

PBCare Ltd

# Pbcare Limited

## 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

Pbcare Limited is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of inspection, a service was provided to four people. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received an assessment of their needs and preferences before they started receiving care. Care plans developed from these assessments provided the information and guidance staff required to ensure people's individual needs were met in a personalised way.

Where possible people received consistency of care and support from regular care staff. People and relatives told us they were satisfied with the service provided by the care agency.

Systems were in place to protect people from abuse. These included safeguarding adults' policies and suitable training for staff. Personalised risk assessments helped keep the people safe and supported their independence.

Policies and processes were in place to support safe management and administration of medicines.

Suitable infection control practices helped to prevent and control the spread of infections including COVID-19.

Proper recruitment and selection policies and procedures helped to ensure that only suitable staff were employed to provide care and support to people. Staff were provided with the induction, training and support they needed to carry out their roles and responsibilities in providing people with good quality effective care.

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.

Effective quality checks monitored the care and support provided to people and improvements to the service were made when deficiencies were found.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 23 November 2021 and this is the first inspection.

### Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pbcare Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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.

# Pbcare Limited

## 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 team consisted of one inspector.

#### Service and service type

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

#### 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

This inspection was announced. We gave the service two working days' 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 28 July 2022 and ended on 11 August 2022. We visited the location's office on 28 July 2022.

#### What we did before the inspection

We reviewed the information we had received about the service since it was registered with the CQC. The

provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the visit to the office we met and spoke with the company director and the registered manager. We reviewed a range of records which related to people's individual care and the running of the service. These records included four people's care records, three staff personnel records, medicine administration records and policies and procedures relating to the management and quality monitoring of the service.

We obtained feedback from one person using the service, three people's relatives. We also spoke with three care staff.

# 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 provider had processes and systems in place to protect people from the risk of abuse and keep them safe.
- Staff had received training about safeguarding people and were knowledgeable about the safeguarding policies. They demonstrated a good understanding of how to recognise potential signs of abuse and knew they needed to report all allegations and suspicions of abuse without delay. Safeguarding procedures had been discussed with staff during their supervision meetings.
- The registered manager had a good understanding of their responsibilities in protecting people from the risk of abuse. They knew to report to the local safeguarding team, notify us, and contact the police where applicable when abuse was suspected.

Assessing risk, safety monitoring and management

- The provider had policies and systems in place to monitor, assess and minimise the risk of people being harmed and to keep them and staff safe.
- People and/or their representatives were involved in all decisions to minimise potential risk. Risks associated with people's care, self-neglect, medicines, eating and drinking and other needs had been identified, assessed and documented within their care records. Guidance was in place for staff to follow to manage identified risks, reduce the risk of people being harmed and to support their independence.
- Comprehensive risk assessment of each person's home environment had also been carried out. These identified any hazards. Appropriate steps had been taken to prevent harm to people and staff. For example, in one person's home a rug had been identified as a possible trip hazard. The risk had been lessened after the registered manager had discussed the issue with the person using the service.
- Risk assessments were reviewed and promptly updated when changes in people's needs were observed. Staff were informed of changes so they had up to date information about managing risks and keeping people safe. Staff we spoke with were familiar with people's risk assessments. One care staff told us that one person had mobility needs and was at risk of falling, so staff needed to ensure the person was not left unattended when walking. Another care staff told us, "It's really important that we know about the guidance to lessen the risk of a person harming themselves such as falling."
- Staff had received training about responding to incidents and emergencies. They knew what to do in challenging and urgent situations. One care staff provided us details about the responsive action they took when one person did not open the door when they had arrived for a care visit.

Staffing and recruitment

- The provider had proper recruitment and selection systems in place to help ensure that only suitable staff were recruited to assist people with their personal care and support needs. These included obtaining and

verifying references, checking gaps in employment history and carrying out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

- People who received care and support from the agency were involved in choosing the care staff they wanted support from. The registered manager provided people with staff profiles and tried their best to match people with staff who had similar interests and qualities.
- The registered manager told us that they made sure there was sufficient staff to provide people with the care and support they needed. They told us they provided 'hands on care' when required and was in the process of recruiting more care staff.
- People and relatives told us that staff's timekeeping was mostly good. One relative they told us that due to traffic, sometimes staff were a few minutes late.

