Psalmist Community Health Care Service Ltd

PCHCS

Inspection report

56 Oakley Road
Luton
Bedfordshire
LU4 9PU

Tel: 01582591672
Website: www.psalmistchcs.org

Date of inspection visit:
28 April 2016
20 May 2016

Date of publication:
02 August 2016

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?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced inspection on 28 April 2016. Between this date and 20 May 2016, we spoke with people who used the service and members of staff by telephone.

The service provides personal care to adults with a variety of care needs in their own homes. Some of the 18 people being supported by the service at the time of the inspection were living with dementia. The service is also registered to provide treatments for people with drug and alcohol addictions, but this was dormant at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm and suitable equipment was in place so that people were supported safely. People's medicines were being managed safely.

The provider had safe recruitment processes in place and they had sufficient numbers of staff to support people safely. Staff had received regular supervision and support, and they had been trained to meet people's individual needs.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care or make decisions about some aspects of their care, this had been managed in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by kind, caring and respectful staff. They were supported to make choices about how they wanted to be supported. People's health and wellbeing was promoted, and they were supported to access other health and care services when required.

People's needs had been assessed and their care plans took account of their individual needs, preferences, and choices. They enjoyed good relationships with staff who provided companionship at each visit. The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service and their relatives, and they acted on the comments received to improve the quality of the service.

Some people were not happy that staff were sometimes late for their visits and that they had not always been informed that they would be late. The provider's quality monitoring processes needed improving so that they had robust systems to evidence what actions they had taken to make continuous improvements.

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.

The provider had a robust recruitment procedure in place and they had sufficient numbers of staff to provide consistent care.

There were systems in place to safeguard people from the risk of harm.

People's medicines were being managed safely.

Is the service effective?

Good

The service was effective.

People's consent was sought before any care or support was provided. Where people did not have capacity to make decisions about some aspects of their care, care had been provided in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and care services when required to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People told us that staff were kind and caring towards them.

Staff understood people's individual needs and they respected their choices.

Staff were respectful and supported people in a way that maintained their independence.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People benefitted from companionships provided by staff at each visit.

The provider had an effective system to handle complaints and concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not always have robust systems to asses and monitor the quality of the service.

Some people were not happy about some late visits and that they had not always been informed that staff would be late.

The registered manager provided effective support to staff, and promoted a caring culture within the service.

PCHCS

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 April 2016 when we visited the provider's office. We gave 24 hours' notice of the inspection because we needed to be sure that there would be someone in the office when we arrived. The inspection was carried out by an inspector and an expert by experience contacted people who used the service by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service, including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the visit to the office, we spoke with the registered manager, who is one of the directors of the service. We also spoke with another director of the service, the service manager, the human resources manager and the administrator. We looked at the care records for six people who used the service. We looked at four staff files to review the provider's recruitment, supervision and training processes. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

Between the date of the visit to the office and 20 May 2016, the expert by experience spoke with three people who used the service and six relatives, and the inspector spoke with five members of staff by telephone.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us that they felt safe with the staff who supported them. One relative said, "I believe they are in good hands." A member of staff told us, "Service users are safe. None of them have ever told me that they are worried about anything."

The provider had processes in place to safeguard people from risk of avoidable harm or abuse, including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. We noted that staff had received training on how to safeguard people and they showed good knowledge of this. A member of staff said, "I would inform the manager if I was concerned about someone and I would check if they had taken action." Another member of staff told us, "I would inform the office if I was concerned about a service user's safety or wellbeing."

People told us that staff used 'key safe codes' properly to access their homes if they were not able to open the door for them. A relative who observed the provider's driver approach their relative's home to pick a member of staff was pleased to see that he did not know the key safe code. This assured them that the code had only been given to care staff and this meant that their relative's home was safe, as it could only be accessed by authorised staff.

Risks to people had been assessed and there were risk assessments in place to minimise potential risks to their health and wellbeing. For example, one person had risk assessments to manage risks associated with personal care, mobility, falling, skin integrity, and social isolation. The control measures for each of the identified risks were detailed in each related care plan and these had enough detail for staff to know how to support people in a way that minimised risks. We noted that the risk assessments had been reviewed regularly or when people's needs had changed.

