

PSA Home Care Ltd

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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

About the service

PSA Home Care Ltd is a domiciliary care service providing personal care to adults living in their own home. At the time of the inspection, only one person was using the service. The service provided support for mainly older people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Feedback from the relative we spoke with was positive. They told us staff were very supportive and caring.

The person received safe care and support from PSA Home Care Ltd. Staff knew what their responsibilities were in relation to keeping the person safe from the risk of abuse. The provider followed safe recruitment practices.

Care plans contained detailed risk assessments. These mitigated any identified risks. Environmental risk assessments were also in place, which identified and reduced any environmental risks to the person and staff.

The person's needs were assessed prior to receiving support including their protected characteristics under the Equalities Act.

Robust recruitment processes were in place. This ensured suitable staff were working with people. Staff were skilled in carrying out their role. The registered manager ensured staff were appropriately trained. Staff said, "I completed an induction before starting. I did other trainings too."

Staff were caring and always respected, protected the person's dignity and independence. Staff gave the person choices in their care daily.

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 example, staff had the information they needed to support the person to make choices. Staff knew people had the right to make unwise decisions.

The service had a system in place to assess, monitor and improve the quality and safety of the services provided.

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 5 February 2020 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 23 July 2019.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

PSA Home Care Ltd

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

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

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 48 hours' 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 25 March 2022 and ended on 5 April 2022. We visited the location's office on 29 March 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service but we received no feedback. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to

make. We used all this information to plan our inspection.

During the inspection

We spoke with one relative about their experience of the care provided. We were unable to speak with the person who used the service because they were unavailable. We spoke with only one member of staff and the registered manager.

We reviewed a range of records. This included the person's care records and risk assessments. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, and 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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The relative of the person told us they felt safe. They said, "Absolutely safe. They are a compassionate team. They make sure our loved one is safe and I am well informed."
- The provider had a safeguarding system in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these.
- Staff demonstrated their knowledge on how to report abuse to the registered manager in the first instance and then to the local authority and CQC if required. They said, "Safeguarding is about protecting people from harm. For example, we protect the client from financial abuse. We keep their money safe so that no one has access to it. I can raise an alarm to my line manager, LA and CQC if I suspect anything."
- Staff had received training on adult safeguarding and understood their responsibilities to record safety incidents, raise concerns and near misses, and to report them internally and externally, where appropriate.
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries. They told us that they would have no concerns reporting any untoward incident appropriately.

Assessing risk, safety monitoring and management

- The risks to the person's health, safety and well-being were appropriately assessed, acted on and reviewed. The person's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote the person's safety. For example, risk assessment around showering ensured water temperatures were checked before use. Staff confirmed they had read and always followed the risk assessments.
- Potential environmental risks and hazards such as uneven surfaces, appliances, inadequate lighting or trailing wires within the person's home had been adequately identified in initial assessments and controlled.
- The registered manager manned the on-call system in place to ensure advice and support was available to the person and staff out of hours.

Using medicines safely

- Medicines were not being administered. However, the registered manager told us that if required, they would be able to manage people's medicines safely. A relative said, "They do not give my mum any medicines."
- Staff had received medicines training. The registered manager showed us annual medication competency check document to be used whenever medication administration commences.
- Medicine administration records (MARs) were in place for recording medicines as needed.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff.

Staffing and recruitment

- The person was supported by enough staff and relatives were happy about this. They also confirmed staff always arrive on time,
- Staff had been safely recruited. Checks were completed to make sure new staff were suitable to work with people. Two references, and Disclosure and Barring Service (DBS) criminal record checks were obtained. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. For example, the registered manager had ensured all staff used appropriate protective equipment (PPE), due to the COVID-19 pandemic. Staff said, "We have face mask, gloves, shields, aprons. We use these at all times. We have never run out; we have spares at all times." Staff had access to enough personal protective equipment (PPE). We saw ample storage of PPE's in the service.
- We were assured that the provider's infection prevention and control policy was up to date. Staff had completed the relevant training.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- The registered manager had a folder for recording any accidents and incidents. The registered manager told us they had not had any incidents or accidents since the service started.
- The registered manager told us that any incidents, accidents and near misses would be documented and monitored to ensure they learnt lessons from them.

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.

Staff support: induction, training, skills and experience

- New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks each member of staff was required to complete as part of their role. Care staff also completed shadow shifts before attending visits on their own.
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete other courses as they wished.
- As a newly registered service, staff had not yet had an annual appraisal. Evidence showed staff had monthly supervision meetings with the registered manager. Staff told us they felt supported in their roles. They said, "Yes, I do feel supported. At least, I meet with my manager once a week via zoom for updates and discussions."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager undertook an initial assessment with the person before they started providing care and support. Evidence seen showed the person and their relatives were involved in the assessment process. A relative said, "We meet regularly, and the registered manager is an excellent communicator."
- Records showed that the initial assessments had considered the person's protected characteristics under the Equalities Act 2010. These were identified as part of their needs assessment, such as their race, gender, sexual orientation and religion.
- Care plan reviewed showed that information gathered at the assessment stage was used to develop the person's individual care plans.

