The Paterson Group

Paterson Health and Social Care

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

We undertook an announced inspection of Paterson Health and Social Care on 14 July 2016.

Paterson Health and Social Care provide a personal care service to people in their own homes within Bicester and Oxfordshire. On the day of our inspection nine people were using the service.

There was a registered manager in post. 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. On the day of our inspection the registered manager was on annual leave.

We were greeted warmly by staff at the service who seemed genuinely pleased to see us. The atmosphere in the office was open and friendly.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People were supported by staff who were knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

Where risks to people had been identified risk assessments were in place and action had been taken to manage these risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

There were sufficient staff to meet people's needs. Staffing levels and visit schedules were consistently maintained. People told us staff were rarely late and they had not experienced any missed visits. The provider followed safe recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The general manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us they were confident they would be listened to and action would be taken if they raised a concern. The service sought people's opinions through regular surveys and telephone monitoring calls. The service had systems to assess the quality of the service provided. Learning needs were identified and action

taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager and senior staff. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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. There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to reduce the risk and keep people safe. People received their medicine as prescribed.

Is the service effective?

Good

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make

sure their needs could be met.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Paterson Health and Social Care

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.

This inspection took place on the 14 July 2016. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

On the day of our inspection the registered manager was on annual leave. The service was being managed by Paterson Health Care's general manager. This inspection was carried out by an inspector. We spoke with two people, two relatives, four care staff, the lead nurse and the general manager. We looked at five people's care records, staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

In addition we contacted the local authority commissioner of services to obtain their views on the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. People's comments included; "I do feel safe. They look after me very well" and "Yes I am safe". One relative said, "Oh very safe, absolutely". Another relative commented, "Yes she (person is very safe, everyone has a good protective attitude".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd support the person and speak to my line manager, and I'd call you guys (Care Quality Commission)", "I've been trained so I would report concerns to the office and call CQC and the local authorities" and "I'd be straight onto the office and I would call safeguarding and the local authorities".

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at risk of drowning when using a piece of leisure equipment. Their condition required them to be hoisted and the risk assessment detailed two staff were required to support the person. Staff were also advised to ensure the person was wearing safety equipment and they were not to leave the person unattended. The risk assessment also advised staff to keep the person's hoist sling on the person in case they needed to be removed quickly.

Another person was at risk of scalding when bathing. A risk assessment was in place and guided staff to monitor the temperature of the water and 'ensure a non-slip mat was in place'. We saw temperatures were monitored, recorded and were within a safe range. Staff we spoke with were aware of and followed risk assessment guidance.

People and their relatives told us staff were punctual and visits were never missed. Comments included; "If they are sometimes running late I get a phone call every time. They have never missed a visit", "They come on time, they haven't missed one visit" and "They are very reliable and on time".

Staff told us there were sufficient staff to support people. Comments included; "I'm not pressured to do extra shifts that often so I think we are all ok for staff", "Yes there is enough staff. I'm not badgered to do extra shifts. I am not harassed at all" and "Yes I think there's enough staff. No one complains about shortages when I visit them".

Staff were effectively deployed to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our customers". Where people required two staff to support them we saw two staff were consistently deployed. We also saw many of the people had family members and other healthcare professionals who supported them in addition to the support provided by the service. The service used an electronic system to monitor support visits and the system raised an alert if staff were identified as being late. This enabled the service to inform the person, contact staff and make alternative arrangements as required maintaining people's safety. Records confirmed there had been no missed visits

identified.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager make safer recruitment decisions.

People received their medicine as prescribed. Where people needed support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicine. One member of staff said, "I am very experienced with medication, no problem. I have my competency checked regularly".

Good

Is the service effective?

Our findings

People and their relatives told us staff were aware of their needs and supported them appropriately. People's comments included; "Yes they do know my needs. They are well trained" and "They definitely have the skills. They have had specialist training for my needs". One relative said, "They are very well trained and staff get specialist training. For example, training from the physiotherapist for exercises to respond to [person's] needs".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, moving and handling and infection control. Induction training was linked to 'skills for care common induction standards' which is a nationally recognised program for the care sector. Staff spoke with us about their training. Staff comments included; "We get regular refresher training and also are offered lots of other training. My induction covered everything, it was well worth it", "Training was excellent, fantastic. We also receive client specific training too" and "Really good and in depth training. I did some shadowing as well and was introduced to my clients".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff had requested training relating to dementia care and we saw this had been provided. One member of staff told us they found supervision meetings effective. They said, "I get supervisions and they are really useful. If I ask for anything I get it, no problem. I've never been turned down".

Staff were also supported through spot checks to check their work practice. Senior staff observed staff whilst they were supporting people. Observations were recorded and fedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions.

