

Mrs Marta King

# PSA Home Care

## Inspection report

67 Burton Road  
Kennington  
Ashford  
Kent  
TN24 9DT

Tel: 01622236344  
Website: [www.psahomecare.co.uk](http://www.psahomecare.co.uk)

Date of inspection visit:  
13 June 2019  
14 June 2019  
17 June 2019  
21 June 2019

Date of publication:  
23 July 2019

## 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

PSA Homecare provides care and support to adults in their own homes. The service provides support for mainly older people. At the time of the inspection it provided a personal care service to four people. They provided visits to people for a minimum of one hour and provided 24-hour care to support people. The service provided care and support to people in Kent.

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

People were protected from abuse, discrimination and avoidable harm by staff who knew how to identify and report any concerns. Risks to people's health, safety and well-being were assessed, monitored and reviewed and action was taken to reduce risks. People were supported by a small, consistent staff team who had been recruited safely. People and their relatives told us their calls were on time and there had not been any missed calls. People continued to be supported to have their medicines safely and on time.

People's physical, mental health and social needs were assessed and regularly reviewed. Staff continued to complete training to keep up to date with best practice. The provider tried, as far as possible, to match people and staff who had shared interests. People were supported to maintain a balanced diet. Staff promoted healthy eating and provided home-cooked meals when required. The provider and staff worked with health care professionals to make sure people remained as healthy as possible. 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.

People and their relatives told us staff were kind and caring. People's privacy and dignity were promoted, and their choices respected. People and their relatives continued to be involved in making decisions about their care. Staff encouraged people to remain as independent as possible. Staff worked closely as a team and respected each other. One staff had commented to the provider, 'I would like to compliment [staff] on everything they do for [person]. They are consistently attentive to all their needs and support to me too. They are dependable. It is a pleasure to work in a team that is so close and so supportive to each other'.

People continued to receive care that was planned to reflect their individual physical, mental health, and social and emotional needs. The provider and staff recorded all the information on an electronic care planning system. Any changes to a person's care and support were updated immediately. People and their relatives knew how to complain and told us they had no complaints. The provider had not received any complaints in the last 12 months. The provider regularly received positive feedback from people, their relatives, staff and health care professionals. People's choices for their end of life care were recorded and kept under review to make sure people's wishes could be followed. Staff worked closely with people's GPs

and the community nursing team to ensure people remained comfortable and pain-free.

People, their relatives and staff told us the service was well-led. The provider lead by example and coached and mentored their staff team. There was an open and transparent culture where people's opinions were valued. There were effective checks and audits to make sure a high quality of service was provided. The provider understood their regulatory responsibilities and kept up to date with changes in legislation. The provider worked to continually make improvements and had a clear vision and set of values for the service which was shared by staff. Staff were proud to work for PSA Home Care.

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

The last rating for this service was Good (Published 23 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

## 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.

# PSA Home Care

## 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 was undertaken by one inspector.

#### Service and service type

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

The service was registered to one person who is the provider and therefore the service does not require a registered manager. The provider was the registered person. 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 provider had overall responsibility for the service.

#### Notice of inspection

This inspection was announced. 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 would be in the office to support the inspection. Inspection activity started on 13 June 2019 and ended on 21 June 2019. We spoke with staff on 13 June, visited the office location on 14 June and spoke with people and relatives on 13, 17 and 21 June.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with one person and two relatives about their experience of the care provided. We spoke with two staff and the provider. We reviewed a range of records. This included two people's care plans and associated records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence. We spoke with people and relatives. We looked at feedback the provider had received.

# 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 now remained the same - Good. 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 with staff from PSA Home Care providing their support. One person said, "I do indeed feel safe". A relative commented, "[My loved one] is totally safe".
- Staff understood how to keep people safe from abuse, discrimination and avoidable harm. They knew what should be reported and how to report any concerns. They felt they would be listened to, taken seriously and that the right action would be taken to keep people safe.
- The provider continued to have effective safeguarding systems which included how and when to report incidents to the local authority. The provider had contacted the local authority safeguarding team for advice when needed.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed, monitored and managed so they were supported to remain safe while their freedom was respected.
- When risks to a person's health and safety were identified steps were taken to reduce them.
- When people needed special equipment to support them to move, such as a hoist, there was guidance for staff about which slings to use and how to attach them safely. Step by step guidance which staff followed included how to communicate with the person and reduce any anxiety to help them feel safe.
- Risks to the environment were assessed to make sure people and staff were kept safe.
- The provider noted on the provider information return, 'We aim to enable people to lead lives that are as active and fulfilling as possible and we try to balance risk against human rights'.

Staffing and recruitment

- People and relatives told us staff arrived on time and stayed the required amount of time. There had not been any missed calls.
- There were enough staff to meet people's needs. There was an established staff team who had worked together for a long time. Staff turnover and sickness levels were low.
- Staff worked together to cover each other's holidays to make sure people received care & support from staff they knew. Staff worked flexibly to respond to changes in people's requirements.
- Staff continued to be recruited safely. The provider completed Disclosure and Barring Service criminal record checks before new staff began working at the service. References were obtained. This helped the provider make safer recruitment decisions.
- The provider was available outside office hours to provide staff with advice and guidance.