We looked at the recruitment records for four members of staff and found that the provider had robust recruitment processes in place to carry out thorough pre-employment checks. These included checking each employee's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The duty rotas we looked at showed that the provider had sufficient numbers of staff to support people safely and this was supported by staff we spoke with. A member of staff said, "We have enough staff for clients we have at the moment, but off course we will need more as the service grows." Most people told us that the service had enough staff, as care was not rushed. They also said that it did not seem to have a high turnover of staff, with many of them telling us that they saw the same staff regularly. One person told us that staff sickness or emergencies was always covered without a great impact on consistency of care. Another person said, "When they're off sick or on holiday, it still works well."

None of the people we spoke with had ever experienced missed visits, but some told us that punctuality was sometimes a problem. A relative said, "Reliability with time-keeping would be helpful." However, most

people agreed that this did not have a significant impact on their care. People told us that some of the staff did not drive and the provider's driver dropped them off in turn, and then returned to pick them up. This meant that any traffic problems would have had an impact on their punctuality. A relative told us that they once observed the driver being a bit irate at waiting for a member of staff, but they were happy that the member of staff had stayed for ten minutes more than their normal time to support their relative. They said, "I don't like the idea that a driver, who knows nothing about care, is trying to decide how long carers stay on for."

Most people told us that they took responsibility for their own or their relative's medicines. A relative of a person who was supported by staff to take their medicines told us, "They are very good with her tablets. They're efficient and keep good records." They also said, "She has trouble with her skin, so the carers put cream on her. They obviously do it well, as she's had no recent breakouts." The medicine administration records (MAR) we looked at had been completed correctly with no unexplained gaps. This showed that people were being given their medicines as prescribed by their doctors.

Good

Is the service effective?

Our findings

People told us that in their opinion, staff were well trained and able to deliver care in a professional and effective manner. One person told us, "They understand that I can't walk very well after my stroke, but they encourage me to do what I can. They don't rush me when I'm slow." A relative told us, "They're very good. They know they can't rush him because of his dizziness." Another relative said, "I'm quite confident that they know what they are doing and they are very capable."

Staff had received an induction when they started working for the provider. They had also been trained in a range of subjects relevant to their roles. Staff said that the training had helped them to develop the skills they needed to support people appropriately. A member of staff said, "The induction and training is okay. We are updating this when needed." Another member of staff told us, "I did training before I supported people. I have done moving and handling training and I feel confident to use the equipment some people need." A third member of staff said, "I have done all the necessary training. You always learn something new from the training." The provider told us that staff did a combination of classroom based and e-learning and we saw that this was provided by external trainers. They had also recently made arrangements with the local authority to provide some of the training so that staff were able to continually update their skills and knowledge.

Staff told us that they had regular supervision meetings and we saw evidence of this in the records we looked at. They were also supported informally by the manager and they said that they could always contact the manager if they needed support. We saw that senior staff regularly worked alongside staff to provide care to people who use the service and they used these opportunities to assess staff's competence. A member of staff said, "Managers are very supportive. They ask how service users are and you can discuss service users' needs with them." Another member of staff told us, "I had supervision two months ago and I get a lot of support from the managers."

The majority of people were able to consent to their care and support. However, some people's health needs meant that they did not have capacity to make decisions about some aspects of their care. Where required, their relatives and social care professionals were involved in ensuring that any decisions to provide support were in the person's best interest, in line with the requirements of the Mental Capacity Act 2015 (MCA). The 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.

Some people were being supported by staff to have regular food and drinks. Although for the majority of people, staff mainly warmed and served ready-made meals, they cooked for others. However, not everyone was happy with the quality of their cooking. One relative told us, "They could improve on their cooking skills as some don't even know how to make scrambled eggs. Even soup is sometimes lukewarm or boiling hot." They also said, "When they ask her what she would like to eat, she doesn't always understand their accent and this can be embarrassing for her." Staff we spoke with were not concerned about people not eating or

drinking enough. A member of staff said, "Clients normally have a meal planned for each day and I always make sure they have something to eat when I support them at mealtimes."

