

People Potential Possibilities

P3 Navigator

Inspection report

Montrose House
Wellington Street
Cheltenham
Gloucestershire
GL50 1XY

Tel: 08081682443
Website: www.p3charity.org

Date of inspection visit:
26 November 2015

Date of publication:
30 December 2015

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

A registered manager was in place as required by their conditions of registration. 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 and associated Regulations about how the service is run.

This inspection took place on 26 November 2015 and was announced. P3 Navigator is a new domiciliary care service which provides personal care and support to people with physical needs as well as people who have mental health problems, sensory impairments and learning disabilities who live in their own homes. The level and amount of support people need was determined by their own personal needs.

At the time of inspection there were 13 people using the service but only one person received personal care as defined by CQC. We were therefore not able to gather sufficient evidence to rate this service at this time.

The provider and registered manager were not aware of changes in health and social care legislation and their legal obligations related to running a personal care service.

People were complimentary about the service and the staff who supported them. They were supported to make choices about their care and retain their independence. Staff were aware the provider's vision and values on how to support people.

People had been involved in the planning of the care and support; however their care records did not always reflect their physical and social needs and associated risks. Staff did not have adequate recorded guidance on how to support people with their personal care. Plans were in place to ensure people's care needs were to be regularly reviewed and a copy of their care records would be kept in their home. Staff supported people to make and attend appointments with health care professionals if they required additional support or their health care needs changed.

Staff were knowledgeable about protecting people from harm and reporting any concerns. Staff valued people's feedback about the service they received and acted on any concerns.

Policies and systems were being considered and implemented to reflect the needs and the delivery of the service. Staff told us they felt supported and the management were approachable. Plans were in place to support and train staff in their role as the service developed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People's risks were known by staff but not adequately recorded to provide staff with guidance. They were cared for by staff who understood how to protect people for avoidable harm and abuse.

Recruitment checks had been carried out on new staff but the registered manager had not been involved in this process to confirm the suitability of new staff.

The service was planning to recruit new staff to meet the needs of people and to expand the service.

Inspected but not rated

Is the service effective?

Plans were in place to ensure staff had the skills to support people with their personal care.

People were supported to make decisions about their care and support.

People were supported to attend health care appointments if their care needs changed.

Inspected but not rated

Is the service caring?

People were positive about the care they received. They complimented the staff about their kind approach.

Staff understood the importance of supporting people with their personal care needs in a dignified manner.

Inspected but not rated

Is the service responsive?

The care records of people who received personal care in their own homes did not always reflect people's personal needs. Copies of people's care records were not held in their homes.

People had access to information on how to raise concerns about the service. Complaints would be managed in line with the provider's policy.

Inspected but not rated

Is the service well-led?

Inspected but not rated

The registered manager and provider were working on developing arrangements and procedures to support staff to deliver an effective personal care service. Systems to evaluate and monitor the quality of service were also being considered.

The provider's vision and values were evident in the way people were supported.

P3 Navigator

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 checked 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 26 November 2015 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector. Before the inspection, we examined information that we held about the provider.

On 26 November 2015, we visited the main office for P3 Navigator and spoke to the registered manager and two staff members who were responsible for assessing and delivering personal care to people who lived in their own homes. We looked at the care records of one person as well as records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the service.

After the inspection, we spoke with one person by telephone about the service they received from P3 Navigator.

Is the service safe?

Our findings

People's risks relating to their physical needs and well-being had been identified but guidance on how to prevent and manage these risks were not always effectively recorded. Records of risk assessments in people's care files were mainly focused on their mental health needs and not their personal care risks. There was insufficient guidance recorded to help staff understand how to support people in managing their risks. However staff were knowledgeable about people's needs and told us how they supported people to prevent them from becoming harmed or injured. One staff member said, "We discuss people's risks at their initial assessment and to make sure we have the skills to support people". One person told us the staff supported them when they had become unwell during a visit.

Processes to check the suitability of staff were carried out by the provider's head office. This information had not been reviewed by the registered manager and therefore they were not fully reassured that new staff members were suitable to support people or of good character.

People were protected from abuse because the staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Concerns relating to safeguarding people were shared with agencies who had a responsibility to safeguard people. The provider's company policy and procedures on safeguarding people was present and accessible to staff. Information and contact details were available to people in the 'client handbook' about recognising types of abuse and reporting concerns if they suspected they were victims of abuse.

People's needs were being met by sufficient numbers of staff. At the time of our inspection there were two members of staff designated and trained to assess and deliver personal care. Staff were required to call into the office at the beginning and the end of visiting people to ensure their safety. We were told that the staffing levels of the service were being reviewed. A new staff member was in the process of being recruited to help the service meet the needs of people and to be able to expand the service.

Is the service effective?

Our findings

Staff had received update training in the provider's core mandatory courses such as safeguarding people and first aid. The future aim and purpose of the service was to provide personal care to a wide range of people with physical, mental and sensory needs. The registered manager was identifying courses with staff to enable them to have the skills to meet the needs of potential new users of the service such as supporting people with diabetes or epilepsy.

An induction plan was in place for a newly recruited member of staff to ensure their skills were up to date. We were told the new staff member would be given the time to meet people and shadow experienced staff. The registered manager was made aware of the care certificate which allows them and senior staff to monitor the competences of staff against expected standards of care.