We discussed the Mental Capacity Act (MCA) 2005 with the general manager. 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. The general manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected and that the court of protection was the decision maker in these processes. Where people were thought to lack capacity mental capacity assessments were completed. Some people had appointed relatives as having lasting power of attorney (LPA). For example, one person's relative had LPA for the person's health and welfare. They had been registered by the Office of the Public Guardian to make decisions in the person's best interests relating to their health and welfare.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff

comments included; "I've had the training so I always assume clients have capacity and I support them to make their own decisions", "This is all about someone who may not be able to make decisions themselves. Our job is to support them to make those decisions. It's giving them choice" and "I have to be aware of people's capacity and it's important to support them to make their own decisions".

We asked staff about consent and how they ensured people had agreed to support being provided. One staff member said, "I always ask first, simple". Another staff member said, "I ask then give them time to take in what I have said. I treat them how I would expect to be treated". One relative said, "Staff always seek consent".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. People had stipulated what nutritional support they needed. For example, one person's care plan stated their personal outcome was to be 'adequately nourished'. Staff were guided to 'observe and record' the person's food intake and prepare the person's meals 'as per their preference' at the times they stipulated. The person's likes and dislikes regarding food were highlighted in the care plan. For example, it recorded the person was 'not keen' on bananas. Records confirmed this person's food intake was recorded and guidance was followed.

We spoke with staff about people's nutritional needs. One staff member said, "None of my clients need support with eating and drinking but I always keep an eye on things just in case". Another said, "No problems here, I follow the care plans which are very good and we get support with any issues through training and information".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

People received effective care. For example, one person had difficulty verbalising and used an electronic pressure sensor and a communications board. Staff were provided with detailed guidance on how this person communicated. For example, 'if [person] looks up to the left, this means yes' and 'if the person looks up and down this means no'. Staff we spoke with were aware of this guidance and told us they had no difficulties communicating with this person. One staff member said, "The care plan has good guidance and once you get to know [person] it is easy".

Good

Is the service caring?

Our findings

People and their relatives told us they benefitted from caring relationships with the staff. People's comments included; "They are very caring, they treat me extremely well" and "Oh yes, caring and fun". One relative said, "Everybody has been very caring".

Staff spoke with us about positive relationships at the service. Comments included; "I've worked in care for years and we fit well with our clients and are supported to do so", "I have caring, professional relationships, it's a passion to look after these people" and "I really enjoy meeting people and I definitely feel we have caring relationships with them. I love these people and it's so rewarding to help them".

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. Where staff were provided with guidance on how people wanted their support provided they were reminded to promote people's dignity and show them respect.

People we spoke with told us their privacy and dignity was respected. One person said, "Yes, they do treat me with respect". We asked another person if staff treated them with respect. They said, "Totally". One relative commented, "We all live in a busy family home but the staff keep things very private for [person]. As for dignity and respect, definitely, very much so".

We asked staff how they promoted, dignity and respect. Comments included; "You have to be aware of their feelings so I ask and never assume anything. I treat them as a human being" and "With personal care I make sure the client is comfortable with me first, it is vital. I will close doors and draw curtains for their privacy".

People's independence was promoted. For example, one person had stated they 'required assistance with washing, dressing and undressing'. The care plan detailed how the person wanted to be supported and staff were guided to encourage the person to wash and dress themselves where they were able and 'where they could, promote [person's] independence'. This person's relative said, "They encourage him (person) to help himself". Daily notes evidenced staff followed this guidance promoting the person's independence.

We spoke with staff about promoting people's independence. One staff member said, "I allow them to try for themselves and I will encourage and support them. Paterson's supports us to do just that". Another staff member said, "I help where I need to and encourage them to help themselves. They enjoy working towards goals and get a sense of achievement when they succeed".

People were involved in their care. We saw people were involved in reviews of their care and had signed reviews and changes to their support plans. People were also informed about who was visiting them and when. Visiting schedules were provided to people and gave information about dates and times of the visit. They also stated what support the staff would be providing. For example, preparing a meal, administering medicine or assisting with showering. Schedules of support were updated in line with care reviews informing both people and staff of the support needs. Daily notes evidenced visiting schedules were followed and

consistently maintained.

People and their relatives told us they were involved in their care. One person said, "Yes I'm involved. We all meet together at least twice a year to review things". A relative said, "I am involved and I attend regular reviews. They are exceptional at telling how they are liaising with GPs and other healthcare professionals".

The service ensured people's care plans and other personal information was kept confidential. When we entered the offices of Paterson Health and Social Care the general manager greeted us and checked our identity before allowing us to proceed with the inspection. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security.

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the visit. These provided a descriptive picture of the visit. For example, one staff member had noted in one person's care plan 'in the morning we did a karaoke with musical instruments and we all joined in with the songs".

