

P T Care UK Ltd

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## Inspection report

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Date of inspection visit:  
23 August 2022  
24 August 2022

Date of publication:  
26 September 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

PT Care UK Limited is a domiciliary care agency registered to provide personal care. The agency office is based near Sheffield city centre. Support is currently provided to people living in their own homes in Sheffield. At the time of this inspection the service was supporting 39 people with personal care. 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.

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

The provider had not operated safe recruitment practices when employing new staff.

The provider had not implemented an effective governance system to ensure people, their relatives and staff had regular opportunities to provide feedback about the service. Feedback must be sought on a regular basis and reviewed to support the service to improve.

Some relatives told us their family members visits were not always carried out at the agreed times and staff did not always stay the agreed length of time. They also told us they were not always informed when staff were going to be late. People said they were satisfied with the times care staff visited. People told us they felt safe using the service.

There were systems and processes in place to minimise risks to people. These included making sure staff knew how to recognise and report abuse.

People's care plans contained details of risks posed to people, with guidance for staff about any actions they need to take to mitigate those risks.

We have made a recommendation about the risk assessments and care plans for some people.

People said they mostly got their medicines on time although some relatives were not sure their family member always received their 'as required' medicines and there had been some issues with medicines not being reordered. Relatives said the registered manager had addressed these issues when brought to their attention.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 18 December 2018).

### Why we inspected

We received some concerns in relation to the management of medicines and people's care records and risk

assessments. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for PT Care UK Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# P T Care UK Ltd

## 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.

#### Inspection team

The inspection was carried out by one 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### 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.

Inspection activity started on 23 August 2022 and ended on 24 August 2022. We visited the location's office on 23 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke over the telephone with two people who used the service and eight relatives. We emailed 12 staff to ask a range of questions. We spoke with three care staff in person, a member of clerical staff, the director of the service and the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We visited the office location to review written records. We looked at three people's care records. We checked records relating to the management of the service including policies and procedures and quality assurance records.

# 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 good. At this inspection the rating has changed to 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.

### Staffing and recruitment

- The provider did not use safe recruitment procedures to help ensure only staff suitable to work in the caring profession were employed. We checked three staff files and found the provider had not obtained an up to date Disclosure Barring Service (DBS) check for each staff member before they employed them. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We found no evidence that people had been harmed, however, systems were either not in place or were not robust enough to demonstrate staff were recruited safely. This placed people at risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The director confirmed that they would immediately apply for DBS checks for the three staff identified. They confirmed until the clear DBS checks were received the staff would work under the supervision of another senior member of the care team.
- References for prospective employees were obtained and staff files contained details of staff employment histories along with a satisfactory written explanation of any gaps in employment, as required by the regulations.
- Four relatives told us their family members visits were not always carried out at the agreed times and staff did not always stay the agreed length of time. Others said staff visited at agreed times and duration. The relatives also told us they were not always informed when staff were going to be late. A relative said, "I'm unsure if carers stay the full length of time. Staff were putting things like 'am' or 'dinner' rather than the actual times they were here. I told the carers and the office staff four or five times and, in the end, had to report it to the social worker."

We checked people's care files and noted staff were now recording the actual times of visits. We saw minutes of staff meetings where the director and registered manager had instructed staff to record the actual time of visits. The registered manager and director said they would closely monitor timings.

- People and their relatives said they had no rota so didn't always know who which member of care staff was going to 'turn up' or when, especially on weekends or usual carers days off. One person said, "The times are reasonable, give or take half an hour or so although I'm unsure how long they (staff) should be here. If our regular carer is off, I do wonder who we're getting that day." One relative told us their family member had a three-hour time window waiting for carers. Another relative told us calls were not well spaced for their family member who was having 4 calls per day, meaning mealtimes could be within two and a half hours and often

more than 12-hours overnight.

- People we spoke with were reasonably satisfied with visit times one said, "They let me choose the time in a way I like it. I get an early morning call, which is now I like it,"

#### Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risk.
- Although bed rail risk assessments contained some detail, the care plans we checked needed clearer information around the positioning of bed rails. A consent to treatment document was signed by the person or their representative but there was no evidence of consent to restraint for example when using bed rails or a lap belt in wheelchair. These documents and consent forms needed updating.

We recommend the provider records more detailed information in people's care plans surrounding risk.

