with a local college to mentor and support health and social care students.
- Staff meetings were used an opportunity to discuss quality issues and drive improvement as well as obtaining the views of staff.