

Personalized Care Services

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Inspection report

New Devonshire House
Devonshire Street
Keighley
BD21 2AU

Tel: 01535958800

Website: www.personalizedcareservices.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Personalized Care Services is a domiciliary care service that provides care and support for people in their own homes. They provide some short-term packages and support people back to independence. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting 36 people with personal care.

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

Medicines were not always managed safely. Audits and processes to monitor the administration of medication were not effective at identifying issues. Medication was not always documented accurately or consistently making it difficult to monitor.

Governance and systems to monitor quality and safety were not always effective. Audits were not always completed and did not always identify issues found on inspection. Competency checks were carried out but did not identify that staff had the skills to meet people's needs.

Risks were not always well managed. Some people did not have risk assessments in place. There were no environmental risk assessments to address safety issues in people's homes.

Care plans contained person-centred information including those people on short term packages. The care files contained pre assessments and information about people's likes, dislikes and preferences.

People and relatives were positive about the service received and felt they received the care they needed to keep them safe and well. People were supported by consistent and caring staff.

Staff followed good infection control practices including wearing personal protective equipment when supporting people.

Staff knew people well and supported them based on their needs, choices and preferences. Staff had received a high level of training which had provided them with the necessary knowledge to meet people's needs. Staff followed good infection control practices including wearing personal protective equipment when supporting people. Staff spoke very positively about the support they received and the quality of the service.

The provider was proud of their ability to support people on short term packages back to independence, resulting in people not needing continued care. There were many examples where the service had achieved this and ended packages when independence was reached.

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.

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

Rating at the last inspection

This service was registered with us on 29/07/2019 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered service.

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

Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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.

Detail 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Personalized Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We called the service the day before the inspection to give them notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 29 October 2021 and ended on 16 November 2021. We visited the office location on 4 November 2021.

What we did before the inspection

We reviewed information we hold about the service. We sought feedback from the local authority. 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 two people who used the service and 14 relatives about their experience of the care provided.

We spoke with eight members of staff including the provider, registered manager and care workers.

We reviewed a range of records. This included four peoples care records and multiple medication records.

We looked at three staff files in relation to recruitment and training and a further two staff files in relation to

training and 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 found. We looked at competency

checks, risk assessments 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.

This is the first inspection for 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.

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

- Risk associated with people's care had not always been assessed. This demonstrated that risks in relation to nutrition, falls and pressure care were not being managed to keep people safe.
- The provider did not have effective systems for learning lessons when things went wrong. Incidents and accidents were recorded but were not reviewed or analysed for patterns or trends. We did not see evidence of any action taken to reduce future accidents.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people's health and safety were assessed. Environmental risk assessments to address safety issues in people's homes, were not made available to inspectors when requested during the inspection, but were received afterwards.

The registered manager responded during and after the inspection. They confirmed actions had and were being taken to address the risks.

Using medicines safely

- The service did not always manage medicines safely.
- Systems in place to manage medicines were not always effective.
- Medication records were not always completed clearly and there were multiple gaps and inconsistencies on the medication administration records (MAR's). Therefore it was difficult to assess if medication had been given as prescribed.
- Competency checks were completed but these were not robust, detailed and in some cases not completed timely.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and after the inspection. They confirmed actions had and were

being taken to address the risks.

- Staff who supported people with their medicines received regular training.

Staffing and recruitment

- Recruitment checks were in place to ensure only suitable staff were employed. The provider had a good assessment process in place to ensure staff had the right skills and values to work in a care setting.
- People and relatives were generally happy with the call times and some people said they were supported by the same staff. One relative said, "We have never had any missed calls and they [staff] arrive on time."

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood how to raise concerns. Safeguarding referrals had been made appropriately.
- People and relatives said they felt safe and secure. One person said, "I feel very safe when the girls call, I have the same people that I have got to know and there are no problems."

Preventing and controlling infection

- The provider had a comprehensive infection prevention and control policy.
- Staff used personal protective equipment (PPE) safely and participated in weekly COVID-19 testing.
- Spot checks were completed consistently on staff to ensure the correct use of PPE was being adhered to.
- The office had enough space for people to social distance. Visitors had their lateral flow test checked on arrival and sanitiser and PPE were available at the entrance.

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

- People's needs were assessed before being offered a service. Information gathered from people and their relatives was used to develop care plans. Care plans described the support required for each call and detailed people's personal choices and preferred routines and timings.
- The service had contact with the local council for their assessment prior to providing a care package.
- Staff supported people with their meals when this was part of their care plan. Plans contained details of their likes and dislikes and the level of support they required.

Staff support: induction, training, skills and experience

- Staff received a wide range of training and development opportunities from internal and external sources. This included internal practical training as well as online theory training. All new staff completed the Care Certificate and staff were encouraged to complete a level two direct short courses in specialist subjects such as Dementia Care and Autism training.
- Staff spoke highly of the induction, training and supervision they received.

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

- People and relatives said they or their relative's health needs were supported. One relative told us, "A care plan was developed and the staff are trained in dealing with epilepsy which is important."
- Care records showed people's healthcare needs were assessed. District nurses and other health professionals were also contacted appropriately to ensure people's healthcare needs were met.

