

Polly Care Services Limited

Polly Care Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

Polly Care Services Limited is a domiciliary care agency providing personal care to people living in their own homes. The Care Quality Commission (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 our inspection five people were receiving a home care service from this provider.

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

People using the service told us they were satisfied with the standard of care and support they were provided.

However, the service was not always safe. The fitness and suitability of staff to work for the agency had not always been thoroughly assessed by the provider. We have made a recommendation about the way the provider recruits new staff and checks their fitness and suitability to work in adult social care.

People were kept safe and protected against the risk of avoidable harm and abuse. People received consistently good-quality and safe care from the same group of staff who were familiar with their needs and preferences. Staff followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19. The provider had measures in place to mitigate the risks associated with COVID-19 related staff workforce pressures. Medicines were well-organised and people received their prescribed medicines as and when they should.

The service was effective. Staff had the right mix of knowledge, skills and support to deliver good-quality, safe care. Assessments of people's support needs and wishes were carried out before they started receiving care from this agency. Where staff were responsible for assisting people to eat and drink, people's dietary needs and wishes were met. People were supported to stay healthy and well, and to access relevant community health and social care services as and when required. 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 received a caring service. People were treated equally and had their human rights and diversity respected, including their cultural and spiritual needs and wishes. Staff treated people with dignity and upheld their right to privacy. People typically described staff as "kind". People were encouraged and supported to maintain their independent living skills and do as much for themselves as they were willing and capable of doing so safely.

The provider was responsive. People's care plans were person-centred, which helped staff provide them with the individualised care at home they needed. Staff ensured they communicated and shared information with people in a way they could easily understand. People were encouraged to make decisions about the care and support they received at home and staff respected their informed choices. Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

The service was well-led. People receiving a home care service and staff who worked for the provider spoke positively about the way the service was run by the managers, and how approachable they both were. The registered manager promoted an open and inclusive culture which sought the views of people, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care at home.

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

Rating at last inspection

This service was registered with us on 26 February 2020 and this is their first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service is good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information, we may inspect sooner.

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 effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Polly 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..

Inspection team

The inspection was carried out by one inspector.

Service and service type

Polly Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

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 we needed to be sure that the registered manager would be in their office to support the inspection.

Inspection activity started on 23 August 2022 and ended on 25 August 2022. We visited the provider's office on 23 August 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with us which we used to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does 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 of this information to plan our inspection.

During the inspection

We spoke in-person with the registered manager and the providers co-director, and received telephone feedback from one person using the service and email comments from two care workers.

Records we looked as part of this inspection included four people's electronic care plans and three staff files in relation to their recruitment, training and supervision. We also looked at a variety of other records relating to the overall management and governance of the agency.

After we visited the provider's office we continued to seek clarification from them to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to their governance systems.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- People were supported by staff who were not always recruited in a safe way.
- The provider did not always obtain two satisfactory character and/or previous employer references from previous employer/s to check the suitability and fitness of staff they employed. For example, the provider had only obtained one reference for each member of staff they currently employed, contrary to recognised best staff recruitment practice and the providers own staff recruitment procedures.

The provider responded immediately during and after the inspection. The registered manager confirmed they had obtained a second satisfactory reference from a previous employer or a character one in respect of everyone they employed. We were satisfied with this response.

We recommend the provider consider current guidance on the safe recruitment of prospective new staff to ensure their fitness and suitability to work in adult social care and to take action to update their practice accordingly.

- Staff were subject to some pre-employment checks to ensure their suitability for their role, including, proof of their identity, right to work in the UK (where applicable), full employment history, and up to date Disclosure and Barring Services [DBS] check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by enough staff. People told us they received consistently safe care from staff who were familiar with their needs and preferences. One person said, "I do have a small team of four carers who always come and see me and know exactly what I need."
- People also told us they received all the care and support they needed from staff who were usually punctual. One person said, "My carers do come at the times they said they would and are rarely late. If they are running a bit late, someone always rings us to let me know. It's never been an issue."