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person's care plan stated they liked 'crosswords and swimming'. Another person stated they enjoyed attending a 'community club'. Daily notes evidenced this person regularly attended the community club.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had stated they wanted support with washing. They wanted staff to wash them 'starting at the head and work downwards'. Another person could become breathless and could not walk for long distances. The person had stated they wanted to use a wheelchair for longer distances. Records confirmed these people's preferences were respected.

People received personalised care that responded to their changing needs. For example, one person's condition had changed and staff referred the person to a physiotherapist for assessment relating to physical activities that would benefit the person. As the person had difficulty communicating que cards (communication aid cards) were provided so staff could support the person and give them choices for them to consider relating to activities. The physiotherapist had also suggested that swimming would benefit the person's wellbeing. Records confirmed this advice was followed and the person engaged in these activities.

The service responded to people's needs. Records confirmed people regularly contacted the service to change visit times and dates to accommodate their own personal schedules and appointments. We saw these requests were respected to meet people's needs. One person had specific needs relating to their condition. The person had a 'Percutaneous Endoscopic Gastrostomy Tube' (Peg) which is a way of introducing food, fluids or medicines directly into the stomach by passing a thin tube through the skin and into the stomach. Details of how the person was to be supported were listed in the care plan. Some staff had received specific training to support this person and staff were reminded that only trained staff were to provide support.

People were supported by staff who understood, and were committed to delivering, personalised care. Staff explained to us how they tailored people's care to suit their personal preferences. Staff comments included; "I never treat people the same but as individuals. I give them choices and do things the way they want them done" and "It's just care for individuals, their preferences".

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One person told us they had raised a concern that was "Dealt with immediately". Details of how to complain were held in the 'service user guide' given to all people and their families when they started using the service. The guide also contained contact details for the Care Quality Commission (CQC). The service had very few complaints recorded and those we saw had

been dealt with in line with the provider's policy on complaints.

Compliments to the service were recorded and those we saw were extremely complimentary about the staff.

The service sought people's opinions and views. 'Customer quality satisfaction questionnaires were regularly sent out to people to obtain their views on the service. People were regularly called to enquire how they were and what their opinion of the service was. All contact with people was recorded and all the records we saw were very positive in their content and had rated the service as 'excellent' or 'good'.

Good

Is the service well-led?

Our findings

People we spoke with, and their relatives told us they knew the registered manager and felt the service was well managed. One person said, "This is a good service for me, very well run". One relative said, "They are amazing, all of them". Another relative said, "It is very well managed and I have no problems. Contact is good, even out of hours".

Staff spoke positively about the registered manager and how the service was run. Comments included; "I deal mainly with the lead nurse who is brilliant but the(registered) manager is nice" and "Absolutely fantastic and the lead nurse is like my big brother. Fantastic, so supportive and brilliant to work with".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the general manager and staff spoke openly and honestly about the service and the challenges they faced. Staff spoke with us about the culture at the service. One said, "I have no issues at all with Paterson's, I'm very happy with my job. It is very well managed, no question". Another staff member said, "Nothing is ever perfect, but any worries or concerns I have had have always been dealt with effectively".

Accidents and incidents were recorded and investigated. The results of investigations were analysed by the registered manager to look for patterns and trends. There were no accidents recorded for 2016. However, historical accidents and incidents had been fully investigated and dealt with appropriately.

Staff told us and records confirmed, that learning from accidents and incidents was shared through staff meetings and briefings. Any issues were reported to the lead nurse who told us, "We share learning via the emails and texts we send to staff. We also discuss learning at team meetings and during supervisions. Any good practice identified is then incorporated into training". For example, in a staff newsletter seven 'top tips for surviving night shifts' were published for staff. A link to a government website was provided for staff to access to gain further advice and information on this subject. One staff member said, "This service is very professional with loads of support for staff and that includes information sharing". Another said, "I link with the lead nurse for information and I get texts and handovers. I am well informed.

Staff meetings were regularly held and staff were able to discuss and raise issues. Information, learning and changes to people's care was also shared at these meetings. For example, staff raised a concern about one person's care and as a result an additional member of staff was deployed to support this person. The person's care was reviewed and a referral made to the GP for an assessment.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care. Audit results were analysed and resulted in identified actions to improve the service. For example, where people received their care from another provider other than Paterson Care, there was joint working in place between Paterson Care and the other provider to ensure a clear care plan was compiled so that it could be used by both providers. Audit systems were effective as one audit had identified a person's behaviour had changed. The person was

referred to the GP and the person's medicine was reviewed and changed.

The registered manager monitored visit schedules, punctuality and missed visits. The general manager said, "We monitor visits and we get very few late visits. Where staff are late without very good reason they are seen by senior staff and details are recorded in staff files".

There was a whistle blowing policy in place that was available to staff across the service. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. One staff member said, "No hesitation, I'd use this system to raise a concern".

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.