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

- Care plans included a nutrition and hydration risk assessment and guidance for staff on the person's dietary requirements.
- Staff demonstrated they understood the importance of following set guidelines in place. They followed the person's care plans which detailed the support they required with eating and drinking.
- Staff received training regarding food hygiene, nutrition and hydration, so they had the knowledge to support people to eat healthily.

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

- Staff were not directly involved in the person's healthcare needs. However, care plans showed healthcare formed part of their initial assessments, which were taken into consideration before support started.
- Staff monitored the person's on-going health conditions and sought assistance for them as required. For example, seeking guidance from district nurses and GP whenever required.
- Staff told us they would report any concerns they had about the person's health to their relatives and healthcare professionals who would in turn take required action.

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 MCA 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.

- The person's capacity to consent to care and support had been assessed and recorded. For example, the person had signed and consented to the care that was provided by the service when they started providing support.
- The registered manager and staff had received MCA and DoLS training. They understood people had the right to make their own decisions about their care.
- Staff understood and supported the person to make day to day choices. Where people had capacity, staff understood they had the right to make unwise decisions. Staff said, "When I arrive in the morning for example, I give choice of clothes to wear, what food [person] would like to eat as it is important."
- Where relatives had lasting power of attorney for people and were legally able to make decisions on people's behalf the registered manager understood they had to check this was in place before service started.

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

- The relative we spoke with told us their loved one was treated well. They said staff were caring, "The carers are very caring."
- Staff knew the person well. The person's equality and diversity needs under the Equality Act 2010 were supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion.

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

- A relative told us staff treated their loved one with dignity. They said, "Absolutely, they are good. They show empathy and respect [persons] dignity at all times." A relative told us staff treated with their loved one with respect. They said, "Absolutely, they treat [person] with respect. They do motivate our loved one to do thing such as when they do not want to have a shower."
- Staff gave us examples of how they supported the person to maintain their dignity. For example, during personal care, the door would be kept closed and covered as much as they required.
- The person and their relatives were supported to express their views regularly and were involved in making decisions about their care and support. A relative said, "We meet regularly to discuss and review [person's] care needs." Staff understood the importance of respecting people's individual rights and choices. They said, "They [person] choose what they would like to eat, and we prepare the food together. Also, where they want to go in the community for the day."
- Care records promoted the person's right to independence and focused on what the person was able to do for themselves.
- The registered manager was aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. Care records and files containing information about staff were held securely in locked cabinets in the office and electronically on the computer. We observed in the office that computers were password protected to ensure only those authorised to do so could access them.

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

- Staff had a good understanding of the person's individual preferences. Care plans supported staff by including personal history, interests and staff understood these.
- The person had a designated care staff who supported them with all their daily needs. For example, female staff were matched to the person based on their preference.
- Care plans were comprehensive, personalised to suit individual's need, and placed the person's views at the centre. The person's care plans were detailed and informed staff what the person's abilities were and the support they required from staff.
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured good communication between staff which benefited the care of the person.
- Care plans were reviewed with the person and their relatives at least every six months but may be more frequent based on the person's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us that they would make documents available to the person they supported in different formats such as large print if needed.
- The person's communication needs had been assessed and staff knew how to communicate with the person based on the assessment. The assessment asked the person how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave the person the choice of how to be communicated with.

Improving care quality in response to complaints or concerns

- The relative spoken with knew who to contact if they were concerned about anything. They said, "If I had any complaints, I can talk to both staff and registered manager."
- The service had not received any complaints in the last 12 months.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished

to raise a concern outside of the service such as the social services and the local government ombudsman.

End of life care and support

- The service was not supporting anyone at the end of their life.
- The registered manager told us that they had in depth conversations with the person and their relatives about end of life plans.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they were able to share their ideas and felt listened to. A member of staff said, "The manager is approachable. The manager is quite open, straight and freely talks to employees. They like to have updates as they care about their clients. The manager has high expectation of staff and makes sure we are happy at our job. They care about our wellbeing."
- There was a positive focus on supporting people to communicate, express their views and be independent. There was also a positive focus on supporting staff to communicate and express their views.
- Staff received regular supervision and there were meetings for staff where they could raise any concerns. Staff said they felt listened to.
- The registered manager stated in their submitted PIR, 'Our overall vision is to provide the high standard of care we would hope to receive ourselves, should care become necessary in our old age. We put service-users at the heart of everything we do and are sensitive to those of a different cultural, religious background from ourselves.' We found that this to be evident in the service provision. A relative confirmed this and said, "They [staff] are knowledgeable. They are absolutely good. They show empathy and respect [person's] dignity at all times. The manager definitely respond to what we tell them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were effective systems in place to monitor the quality of the service. A range of quality audits such as care plans, risk assessments and staff file audits were in place and completed. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered manager. This meant that the registered manager had a robust system in place for monitoring the quality of the service.
- Staff told us the registered manager encouraged a culture of openness and transparency. The registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team.
- Records were adequately maintained. Care plan records were reviewed regularly and up to date.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager had informed CQC of significant events that happened within the service, as required by law.

- There had been no incidents or accidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood the need to be open and transparent if there was such an incident and understood their duty of candour responsibilities.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority and NHS for care providers.
- Staff told us they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The registered manager worked with funding authorities and other health professionals such as district nurses, physiotherapist and doctors to ensure people received joined up care.