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the care staff who regularly visited them at home and were confident any safeguarding issues would be taken seriously and appropriately dealt with by the provider. One person said, "I do feel safe with my carers who regularly visit me."
- The provider had safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when workers pass on information concerning perceived wrongdoing, typically witnessed at work.

- Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it. For example, one member of staff told us, "If I ever witnessed abuse I would let the office know right away and I'm sure they would inform the CQC, and if necessary, the police as well."
- The registered manager understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies, ensure they were fully investigated, and appropriate action taken promptly to minimise the risk of similar incidents reoccurring.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained up to date risk assessments and management plans that covered their personal and health care needs, and daily routines.
- Assessments were regularly reviewed and updated as people's needs changed.
- People told us staff knew how to prevent and manage risks they might face.
- Staff demonstrated a good understanding of the risks people might face and the action they needed to take to prevent or minimise those risks. Staff told us risk management plans were easy access and follow.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. A person told us, "The carers wear their face masks and the rest of their PPE every time they come and see me at home, without fail."
- We were assured staff had received up to date infection prevention and control and PPE training.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- Medicines systems were well-organised, and people received their prescribed medicines safely.
- We found no recording errors or omissions on any medicines records we looked at.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed and refreshed.
- Medicine records were routinely audited by the managers and field supervisors.

Learning lessons when things go wrong

- The provider learned lessons and made improvements when things went wrong.
- The provider had systems in place to routinely analyse accidents, incidents and near misses which enabled managers to identify issues, learn lessons and take appropriate action to improve the safety of the service. For example, following a number of medicine's recording errors that occurred in the first half of 2022 the provider responded appropriately by introducing a new electronic medicine's monitoring system that automatically flagged up if any medicine's errors occur.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- People received care and support that was planned and delivered in line with their identified needs and wishes.
- People's care plans were based on assessments carried out by the provider and various community health and social care professionals prior to people receiving a home care service from this provider.
- Staff were aware of people's individual support needs and preferences.

Staff support: induction, training, skills and experience

- People received personal care at home from staff who had the right mix of skills, knowledge, and support to deliver it safely and effectively.
- People described staff who provided them with care at home as competent and kind. One person using the service told us, "My regular carers know exactly what I need and want. Can't fault any of them."
- Staff had received the training they required to meet the needs of people they supported. This included an induction programme which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was routinely refreshed to ensure it remained up to date and relevant. One member of staff said, "The training I've received since working for this company has been excellent. Everything I've needed to know has been covered."
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular individual and group supervision meetings with their line managers at the provider's offices, as well as annual appraisals of their overall work performance. Staff told us they received all the support they needed from their line managers. One member of staff said, "We're a small company, so we all know it other really well, which is nice."

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

- People were supported to access food and drink that met their dietary needs and wishes.
- People who received assistance to eat and drink told us they were satisfied with the choice and quality of the meals and drinks staff offered and prepared for them.
- Where staff were responsible for assisting people to eat and drink, staff monitored their food and drink intake to ensure these individuals continued to eat and drink adequate amounts.

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

- People were supported to stay healthy and well.
- People's care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
- People told us they were confident staff would call the doctor or emergency services if they were required.
- Systems were in place for staff to alert the office if they became concerned for a person's health. Staff said the registered manager supported them effectively to take the appropriate action and ensure people's safety. One member of staff told us, "I would always call the ambulance and let the office know straight away if anyone I supported hurt themselves in some way."
- Maintaining good working relationships with external healthcare services enabled the registered manager and staff to support people to keep healthy and receive ongoing healthcare support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care.
- The registered manager understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS) within the context of care at home provision and had received MCA and DoLS training.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted by the provider.
- People told us staff respected their privacy and dignity. One person said, "My carers take very good care of me. They always respect my privacy."
- Care plans included information about people's different dependency levels and what they were willing and could do for themselves safely and what tasks they needed additional staff support with. For example, care plans contained detailed information that made it clear to staff who needed support to manage their own medicines safely and who was willing and capable of self-medicating. One person told us, "My carers always encourage me to get on and do things I can still safely do on my own myself, which I do appreciate."
- Staff demonstrated good awareness of how to respect people's privacy, dignity and independence. One member of staff told us, "I make sure curtains and doors are always closed properly whenever I help people with their personal care to protect their privacy", while a second added, "I allow people the chance to shower themselves or make their own drinks if they can".