Using medicines safely

- People were supported to have their medicines safely and on time. One person said, "They [staff] are very careful about my medicines. I would forget and so they prompt me".
- When needed staff liaised with people's GP and arranged medicines reviews.
- Staff were trained and had their competency assessed to make sure they were able to support people with their medicines.
- Staff were knowledgeable about people's medicines, what they needed them for and how they preferred them given.
- Medicines administration records were accurately completed, and these were checked by the provider on a regular basis to ensure medicines had been given appropriately.

#### Preventing and controlling infection

- Staff told us they wore gloves and aprons to prevent the risk of infections.
- Personal protective equipment was readily available, and staff kept a stock of these.

#### Learning lessons when things go wrong

- The provider had a process to monitor any accidents or incidents. There had not been any in the last 12 months.



# 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 - 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

- Before people started using the service the provider met with them and their relatives to assess their needs and make sure these could be met. This included information about people's medical conditions, eating and drinking requirements and other aspects of their daily lives.
- Assessments reflected people's lifestyle choices and preferences to ensure people were treated equally and protected from the risk of discrimination. People were supported with their religious and cultural needs as required.
- A relative noted on an email to the provider. 'The care you provided [my loved one] was first rate and I do not overstate matters when I say that it is primarily the reason they are still with us today'.

Staff support: induction, training, skills and experience

- People told us the staff were competent. One person said, "[The staff] do what I expect and do it well". A relative commented, "[Staff] is wonderful. They are super calm. Super cool. They know exactly what they are doing".
- Staff completed an induction when they began working at the service. This included basic training and shadowing experienced colleagues to get to know people and their preferences. New staff completed the Care Certificate. This is an identified set of standards that social care workers adhere to in their daily working life.
- Staff continued to keep up to date with training. This included topics such as infection control, safeguarding people, moving and handling, end of life care and basic life support. The provider told us they were currently sourcing dementia training for the staff team to make sure they were up to date with best practice.
- The provider regularly met with staff to assess their competency and to discuss their personal development. Staff told us they felt supported by the provider.

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

- When people were supported to eat and drink there was clear guidance about their needs and preferences. They were supported to have a healthy and balanced diet.
- An electronic care planning system was used to provide staff with the guidance they needed. Records of what people ate and drank were recorded by staff using a mobile phone application.
- Staff said, "I prepare all [person's] meals. I try and vary the meals with different side dishes. They enjoy their meals and eat well" and "I monitor [person's] fluid intake and output really carefully because they are susceptible to infections".

- The provider noted on the provider information return, 'We pay special attention to the quality and presentation of food as this may be the highlight of the client's day'. Staff told us that in some people's homes they had grown herbs to use when they prepared people's home-cooked meals.

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

- Staff communicated effectively to ensure people's needs were met. When staff had a concern about a person's health they discussed this with the provider.
- Staff liaised with health care professionals, such as GP and community nurses, as needed.
- Staff recorded all contacts with health care professionals on the electronic care planning system to ensure all staff were kept up to date with any changes.
- When a person's mobility had deteriorated the staff worked with the occupational therapist (OT) to make sure the right equipment was in place to support them. Staff followed guidance from the OT on how to use the equipment.

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.

- At the time of the inspection no-one was subject to an order from the Court of Protection.
- Staff told us how they made sure people had as much choice as possible. People were supported by their relatives to make decisions about their care.
- When people had a lasting power of attorney to make decisions on their behalf this was recorded in the care plan.

# 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 - 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 and their relatives said the staff were compassionate and kind. One person said, "[The staff] are all very kind and caring. It is important to have a shared sense of humour" and a relative commented, "I love them [staff] to bits. I don't think there would be anyone who comes close to them. I am so lucky to have PSA Home Care there for [my loved one]".
- People were supported by a consistent staff team who knew them well. Staff were knowledgeable about people's life history, their loved ones and people and things that were important to them. Information gathered about people's past evolved over time as staff got to know people. This was continually updated on the electronic care planning system.
- The provider tried, as far as possible to match people and staff according to their skills, personality and interests.
- The provider noted on the provider information return, 'Treating people equally does not mean treating everyone the same. Not every client has the same dependency level, but everyone requires respect regardless of the level of care provided'. Staff told us how important it was for people to be treated with respect.
- The provider was passionate about the well-being of people and staff.
- Recent feedback from a health care professional noted, 'The care agency strives for perfection and for the best level of care for the clients. We have a good working relationship to the benefit of the individual patients'.