Staff met regularly to discuss any concerns about the people they supported and any changes that may be required to improve the running of the service. A management structure was in place to ensure staff at every level had a line manager to support them. We were told that whilst staff frequently met with their line manager, the records of staff individual support meetings were not consistently recorded. This was raised with the registered manager who told us that they would be implementing the provider's staff support form to help capture staff concerns and development needs.

Staff also received support from other services run by the provider. They regularly joined in their team meetings and shared information which were relevant and common to each of the services, such as mutual policies.

Staff demonstrated understanding about their responsibility to protect people's human rights. They understood their role and legal responsibilities in assessing people's mental capacity and supporting people in the least restrictive way. During our inspection, we found people who received personal care from the service had the mental capacity to consent to their care and support and make decisions about their daily routines. One person said, "I'm always asked what I help I need. I'm never told what to do".

We were told that if people lacked the ability to understand the personal care that was being provided, an assessment of their mental capacity to make specific decisions would be carried out in line with the Mental Capacity Act 2005 (MCA). Other significant people such as lasting power of attorneys, social workers and some families would be involved in helping them to understand the care and support they should expect from the service.

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.

Staff supported people with their routine health appointments such as attending hospital appointments

and the dentists. People were also supported to access specialist health and social care services as required. Staff gave us examples of when they had referred and supported people to access specialist support and advice services such as to the physiotherapist. One person said, "(The name of staff member) is always willing to help me get an appointment at the doctors".

Is the service caring?

Our findings

We were unable to gather a lot of evidence for this key question as we only spoke to one person who received assistance with their personal care from the service.

However, those we spoke with were complimentary about the service. They spoke highly of all the staff and told us staff treated them with warmth and kindness. They explained how staff treated them with dignity and understood their specific physical and emotional needs. One person said, "She (staff member) is a lovely, lovely person".

People were at the heart of the service. The ethos of the provider was evident in the way staff spoke about people who used the service. They spoke about people in a positive and respectful manner and gave us examples of thoughtful and caring practices.

Staff told us how they adapted their approach with each individual. They gave us examples of how they supported people in a manner that reflected their personal needs and wishes. One staff member said, "It is about them. It's about their wishes. We can advise them but at the end of the day it is about how they want to be supported".

Is the service responsive?

Our findings

As a result of a change in the local authority commissioning contracts, some people who used the service had been transferred to P3 from another provider. Most people received practical support such as managing their bills and shopping. However there were only a small number of people who received support with their personal care.

Whilst staff were knowledgeable about people's needs during their designated visit times this was not recorded adequately. People's care records did not always reflect their personal care needs and support requirements. They did not provide staff with guidance on how people liked to be supported or describe their goals and wishes.

However the provider had implemented a needs assessment and support plan document which was completed with new people to the service at their initial assessment. This document helped staff to gather information about backgrounds, medical requirements and aspects about their personal care they would like to achieve. However, this document had not been adequately completed for people who had transferred from the original provider.

The senior support worker told us they were reviewing the format of the needs assessment and support plan documentation and associated risk assessments. They would also be implementing a system of regularly reviewing the documentation of people's needs and consent to their support. Daily records of the support people received with their personal care were not always consistently recorded. Their daily records did not reflect the true nature of the support they had received. This meant there was no recorded overview of possible progression or changes in people's support needs. However, staff meetings occurred weekly ensured that important information about people was known and acted upon where necessary.

A copy of people's care records were not held in people's homes. However, we were told that copies of people's care records would be placed in people's homes, as information about people needed to be shared amongst the forthcoming larger staff team.

The service had a complaints policy and procedure. The registered manager had not received any complaints since the start of the service. They told us people's concerns and complaints would be taken seriously, addressed and recorded in line with the provider's policy. Information on how people should raise any complaints, suggestions or give complements was available in the client handbook. People were also encouraged to contact the office if they had any concerns or had the opportunity to express their views at the end of using the service if they wished. We were also told that an annual customer survey was sent nationally to all people who received a service from the organisation.

Is the service well-led?

Our findings

The manager of all P3 services across Gloucestershire was registered with CQC as the registered manager in 2014. Their role was to develop and manage the pilot service of delivering personal care for the provider. We were told the aim of the service was to offer a personal care service to people who use other P3 services as well as developing the service to other people in the community. Since registering with CQC, the service has only supported a limited number of people with their personal care such as support with their personal hygiene or medicines.

P3's general policies and procedures as well as various forms such as financial transaction forms and risk assessments were being implemented and used by the service. We were told the policies and forms would be reviewed and amended to ensure they reflected the needs of people who required support with their personal care.

The registered manager and provider were not aware of the recent changes in the inspection methodology being used by CQC or the changes in the health and social care legislation. They were not aware of their lawful obligation to notify CQC of any significant events or incidents which may have affected people that use the service or the running of the service. We raised this with the registered manager, who recognised that they needed to consider possible systems and arrangements which would help them become more aware of local and national changes relating to supporting people with their personal care.

A strong leadership structure was in place. Staff at all levels told us they felt supported. However, further guidance was needed from the provider and the registered manager to ensure staff understood legal responsibilities in supporting people with their personal care. Further systems needed to be considered to ensure the quality of the service being delivered was monitored and evaluated. Where accidents and incidents had occurred these had been recorded and reviewed by the registered manager. A system was to be implemented to analyse the incident to detect any trends or patterns. Staff were researching potential systems to manage staff in the community and their allocated visit times.

The visions and core values of the service and the provider were shared with people in the client handbook. Conversations with staff told us that staff adhered to the values set by the provider.