

Pivotal Care Group Limited

Pivotal Care Ltd

Inspection report

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07 November 2018

08 November 2018

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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?

Requires Improvement ●

Summary of findings

Overall summary

Pivotal Care Ltd is a domiciliary care agency it was previously known as All Time Care Limited. It provides personal care to people living in their own homes. Not everyone using Pivotal Care Ltd receives a regulated activity. CQC only inspects the services being provided to people who receive 'personal care' which is help with tasks related to personal hygiene and eating. For those people receiving 'personal care' we also take into account the support they receive. When we visited the service there were three adults with learning disabilities and/or physical disabilities and/or mental health needs receiving 'personal care'. The service also supported people who did not receive a regulated service.

At our last inspection in July 2016 when the service was called All Time Care Limited we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People were supported by staff who understood the risks they faced and how to support them to reduce these. Staff understood how to identify and report abuse and the service had responded appropriately to allegations of abuse. Staff supported people to take medicines safely.

People were supported by skilled and caring staff who worked to ensure they lived their life the way they chose.

People were supported to have maximum choice and control of their lives and their wishes and preferences were planned for and met.

People and relatives knew how to raise concerns and complaints.

The service had gone through a significant period of change in how the service was led and had become part of a large organisation. This had been a considerable change for people, staff and relatives. Because the service has not yet been able fully sustain and embed the changes and there will be more changes in the management of the service, we have identified how well led the service is as an area for improvement.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Requires Improvement ●

The service has deteriorated to Requires Improvement

Pivotal Care Ltd

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 announced inspection took place on the 31 October, 2,7 and 8 November 2018. The inspection team was made up of one inspector. We visited the service's office on 31 October 2018, visited three people in their homes on 2 November and made telephone calls to people's relatives on 7 and 8 November 2018. We gave the service 24 hours notice so we could ensure the people we needed to speak with were available.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited and spoke with three people with staff and one relative in their homes and spoke with the registered manager and three staff at the office. We spoke with two relatives by telephone. We also looked at three people's care records, and reviewed records relating to the running of the service. This included four staff records, quality monitoring audits and accident and incident records. We also received feedback from staff via our website.

Is the service safe?

Our findings

People were supported by staff who understood the risks they faced and were motivated to support them to live full lives. Staff worked with people and appropriate professionals to monitor, assess risks and develop plans and responses together. For example, one person had complex epilepsy and their risk management plan was written by the epilepsy team involved with their care. Another person had a risk management plan in place in relation to their moving and handling. The risk management plan included that the person chose not to follow the advice and guidance of the occupational therapist in relation to safe transfer.

We saw that people were relaxed in the company of staff and initiated conversations which indicated they felt safe with staff. People told us they felt safe. Relatives told us they were confident that their family members were safe with staff. One relative said, "I feel she's safe I have no concerns."

Staff also understood their role and responsibilities to protect people from abuse. Staff advocated strongly for people to promote their safety and human rights.

People received their medicines when they needed to. There were systems in place to ensure that this was done safely and effectively. Managers completed regular medicines audits and we saw that changes had been made to improve medicines safety as a result of the findings from these audits.

People told us they knew the staff that supported them and most people's teams were fully staffed. One relative raised concerns about staffing for their family member. This related to the recruitment of their preferred gender of staff and the introduction of new staff. The registered manager was working with commissioners and the relative to address the concerns.

We looked at four staff recruitment records. Recruitment practices were safe and that the relevant checks had been completed before staff worked with people in their homes. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

People were supported by staff who understood the importance of infection control and helped them to maintain clean and safe environments.

There was an open approach to learning when things went wrong. Information was shared appropriately with other professionals and advice sought and shared amongst the staff team.

Is the service effective?

Our findings

People received effective care from staff who were trained and had the skills and knowledge to meet people's needs.

There was a training programme in place to help ensure staff received relevant training and refresher training was kept up to date. One staff member told us their training did not prepare them for working with people who had complex mental health needs who could present challenges. However, this did not relate to people who received the regulated activity of 'personal care'. We shared this information with the registered manager so they were aware.

New employees had a comprehensive induction which included training and information about all aspects of the service and staff roles and responsibilities.

There was a programme of staff support that included spot checks and one to one supervision sessions. The registered manager identified that staff supervision and support was an area for improvement and there was a plan in place to address this. Most staff told us they received supervision and had spot checks.

Staff had been trained and had a very good understanding of the Mental Capacity Act 2005. People were able to give consent and had the capacity to make decisions. Staff supported and understood people's rights to make decisions even if those decisions were considered unwise. For example, one person chose not to follow the advice of occupational therapist and this meant they would subsequently fall over. Staff encouraged the person to seek medical advice following any falls and recorded when the person chose not to see medical practitioners and that the person fully understood the consequences. The views of the person, and knowledge of their preferences, were respected throughout this process.