People were not normally supported by staff to access other health services, such as GPs, dentists, chiropodists, opticians and to attend hospital appointments as they or their relatives managed this. However, we saw that there was information in people's care plans to remind staff to ensure that people had the right support and treatment if they became unwell. A relative said, "They would always notice if he's not well and will talk to me about it." Another relative said that staff were very pro-active about their relative's care, which they appreciated. They also told us, "They noticed yesterday that the patches on his back should have been changed. I forgot because I'm so busy and stressed. I'm grateful that they mentioned it and advised me who to contact." Another relative said, "The girls are very helpful to me. A while back, they suggested I get some cream from the pharmacist for him. I was very grateful and it's made a difference."

Good

Is the service caring?

Our findings

People told us that they were supported by kind and caring staff. One person told us, "My girls couldn't be better, they greet you with a smile in the morning and they leave you with a smile at night. Nothing's too much trouble for them." A relative told us, "They are really lovely girls, they are fantastic and very respectful to my [relative]. They're completely focused on him." Another relative said, "They're very friendly and kind towards my [relative]. We're totally satisfied with them." One other relative told us that staff who supported their relative cared about them too. They said, "I had become unwell looking after [relative], so I think they also keep an eye on me."

Most people told us that staff interacted with them in a positive and respectful manner. A relative said this about their relative's care staff, 'He's much cheerier with them than with me. I think it does him good seeing different faces and they're all so kind to him. When I ask him about them, he's quite jolly, describing the laughs they have." People also said that they were involved in making decisions about how they wanted to be supported and staff respected this. One person told us, "I expressed a wish for certain carers. I told them I liked this one and that one and they listened to my requests very well. I get the ones I like." A relative of another person said that their relative had been assessed by the service whilst in hospital recently and they were very respectful to them. They also told us, "They always addressed their questions to [relative], although [relative] let me answer most of them." A member of staff said, "Service users will always tell us if they are not happy with how we do things. I fully respect this as I want them to be happy."

People told us that staff supported them to maintain their independence as much as possible. They also said that their care staff would always ask if they needed anything else before they left and this was very much appreciated by everyone we spoke with. One person told us that this could often remind them of something they needed help with. They said, "Nothing's too much trouble for them." A relative was full of praise for the care staff and how they respected their home by saying, "They clean up after themselves or give me stuff to throw away. They even clean the sink after they use it." They explained how they had really struggled with the need to have care staff coming into their home, but they had found them very understanding about this. A member of staff said, "People are normally appreciative of what I do for them. When I support service users, they always say thank you."

Staff told us that they protected people's privacy and dignity by ensuring that personal care was provided in private. Staff also understood how to maintain confidentiality by not discussing about people's care outside of work or with agencies that were not directly involved in their care. We also saw that people's care records were kept securely in the provider's office.

People had been given a 'service user guide' when they started using the service. This gave them information about the service, including the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. The provider also worked closely with the local authority that commissioned the service to ensure that people were supported well and they had no unmet care or social support needs.

Good

Is the service responsive?

Our findings

People had been assessed prior to them using the service and this information had been used to develop their care plans so that they received appropriate care and support. A relative who professionals had advised that their relative needed additional care said, "Care was put in place very efficiently, on the right day and at the right time." They further told us that their resistance to having care provided was fully understood by the service and they had tried to alleviate their concerns. People told us that they received individualised care. A relative told us, 'My [relative] only has male carers who are very good. But recently they were both off and they sent a lady. [Relative] got very upset as he finds it very embarrassing to be supported by females, and so I complained." They went on to tell us that as a result, the manager came out to see them and explained the service's difficulties if both the male staff were off. They further said, "The manager took the matter very seriously and could see how much it concerned my [relative]. They couldn't guarantee it will never happen again, but I think it will be rare."

The care plans we looked at showed that people's preferences, wishes and choices had been taken into account. A range of support needs had been identified for each person and the care plans included their identified need, goals or objectives, and the support required to help them meet their goals. For example, the goals of a person who need support with their personal care were to maintain high standards of personal hygiene in order to promote good health. We saw that most care plans were written in first person to show that people had been involved in planning their care. People told us that staff made the necessary changes to their care plans when their needs changed. A member of staff said, "All service users have care plans and I always have time to read them as it is necessary in order to know how to care for them." Another member of staff said, "We read care plans and risk assessments, and deliver care in accordance with these. We also ask people or their family members if anything changes."