#### Using medicines safely

- In the main medicines were managed safely at the service.
- People said they got their medicines on time. One person said, "They make sure I get my medication as allocated by the GP." Some relatives were not sure their family member always received their 'as required' medicines and there had been some issues with medicines not being reordered. Relatives said the manager had addressed these issues when brought to their attention.
- All staff completed regular medicines training and refresher courses.
- Medicines competency was regularly assessed to ensure staff skills remained up to standard.
- Regular audits of medicines records were completed and any issues with documentation addressed with appropriate actions.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- All staff were aware of the need to raise any concerns immediately with the registered manager so action could be taken. Staff were confident the registered manager would act on any concerns they raised to ensure people were safe.
- The registered manager and provider understood their duty to act on any safeguarding concerns to ensure people were protected from abuse.
- People told us they felt safe. One person said, "We feel safe when they come because they're nice and tidy."
- Relatives we spoke with did not raise any specific safeguarding concerns but felt some aspects of their family member's care were not adequate, as identified in this report, and therefore felt it was not a safe service.
- Accidents and incidents were monitored and analysed. The service identified lessons learned and took action to help prevent repeat events.□
- The registered manager and director communicated important information to all staff, so they understood learning gained through experience. The management team used different communication systems, such as, face to face meetings and emails to ensure staff were kept up to date.

#### Preventing and controlling infection

- The service had effective systems for managing infection risks including those presented during the COVID-19 pandemic.
- Most people and relatives told us staff were using personal protective equipment (PPE) effectively and safely. However, two relatives said improvements were needed when staff were using PPE as some staff did not always wear face coverings appropriately.



- The provider's infection prevention and control policy was up to date.

# 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 good. At this inspection the rating has changed to 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.

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 did not ensure people, their relatives and staff had regular opportunities to provide feedback about the service. Families told us, "I've had no phone calls or questionnaires to ask how things are", "Sometimes their communication could be better" and "I've not had a questionnaire but someone comes out once a month to do a general check on the staff."
- The majority of families and people we spoke with did not know who the registered manager was, a few named the registered manager as the director of the service.
- Families thought staff were approachable but unsure that things would be resolved if they raised concerns. People and relatives also felt communication within the service was poor. A relative said, "I raised some issues verbally only with a manager last month. Staff were empathic and have promised to try and address the issue, but I've not had any feedback and there is a lack of communication." Another relative said, "A manager organised the GP to visit [name] but didn't communicate this to either [name] or myself. I was so disappointed nobody was present when the GP visited."
- Feedback must be sought on a regular basis and reviewed to support the service to improve. If effective quality assurance systems were in place the provider would have been aware of some of the concerns and issues highlighted in this report and may have been able to address them at an earlier stage.

Systems were either not in place or were not robust enough to demonstrate the quality and safety of the services provided was effectively managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's experience of the service was mixed, and some aspects of the provider's governance system did not promote safe, high-quality care. One person said, "Yes, I'd recommend them because they apologise when they come late, they are very patient, and they're always cheerful." Another person said, "The best thing about them is the flexibility of visits, although sometimes their communication could be better." A relative said, "I think the service is quite well-led. The manager will do what they can if I've got any issues. It would be nice to get a rota and have a rough idea of the times."
- There were some negative comments about the service. A relative said, "I wouldn't recommend them. They could improve by spacing their timings better and communicating with me" and another relative said,

"The managers are approachable, but they just tell you what they think you want to hear, nothing gets resolved."

- A number of audits and checks were completed to help ensure continuous learning and improvement. These audits of daily records, medicine records and care files included the identification of any issues and actions to address them.
- Spot checks and competence evaluations were completed with staff regularly. This helped management understand where further training, mentoring and support was required. Although spot checks were completed, they were not used as an opportunity to gather peoples' or their relatives' feedback. We discussed this 'missed opportunity' with the provider who said they would amend the spot check format to include user voice.

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 and provider were aware of their responsibility under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- The registered manager and provider demonstrated a commitment to recognising and addressing any shortfalls identified within the service provision.

Working in partnership with others

- The service had effective relationships with health and social care professionals and services.
- The management team were keen to continue working with partners such as CQC and the local authority. The home had been working with the local authority and was having 'service improvement meetings' with them.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to monitor the quality of the service were not robust enough to demonstrate the quality and safety of the services provided was effectively managed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider and registered manager did not operate safe recruitment practices when employing new staff.</p>