#### Using medicines safely

- The provider had policies and systems in place to help ensure people's medicines were managed and administered safely.
- At the time of the inspection people administered their own medicines or their relatives provided the support they needed with them. One person on occasions needed prompting to take their medicines. They had a medicines care plan that detailed the support they needed.
- Staff had received medicines training, and their competency was assessed before they administered people's medicine. Details about people's medicines were documented in their care records for staff to view.
- Staff recorded the administration of people's medicines on medicines administration records (MAR). This helped to ensure there was an accurate record of when medicines had been administered. These records were monitored closely by the registered manager to ensure the person received their medicines as prescribed.

#### Preventing and controlling infection

- The provider had systems in place to prevent and control infection.
- Staff received infection prevention and control (IPC) training. This helped them to understand and follow good hygiene practices when providing people with care and support. IPC practice was monitored closely during observational checks carried out by the registered manager. The registered manager told us that she had reminded care staff to wash their hands on arrival at people's homes.
- The provider ensured that staff were supplied with the personal protective equipment (PPE) they needed to minimise the risk of infections spreading.

#### Learning lessons when things go wrong

- The provider had systems in place to help ensure that lessons were learnt when things go wrong. The registered manager spoke about the importance of staff learning lessons from incidents, accidents and complaints to minimise the risk of them happening again and to make improvements to the service.
- The registered manager had carried out a recent incident audit. This showed that in response to the one incident that had occurred, learning had been shared with staff.
- The provider had processes to report, record and monitor incidents and accidents. The registered manager knew they needed to be investigated and reviewed looking for causes and trends to help reduce the risk of similar incidents happening again.



# 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

- Before people's care visits commenced, their care needs and preferences had been assessed with them and where applicable others involved in their care. This assessment helped to determine if the service had the right staff with the appropriate skills and abilities to support each person and meet their individual care needs and choices. People and relatives confirmed that an initial assessment had been carried out.
- Personalised care plans and risk assessments were developed from the initial assessment. They were kept under regular review and updated with people when their needs and preferences changed.
- People's care and support plans included detailed personalised guidance for staff to follow to ensure people received the care and support they needed in the way they wanted.
- People's care plans included details of their specific needs, interests and the support they required to make choices. People's dietary, cultural, religious, sensory and health needs had been identified in the assessment and care plan records and supported by the service.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their roles and responsibilities.
- New staff received a three day induction. This included learning about the care agency, their job role and shadowing more experienced staff as they assisted the person with personal care. Staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction plan. The registered manager told us that staffs' induction was flexible to ensure it met their needs and experience.
- Staff spoke in a positive way about their induction and told us they had found it to be very helpful in preparing them for carrying out their role and responsibilities.
- Staff were provided with the training they needed to carry out their job roles. Training included dementia awareness, moving and handling, health and safety, emergency First Aid and fire safety. One relative told us, that their family member "had dementia and that staff understood how to support [person]."
- Observations were undertaken to check care staff were using their care skills effectively and safely, and to ensure any concerns were addressed quickly.
- Regular supervision meetings and team meetings provided opportunities for the registered manager and care staff to address concerns, provide staff with support and reinforce learning and development. Policies and best practice guidance were discussed during these sessions. During one care staff's recent supervision with the registered manager, a range of matters had been discussed. These had included; talking about ways to develop the staff member's confidence in some aspects of their work.

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

- People were supported to eat and drink enough to ensure their nutritional and dietary needs and preferences were met.
- People's dietary requirements and favourite foods were identified during the initial assessment of people's needs and recorded in care plans, so they were known to care staff. Details of any assistance people needed with preparing their meals and with eating and drinking were included in their care plans.
- During their induction staff had received training about people's dietary needs and food safety. Staff were aware of the importance of supporting people's dietary choices, healthy eating, and promoting good hydration by encouraging and reminding people to have regular drinks and snacks. One care staff told us, "We encourage them [people] to drink especially in this hot weather we give them what they want to drink such as juice or tea. We leave them a drink before we go at the end of the visit."
- Care staff told us they would ensure that any changes in people's eating and drinking needs would be reported to people's relatives and the registered manager.

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

- People and when applicable people's representatives or relatives mostly managed their healthcare needs. The registered manager told us they would ensure people were supported to access health care services when assistance was needed or requested by people.
- Staff told us during care visits they made sure they checked for any changes in people's health, such as changes in their skin condition and would ensure they were reported to the registered manager and people's relatives.
- One care staff told us, "We encourage them [people] to keep mobile to go on walks."

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.