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion, and had their human rights and diversity respected.
- People told us staff treated them with respect. One person said, "My regular carers who support me always treat me well."
- Care plans contained information about people's spiritual and cultural needs.
- Staff knew how to protect people from discriminatory behaviours and practices. Where people expressed a preference to have staff support them who they had things in common with, such as gender, language, culture, religion and/or social interests. The registered manager told us they would always take equality and diversity into account when matching people using the service with care staff.

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

- The service supported people to express their views and be actively involved in making informed decisions about the care and support they or their loved ones received.
- People told us they had regular opportunities to express their views and were encouraged to be active participants in helping to plan the package of care they or their relative received. One person said, "The managers from the office do come and see me regularly to find out what I need and how I'm getting along with my carers."
- Staff told us they supported people on a daily basis to make informed decisions about their care.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was tailored to meet their individual needs and wishes.
- People told us the home care service they received was person-centred and staff respected the choices they made.
- People had up to date person-centred care plans in place. These plans included detailed information about people's personal and physical health care needs, daily routines and tasks they wanted completed, and how they preferred for this to be delivered.
- Staff told us they gave people as much choice and control as possible in relation to the care and support they received at home. For example, one member of staff told us, "I make sure I always give people I support with their food a choice about what I prepare for them to eat and drink."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plan.
- The provider was aware of their responsibility to meet the AIS. The registered manager told us they could provide people with information about the service in accessible formats as and when required. For example, the service users guide, and the providers complaints procedure could be made available in a variety of different formats, including large print, audio and different language versions, on request.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to.
- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns.
- People said they had been given a copy of this complaints policy, which told them how to raise any concerns or complaints they might have and how they would be managed by the provider. One person told us, "I feel confident I can call the office anytime if I ever have a problem."
- Complaints were logged, responded to appropriately and actions were identified to improve the service.

End of life care and support

- Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

- The registered manager told us the service would liaise with various external health care professionals, including GPs, district nurses, palliative care nurses and staff from local hospices, as and when required to ensure people who were nearing the end of their life continued to experience comfortable and dignified care at home.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received consistently good-quality and safe care and support at home from staff who had the right mix of knowledge, skills and experience to perform their duties well.
- The provider had a clear vision that the registered manager shared with staff through in-person and group meetings, training and various electronic communication systems to continually remind staff about the organisation's underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

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

- The registered manager promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, and staff.
- The provider used a range of methods to gather views about what they did well or might do better. For example, people had ongoing opportunities to share their views about the home care service they or their relatives received through regular in-person home monitoring visits and telephone contact, and were actively encouraged to complete annual customer satisfaction surveys. One person told us, "The people from the office often come and see us or call to see how we are and if we need anything."
- The provider also valued and listened to the views of staff. Staff stayed in touch with the registered manager through regular telephone, social media and email contact.

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

- People spoke positively about the way this home care agency was managed. One person told us, "I would indeed say the company is very well managed by the people in the office."
- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.
- The registered manager was keen to improve the service and they recognised the importance of continuous learning.
- The quality and safety of the home care service people received was routinely monitored and analysed by the office based managers. For example, managers routinely carried out home monitoring visits to observe staffs working practices, including how staff interacted with the people they were supporting, their time

keeping, and how well they manage records they were required to keep.

- The outcome of these audits and feedback the provider gathered from people using the service were routinely analysed to identify issues and learn lessons.

Working in partnership with others

- The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities. One member of staff told us, "We have very good working relationships with district nurses who are always providing us with advice and guidance."
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.