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.

- The service was acting within the legal framework of MCA.
- Staff understood the principles of MCA and knew how to apply this in their day to day work. Staff described how they promoted people to be as independent as possible. One staff member told us, " I went to one person 6.45am instead of 7am as I wanted to give [the person] the extra time to do as much for [the person] as [the person] can with [the person's] cares. [The person] had just come out of hospital."

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.

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

- People and relatives told us staff were caring and treated people kindly. We received a range of positive feedback. One relative said, "The carers are very kind and caring to [my relative] and they communicate well with him as he has dementia." Another told us, " We really need help at this stage and the carers were absolutely brilliant and the manager was great as well, even if they only assisted us for a few days."
- Staff we spoke with demonstrated caring values and provided people with high quality and personalised care. One staff member told us " [person] never went out before we supported them, now we go out every week with [person]. He loves going to the park and getting out."
- Staff were able to read care plans before providing care to people for the first time, ensuring they had the knowledge and skills to support the person.

Supporting people to express their views and be involved in making decisions about their care. Respecting and promoting people's privacy, dignity and independence

- Staff had formed genuine relationships with people and their relatives. Staff described how they promoted people's independence and supported people to continue to go out. For example, into the park.
 - Staff confirmed call times were not rushed and there were opportunities to talk with people and involve them in their care.
- People and relatives told us staff listened to their views and provided care and support that reflected their wishes. Most people told us they were actively involved in decisions about their care. One relative said "A full assessment was completed by the office staff and a care plan was put together which I was involved with."
- People and relatives were able to look at relevant care plans and notes in the paper files kept within their own homes. This meant relatives could be assured about people's care and support when they were not in their home.

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 for 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 ensure people have choice and control and to meet their needs and preferences: End of life care and support

- People were supported by staff who knew them well. Staff supported people to maintain their independence. Care records provided information about people's interests, needs and their personal preferences.
- Staff used a mobile phone application that held updates and communication for the people they supported. This meant information was accessible and any updates were received immediately. Care files were kept in paper form in the person's home to review at any time. Staff spoke positively about the effectiveness of the mobile application.
- The service was responsive and flexible to meet people's needs. This included changing staff members and reviewing the length and timings of calls. As well as completing re assessments to ensure they were the right provider, able to provide the right care to people.
- The service provided end of life care to people. Staff had received training about how to support people who were at the end of life. There was also information in the person's care plan and updates on the care notes on the mobile device application to help support staff to deliver appropriate care.

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.

- The service assessed people's communication needs and care plans included guidance about how to communicate with people.
- The service has not needed to use translators to support with communication when developing care plans with people and relatives. The service had resources available in different formats to support people to communicate effectively.
- The registered manager selected staff members with similar communication preferences and abilities to the person using the service to aid effective communication.

Improving care quality in response to complaints or concerns

- The provider had a system to record and act on complaints and compliments. We saw complaints had been dealt with in an appropriate timeframe.

- People and relatives told us they knew how to raise concerns. One relative said, "I have all the phone numbers in case I need to contact the office."
- We reviewed multiple compliments and thanks from relatives. Compliments showed people were satisfied with the support they and their loved ones had received.

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 for this newly registered service. This key question has been rated 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.

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

- Governance systems were in place but not always effective. The quality audits for medication, care plans, risk assessments and falls were not effective at identifying issues and gaps in documentation. The audits failed to identify the issues found on inspection.
- Competency checks were completed but the documentation to capture information accurately and robustly, and the process for carrying these competency checks out were not suitable.
- The registered manager gave us examples of how lessons have been learned, however the system for documenting these and following up was not in place. There was no evidence of consideration for trends, patterns, issues or lessons learnt.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and after the inspection. They confirmed actions had and were being taken to address the risks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service had a positive culture that focused on person centred care. Staff praised the support they received from the registered manager and said they were confident in their leadership.
- Staff were positive about the registered manager. They were described as, "Very supportive and knowledgeable."
- The registered manager understood their responsibility around the duty of candour and showed commitment. They had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.

Working in partnership with others

- The service worked closely with key stakeholders and agencies.
- The registered manager was enthusiastic about working with other professionals to ensure the people

using the service received the best care they could provide. Including work with learning disability agencies to support with understanding conditions.

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

- The provider had not conducted regular surveys with people and relatives, however we saw examples of positive feedback from people and relatives in email communication, cards and messages.
- People and relatives confirmed they felt involved in their care. Feedback from relatives was positive about communication with the office team. Most relatives described a good experience, with some describing issues initially which were rectified and dealt with appropriately.
- Staff meetings were held regularly and staff felt involved and included. They felt happy working at Personalized Care Services and described staff morale as good. One staff member said, "The clients are lovely and so are my colleagues, the company treat us well."

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12 (1) (2) (a) (b) (d) (g) The provider failed to provide care and treatment in a safe way for people using the service. They failed to assess, monitor and mitigate risks, and failed to provide medication in a safe way.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) (2) (a) (b) (c) The service failed to assess, monitor and improve the quality of the service, and failed to mitigate risks to people using the service. The service failed to maintain contemporaneous records in respect to people using the service.