- The service was currently not supporting anyone who was subject to a Court of Protection application in relation to the deprivation of their liberty.
- People were supported to make choices and decisions about their lives. Care records detailed the support people needed from relatives with decisions to do with their care and the assistance they needed with day to day needs, such as with their medicines, personal care and meals.
- The registered manager told us they would develop more personalised guidance about people's capacity to make particular decisions about their care and day to day lives to help ensure people received effective personalised care.
- Staff completed training to help them understand the principles of the MCA. They understood the importance of gaining people's consent before providing care and support and promoting people's rights and choices. They knew that if a person did not have the capacity to make a decision it could be made in the

person's best interests by relatives, healthcare professionals and others involved in the person's care.

- One care staff told us, "You cannot assume someone does not have capacity, and their capacity to make choices could change so would need to be constantly reviewed."
- Staff knew they needed to report to the registered manager when they noticed any changes in people's ability to make decisions and choices.

# 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 provider had systems in place to make sure people were well treated and respected. This included ensuring that staff received suitable induction, training and supervision. Peoples' experience of care was monitored by the registered manager through observational checks of staff providing care and by obtaining feedback from people and their relatives.
- The provider's assessment processes considered people's protected characteristics as identified in The Equality Act 2010. This helped to ensure that people's individual needs were understood and reflected in the delivery of their care.
- Staff had a good understanding of the importance of respecting people's differences. One care staff told us they had received equality and diversity training. Care staff spoke about respecting people's beliefs and values and told us; "It is their home we need to respect their opinions and differences" and "I doesn't matter who people are whatever culture and beliefs. Respecting and understanding where they come from is important." One care staff spoke positively about how a person using the service had shared information about their religion with them.
- Staff spoke in a knowledgeable, positive and caring way about the people they supported. They spoke passionately about treating people with respect, involving them fully in their care. One care staff spoke of caring for people being two-way, in that they got as much from people they supported as they received from them. Another care staff spoke of loving their job and of their fondness for older people. They told us, "I get a warm feeling when helping them."
- Relatives and people spoke in a positive way about staff. One relative described a care staff as "amazing, [they] sit and talk with [person]."
- The registered manager had carried out dignity audits to check that people were being treated well and respectfully.

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

- The provider had processes in place to support and encourage people and their relatives and representatives to express their views and be fully involved in decisions about people's care.
- Care staff spoke about involving people in making day to day choices, including what they wanted to drink, eat, wear and do.
- People had opportunities to express their views. The registered manager had contact with people and their relatives through telephone calls, spot checks, reviews of people's care and during visits.
- Care plans included information about people's lives, family and interests. This helped staff to have a better understanding of the people who received care and supported their engagement with people and in the development of trusting, positive relationships.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- During spot checks of care staff assisting people with personal care and other tasks the registered manager checked that staff were treating people with respect and supporting their privacy and independence.
- Staff spoke of the importance of respecting people's privacy, dignity and independence. They knew the importance of addressing people by their preferred name and respecting people's cultural and/or religious needs and their individual preferences. They spoke of supporting people's independence by encouraging them to do things for themselves such as getting dressed and of helping when needed.
- The provider had policies and procedures in place to help ensure that people's privacy and confidentiality was respected at all times. General data protection regulations were observed and confidential information was protected. Staff had signed a confidentiality agreement and knew not to share any information about people with those not involved in their care.

# Is the service responsive?

## Our findings

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

This is the first inspection 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

- People received personalised care that met their needs and preferences.
- People's initial assessments and care plans showed that the provider had sought the information they required to make sure that people received the care and support they needed and wanted. One relative told us, "They did come and do an assessment a very comprehensive assessment which was good."
- It was clear from speaking to staff they knew the people they supported well. However, more detailed guidance in some areas of people's care plans could help ensure care staff, particularly new staff provided people with more personalised and effective care. For example, one person's care plan recorded, 'Carer to promote independence' but there was a lack of direction about how staff should support the person with that. The registered manager told us that she would review and develop people's care plans to ensure they included more personalised guidance.
- People's care plans included details about their needs and preferences. Staff provided us with examples of how they supported and encouraged people to make choices about their care and support.
- Care staff told us they had got to know people's needs and preferences by 'shadowing' another member of staff assisting people with their personal care, reading people's care plans and speaking with people and their relatives. This helped to ensure people received the care and support they needed and wanted.

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.

- People's communication needs including any hearing or vision needs were detailed in their care plan. One person communicated by using pictures, gestures and signs and by showing care staff what they wanted by taking them to an object or room. Staff were knowledgeable about the ways people communicated.
- During observational checks of the practice of care staff, the registered manager checked that staff were engaging with people in the way they understood.
- The registered manager was aware of the importance of information being as accessible as possible to people and told us they would make sure information was always provided in a way each person understood, such as in large print and/or pictures.
- One person's relative told us, "There is a regular care worker that comes and [person and care staff] know each other well now. They said, "The care worker knows how [person] communicates and they are

comfortable with each other.