People's needs were fully assessed and care plans reflected people's needs. Each person had a health plan that was supported by pictures to make it easier for them to understand and included important information about them if they went into to hospital. People's health needs were assessed and planned for to make sure they received the care they needed.

People had access to specialist health care professionals, such as community mental health and learning disability nurses, occupational therapists, epilepsy nurses and specialist consultants.

We discussed equality, diversity and human rights with staff and the registered manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. People's assessments did not fully detail all aspects of their needs including characteristics identified under the Equality Act. For example, assessments did not seek information about people's sexual preferences or identity. The registered manager took action to include this in the assessment format so they could ensure the needs of LGBT+ people were identified and met.

People were supported to plan and prepare their meals in ways that promoted their health and wellbeing.

Where people shared a home, we saw that they planned, shopped and prepared their own individual meals. One person had sought staff support to follow a healthier diet.

Is the service caring?

Our findings

People were supported by staff who knew them well and cared about them. Staff spoke with respect and kindness about people and they chatted and laughed with each other.

One relative told us, "The carers we've got are fantastic. They do whatever [person] wants. They are very helpful and concerned about me and are very kind and caring. They respect that this is my home and staff are very respectful when supporting [person] I can hear everything that goes on." "[Staff member] is the loveliest kindest man you could meet".

One person was unwell whilst we visited and staff responded quickly, calmly and sensitively and in line with the person's plan. The staff maintained the person's dignity and privacy whilst they supported them.

Care and support plans focussed on people's skills, abilities and independence and the importance of choice were clear throughout.

Staff were motivated and clearly passionate about making a difference to people's lives. For example, staff stayed on after the end of their shifts to continue to spend time with the person they supported. Staff demonstrated a commitment to their work and worked together as a team to support people.

People lived in their own or their parent's homes and these were respected by the staff who supported them. The furnishings and layouts were adapted to suit the people living in them.

Care files and information related to people who used the service was stored securely and accessible by staff when needed.

Is the service responsive?

Our findings

People received care that reflected their own needs and preferences. These were detailed in personalised care plans. People were supported to live their lives in ways that reflected their own wishes. Staff were able to provide examples of the importance of this personalised approach for all the people they supported. For example, one person would become unsettled when staff wrote up the person's daily notes. The person wanted to be involved and sat with staff and wrote their notes with the support of staff. Another person devised their own daily plan and routines and chose the pictures to support their plan. They then ticked when they had completed each step in their plan.

People had been supported to carry out activities they wanted and to develop networks in the local area. For example, one person attended a local day service and work placement. Another person, liked to attend local events in the community. When we visited they were going to a local firework display that evening with staff.

The service met the Accessible Information Standard, which became law in 2016. It requires that people with a disability or sensory loss are given information in a way they can understand and are supported with their communication needs. People's communication needs were identified and recorded in their care and support plans. For example, one person had a 'All About Me' book that was supported by photographs and pictures so it was easier for the person and staff to understand.

If people had concerns these were listened to by staff. One person told us, "If I'm worried or have a problem the staff will sort it out for me". Information about how to complain was available to everyone involved with the service.

We reviewed all the complaints received and they were responded to in line with the complaints procedure. However, one relative raised concerns that their complaint had not been responded to. We discussed this with the registered manager who sent us further information as to how the complaint had been responded to. The registered manager told us they would also meet with relative to go through their concerns.

The registered manager told us that they were starting to consider personalised end of life plans as people they supported got older.

Is the service well-led?

Our findings

There was mixed feedback from people's relatives about how well-led the service was. Relatives commented on the changes in the management of the service and that communication was not effective as it had been. Overall, there was positive feedback from staff about how the service was managed and how they were consulted and supported by their line managers. However, some staff told us they were not supported or well-led by their line managers.

The service had gone through a significant period of change in how the service was led and had become part of a large organisation. This was a considerable change for people, staff and relatives. The registered manager informed us that the focus for the next 12 months was to embed and improve the systems and stability of the service. Because the service has not yet been able fully sustain and embed the changes and there will be more changes in the management of the service we have identified this as an area for improvement.

There was a registered manager in post. However, the registered manager had decided to step down from this role and remain with the provider as team leader. They told us they would remain registered until a new registered manager could be appointed. 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.

The registered manager told us it was difficult to hold full staff meetings due to the wide geographic spread of the service. Staff told us they had regular opportunities to meet with the rest of the team who also worked with the person they supported. They also had handovers every day and shared important information and undertook daily checks of people's monies, medicines and records. Staff told us there was a good culture of reporting errors or concerns.

There were quality audits and checks in place to ensure the quality and safety of the service. Any shortfalls were identified through these audits and action plans put in place and reviewed to ensure they were met. Any learning from accidents, incidents and safeguarding investigations were shared across the organisation.

The service's last inspection rating was displayed on their website and in the office.

The registered manager had a good understanding of what notifications they needed to send to CQC. The notifications always included what actions the service had taken in response to any incidents.