The service did not provide support for people to pursue their hobbies and interests outside of their homes. However, staff told us that for some people, they normally supported them to get ready before they went out. Also when they visited people, they provided companionship to those who did not go out much.

The provider had a complaints procedure so that people knew how to raise any complaints they might have about the service. Some people said that they had raised concerns about the timeliness of the visits and as a result, they had seen some improvements. A relative told us, "I had to pull them up on it. They listened and it is now better." We noted that the provider had received some complaints including staff not staying for the agreed time, late visits, and not tidying up after each visit. We saw that appropriate action had been taken to investigate and resolve these issues. Positively, in most cases, the manager visited people to discuss their concerns in person. Concerns had also been addressed with staff through individual supervision meetings or team meetings.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post. They were supported by a 'service manager' who provided direct leadership to the care staff. Staff said that the service was well managed and that they received good support from the registered manager and the service manager. They said that the managers were approachable and they were able to discuss any issues they had with them. Although people we spoke with said that the managers were responsive when they spoke with them, they found them not always pro-active in informing them if staff were going to arrive late. One relative told us that receiving a phone call to advise them that staff were running late would make their life easier, but this was not happening. Another relative also told us that they did not contact them if staff were going to be late. They further told us that communication with the family was better than it used to be, but could still be improved. They said, "We've constantly asked to be kept informed of any changes. We have often visited [relative] to find that she had run out of toiletries or something similar, but no one had told us." They however, admitted that this was improving as a result of them raising the issue, and that it was much appreciated.

Most people were complimentary about the skills and caring attitudes of the staff who supported them. A person told us, "The lady who recruits the carers knows her stuff. She employs exactly the right people." A relative said, "These carers are so much better than [relative]'s previous ones. We're very satisfied with everything and we would recommend them." However, some people found some of the staffs' accents difficult to understand. One relative told us, "They speak English, but even I find it hard to understand them. This causes [relative] problems." Another relative confirmed this by saying, "It can make communication difficult."

Although the provider had systems to assess and monitor the quality of the service, we found these needed to be improved so that they were able to evaluate all aspects of their service, with clear evidence of what action they had taken to improve. For example, although the service had been rated as 'good' following a review by the local authority in January 2016, the provider had completed an action plan to show how they would address the identified issues. The copy of the action plan they showed us did not fully evidence what issues had been addressed and what was still outstanding. However, the manager assured us that they had made good progress and that everything would have been completed by the time the locality authority re-assessed the service.
Additionally, we saw that office staff normally discussed care issues, but the provider did not have a system to show how this was communicated to the care staff. The manager told us that the senior staff in each geographical area covered by the service normally feedback relevant issues to staff. The provider acknowledged that some of their records were not as robust as they could be because they had only been operating for a short period. However, we saw that they were keen to improve this and they had been seeking guidance from another organisation on current and good practice processes.

Regular team meetings were held to enable staff to discuss issues relevant to their roles and to contribute to the development of the service. A member of staff told us that the service was good and they worked well as a team. Another member of staff said, "This is a good organisation and that's why I work for them." When asked whether they thought that staff enjoyed their work, a relative said, "They don't moan about the boss,

so I'm guessing it's all ok."

Most people told us that they had not been with the service for more than a few weeks or months and therefore, they could not give us much feedback about the provider as a whole. Nobody could tell us about their experiences of reviews or questionnaires being sent to them. However, people who had raised issues with the manager said that they felt listened to and they had seen improvements in their care. One relative said, "When my [relative] gets unhappy about poor time-keeping, he'll ring the manager and she does listen to his concerns." We saw that the provider sought feedback from people who used the service and their relatives. Some of the people who had been with the service long enough had been sent quarterly surveys. The manager told us that some people preferred to meet with the provider rather than complete surveys and they planned to continue to facilitate this. They called this process 'Welfare and spot checks' and they completed a form during each visit. We saw that during these visits, they spoke with people who use the service and their relatives and they checked all records including staff attendance logs, care plans, medicine records, and noted if any actions were required to improve people's experiences of the care provided.