#### Improving care quality in response to complaints or concerns

- The registered manager understood the part that complaints or concerns had in improving the quality of care people received.
- Before the inspection we had received some information that indicated that people's experience of contacting the office could have been better. We discussed this with the registered manager. They spoke about the importance of learning from that and told us they would contact each person and their relatives, remind them of the complaints procedure and tell them complaints were welcomed as they led to improvements in the service. Following the inspection visit people's relatives told us they had been contacted by the registered manager.
- The provider had a complaints policy and procedure. This was provided to each person using the service. The person and relatives we spoke with knew how to make a complaint and told us they would not hesitate to bring any concerns to the attention of the registered manager.
- The registered manager had recently carried out an audit of complaints. This showed that they had been taken seriously and addressed.
- Staff knew any complaints and concerns about the service that were brought to their attention by people, people's relatives or others, needed to be recorded and promptly reported to the registered manager.

#### End of life care and support

- At the time of the inspection there was no one receiving end of life care. The registered manager told us that before providing people with end of life care they would ensure staff received the training and support they needed to ensure people had personalised care at the end of their life.

# 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

- The service had a positive culture that was person centred and inclusive which helped to ensure good outcomes for people were achieved.
- Staff told us they enjoyed their jobs of providing people with personalised care and support. They spoke of people being central to their care and of the importance of listening to them and supporting the choices they made.
- We received some very positive feedback from people's relatives about the care and support people received.

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 registered manager was aware of duty of candour expectations and knew the importance of being open and honest when something goes wrong.
- The registered manager knew what type of events they needed to notify us and other organisations about.

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

- The registered manager and care staff were clear about their roles and responsibilities. The registered manager spoke of the importance of constantly learning and improving the care people received from Pbcare Limited.
- The provider had systems in place to assess, monitor and check the quality of the service and to make improvements when deficiencies were found. Regular spot checks of staff carrying out their duties were carried out by the registered manager. These included checking people received effective care and support with their personal care, meals and medicines.
- Audits of medicine administration records, care records, falls, infection prevention and control, complaints and incidents had been recently completed by the registered manager. Issues found had been addressed. This monitoring helped to ensure people received personalised good quality and effective care. The registered manager told us the "benefit of audits are to make improvements and to determine if staff need any upskilling to provide person centred care."
- Policies and procedures were up to date and updated when guidance changed. Staff told us they had read key policies.
- The registered manager monitored care staff's time keeping and safety by them calling her when they



started and finished a care visit. A care staff contacted the registered manager during the inspection, letting her know that they had arrived at a person's home. She informed us that there were plans to implement an electronic monitoring system in the near future. One relative told us, they "Normally [person] has a regular care worker who is really punctual and stays the right amount time."

- Records showed that there had been compliments from relatives about the care people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had systems in place that supported staff, people and those important to them to be fully involved in people's care. People's equality and protected characteristics, including, age, disability, religion or belief and race were included in their care plans. These were understood and respected by staff.
- Records showed that the registered manager had engaged with people about their care, meals and other matters to do with the care and support they received from the agency. One relative told us the registered manager was, "very good." They spoke of their positive experience of Pbcare Limited and told us, that, "Coming across this agency and [registered manager] was the best ever."
- Staff spoke of good teamwork and the support they received from the registered manager in carrying out their role and responsibilities. They confirmed they received the information, training and up to date guidance they needed to provide people with personalised and safe care.
- People and/or their relatives tended to engage with healthcare and other professionals. The registered manager spoke about the importance of effective communication with those involved in the person's care. They supported open and honest engagement with relatives, people using the service and healthcare and social care professionals. One relative told us, "Communication is good for example my [relative] had some new medication so I discussed that with the manager."
- One person's relative told us, "[Registered manager] has asked for feedback and I am very pleased with how things are at the moment." They told us the agency was very flexible and visit times met the person's and family's needs. Feedback from questionnaires and telephone calls had been recently completed by people's relatives. This showed they were satisfied with the care.
- Staff were informed of any changes to the service and of people's needs. They told us that the registered manager was very approachable and supportive and they would not hesitate to speak up about any concerns they had about the service. One care staff told us the registered manager was, "lovely, she is the kindest woman in my life she has encouraged and motivated me."
- The registered manager spoke of her plans to join a local authority forum for providers and managers, where guidance and best practice matters were shared and discussed.