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

- People and their relatives were encouraged to be involved in planning and reviewing their care.
- Electronic care plans were used to record people's preferences and how their care and support should be delivered. As people's needs changed, care plans were reviewed and updated. There was good communication; the provider contacted staff when there were any significant changes to a person's care to make sure they were up to date with the latest information.
- People and their relatives contacted the office if they needed changes to their care and support package. For example, when a person needed an additional call to be supported for a medical appointment this was arranged by the provider.
- People and their relatives were contacted if there was a change to the staff supporting them. Staff rotas were provided so people knew who would be supporting them. A relative commented, "One of the great things is that [the provider] adapts well. They never get stressed. They adapt at short notice. Before, when we needed to change the call times and arrange cover, they were excellent. They have always made sure the

staff are suited to [my loved one]".

Respecting and promoting people's privacy, dignity and independence

- People privacy and dignity were respected, and their independence promoted. One person told us, "They [staff] allow me to live my life and be as independent as possible".
- People's right to privacy and confidentiality continued to be respected. People's confidential personal information was stored securely with access only by authorised people.
- People's care plans detailed how staff should protect a person's dignity during personal care. A copy of the care plan was in each person's home.
- Staff spoke knowledgeably about people's lifestyle choices and how much people could do for themselves.

# 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 - Good. 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

- People's care plans were written and developed with them and their relatives.
- Care plans provided staff with step by step guidance about what support people needed and how they preferred their care to be delivered. There was information about what meals people preferred and how their laundry should be done.
- Care plans were detailed and included information about people's life history, people and things that were important to them and their hobbies and interests.
- The provider and staff used an electronic care planning system. The provider was working with the care planning company to make changes and improvements to the system. Staff told us, "The great thing about [the system] is the speed that information can be shared. We use the alert system if [the provider] needs to be aware of something quickly. When there have been changes that other staff need to know [the system] is immediately updated so everyone is aware". Some parts of the system were being used alongside handwritten entries, for example the daily notes, as these were still being developed.
- Some people were supported to access the community. One staff told us, "[Person] likes to walk but can only manage on the flat. I discovered a few river walks which are on flat ground and have taken them on those. They have really enjoyed that".

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.

- When people's needs were assessed, any specific communication needs were considered. Care plans and rotas were available in larger print when required. The provider had also supported a person to increase the font size on their computer to make it easier for them to use.

Improving care quality in response to complaints or concerns

- The provider's complaints policy and process supported people to raise concerns and complaints. There had not been any complaints in the last 12 months. The provider dealt with any queries as soon as they were raised to satisfactorily resolve them.
- One person said, "There is nothing I would complain about" and a relative told us, "I can't complain about anything at all. If I did have a complaint I would talk to [the provider]. They would be straight on it".
- People were given a copy of the provider's complaints process when they began using the service.
- The provider captured compliments made by people, relatives and health professionals about the staff

and the service provided.

#### End of life care and support

- People were supported to have a dignified, comfortable and pain-free death. Staff completed training about how best to support people at the end of their life.
- Staff spoke with people and their relatives about their choices and preferences for their end of life care to make sure their wishes would be followed.
- The provider and staff liaised with health care professionals, such as GPs, community nurses and the local hospice when people were approaching the end of their lives.
- Staff arranged for people to be visited by priests / clergy when they wanted this.

# 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 - Good. 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

- People and their relatives told us the service was well-led. One person said, "It is a very good service" and a relative commented, "[The provider] keeps in touch and keeps me up to date. If they can't get hold of me by phone, they will text, to let me know not to panic and to give them a call when I am free. Everything goes through your head when you miss a phone call - it is reassuring to get the text".
- There was a clear vision and set of values at the service which was shared by all staff. This focused on honesty, equality, achievement, respect and teamwork.
- The provider held open discussions with people and their relatives to make sure people were receiving the right support in the way that suited them best.
- The provider lead by example, coaching and mentoring the staff team.
- The provider met with staff on a regular basis to maintain open lines of communication. Staff were encouraged to share ideas and told us they felt supported and listened to. Staff said, Staff said, "[The provider] is excellent. This is the best company I've worked for. [The provider] is always on the end of the phone".

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

- People received support from a small staff team who knew them well. Staff were clear about their roles and what was expected of them.
- The provider understood their regulatory responsibilities. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen. There had not been any reportable incidents in the last 12 months.
- The rating from the last inspection was displayed in the provider's office and on the provider's website in line with guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives, staff and health care professionals were asked about their views of the quality of service delivered. Comments received were all positive.
- People and their relatives were involved in all decisions about their care. Care and support provided were regularly reviewed and the provider completed competency assessments to make sure staff were providing

a high quality of care.

Continuous learning and improving care; Working in partnership with others

- The provider focused on continual learning and driving improvements. They attended care forums to share ideas and keep up to date with best practice. Staff said, "[The provider] is right on the ball. They are very quick to pick up on things. They are always looking for ways to improve the service".
- The provider sought information and guidance from organisations such as Skills for Care, CQC and the NHS to ensure they were up to date with the latest changes in legislation.
- Staff worked closely with people's GP, community nursing teams and other health care professionals to meet people's needs and providing effective, joined-up care. Specialist training, for example about catheter care, had been provided by a local nursing team.
- The provider completed effective checks and audits on all aspects of the service delivered. When a shortfall was identified action was taken to address this and reduce the risk of it happening again.