

PBL Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This Comprehensive inspection took place on 18 December 2017 and was announced. PBL Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults some of whom live with dementia. Most of the people who used the service were supported by family members who also provided personal care such as providing medicine administration, meals and drinks. This is the first time the service was inspected since it was registered in December 2015. At the time of the inspection 36 people were using the service.

There was a registered manager in place who was present during our inspection. 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.

Prior to our inspection we received information of concern from a whistle-blower regarding the leadership of the service. During our inspection we found that the provider had failed to operate effective systems and processes to assess, monitor and improve the quality of the service. The provider had not identified or taken effective action when people constantly failed to receive their calls as planned or when records were not completed by care staff. This put people at risk of not receiving all the care and support identified as necessary in their care plans. There were no process to ensure spot checks and audits would be carried out consistently. You can see what action we told the provider to take at the back of the full version of the report.

People were protected from harm by staff who were aware of signs which may indicate that someone was being abused and the action to take. There were assessments of the risks associated with people's specific conditions which provided guidance for staff about how they could reduce the possibility of harm. There were appropriate checks to ensure staff were suitable to support the people who used the service. Staff received medicines administration training and felt confident to support people to take their medicines when needed. People were protected from the risk of harm by the prevention and control of infection.

Staff received regular training and knew how to meet people's specific care needs. People received suitable nutrition in line with their care needs. Staff communicated effectively between themselves and with other organisations. People were supported to make use of the services of a variety of mental and physical health professionals including GPs and dieticians. Staff respected people's choices. When necessary there were meetings to identify how people could be supported in line with their best interests.

People described the staff who supported them as friendly and pleasant and staff said they had developed positive relationships. People were made to feel their views were important and influenced how the service was run. Staff treated people with respect and promoted their independence.

People were regularly supported to express their views about how they wanted to be supported. People

were supported by staff they liked and who knew how to meet their care needs. People's changing care needs were identified promptly and reviewed. People were able to feed back their experience of the care they received and had access to a formal complaints procedure if they wanted.

People said they were happy with the support they received from the leadership and staff. The registered manager understood their regulatory responsibilities to the commission. They had responded openly and honestly when they had received information of concern in line with their duty of candour. Staff felt confident they could raise concerns if necessary. The registered manager had worked with other agencies to investigate information of concern and how adverse events could be prevented from happening again. The service worked in partnership with other agencies in order to improve the care people received.

This is the first time the service has been rated Requires 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?

Requires Improvement ●

The service was not consistently safe.

Sufficient staff were not always suitably deployed to ensure people received the care and support they required on time.

Assessments for staff of the risks associated with people's conditions were not always clearly stated in peoples' care records.

People were protected from harm by staff who could recognise signs of abuse.

People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received regular training and knew how to meet people's specific care needs.

People received suitable nutrition in line with their care needs.

People were supported to make use of the services of a variety of mental and physical health professionals

Staff respected people's choices and supported them in line with their best interests.

Is the service caring?

Good ●

The service was caring.

People described staff as friendly and pleasant.

People were made to feel their views were important and influenced how the service was run.

Staff treated people with respect and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who knew how to meet their care needs and wishes.

People were able to feed back their experiences and had access to a formal complaints procedure.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

The provider had failed to operate effective systems and processes to assess, monitor and improve the quality of the service.

People said they were happy with the support they received from the leadership and staff.

Staff expressed confidence in the leadership and felt valued.

The service worked in partnership with other agencies in order to improve the care people received.

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Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 18 December 2017 and was announced. We visited the office location on 18 December 2017 to see the registered manager and office staff; and to review care records and policies and procedures. The inspection was carried out by one ne adult social care inspector .The registered provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to ensure there were care records available for review had we required them.

The inspection was partly prompted by information we had received. This included concerns that people were not receiving their calls as planned, staff did not have the skills they required to meet people's needs and checks were not undertaken to ensure people were supported by suitable staff. We also shared this information with the local authority.

As part of planning the inspection, we reviewed any information we held about the service. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We spoke with a person who commissions package of care from the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with the registered manager and care co-ordinator. We sampled the records, five people's care plans, three staffing records, complaints, medication and quality monitoring. We spoke on the telephone with one person who used the service and the relatives of five people. We spoke with four care staff. We reviewed further information the provider sent us after our inspection visit.

Is the service safe?

Our findings

Prior to our inspection we received information that people did not receive their calls as planned. At our inspection the relatives of four people said calls were usually on time and any late calls did not generally cause concern so long as they were told that staff would be late. One person's relative told us, "They are good, but it's the timings. Today they turned up at 11:30 instead of 10:30." People said delays were sometimes due to waiting for a second member of staff to attend, and some members of staff did not have their own transport. Staff we spoke with told us they had enough time to travel between calls and to stay their allotted time. However we found this was not consistent with how people's calls had been planned. We reviewed the rotas for three staff and found they had not been allocated any travel time between calls. A review of daily notes confirmed people often received late calls and most calls did not last as long as planned. Although we found no examples of people being harmed by these practices, staff had not been suitably deployed so that people could be assured they would be consistently supported at the times recognised as necessary in their care plans. After our inspection the registered manager sent us details of how they were going to review how staff were deployed so they could attend calls on time. A member of staff later told us that their rota had been changed to include travel time between calls.

People were protected from abuse. One person's relative told us, "They [the staff] know how to keep her [person who used the service] safe." Staff demonstrated that they were aware of signs which may indicate that someone was being abused and the action to take. One member of staff said, "We look for changes in people's behaviour. I am told to contact the office if I am worried." We saw that the registered manager had worked with the local authority to review and improve people's safety when they had received information of concern about how people at the service were being supported.

People told us that they felt staff kept them safe. One person's relative told us, "They know her [person who used the service] conditions and what to do." Staff demonstrated they knew how to support people in order to keep them safe. One member of staff told us, "I won't hoist [person's name] on my own. It's not safe." Another member of staff who supported a person with mental health needs explained how they would recognise if the person was becoming unwell and the actions they would task to prevent the person's condition from deteriorating. There were assessments of the risks associated with people's specific conditions which provided guidance for staff about how they could reduce the possibility of harm. For example when moving and handling people who were at risk of falling. There were processes in place to assess and mitigate the environmental risks of providing care to people in their own homes.

Prior to our inspection visit we received information that staff had been employed without suitable background checks being undertaken. We reviewed the recruitment records of two new members of staff and saw that the registered manager had conducted appropriate checks to ensure staff were suitable to support the people who used the service.

All the people we spoke with were supported by relatives to take their medicines. Staff told us they received medicine administration training and felt confident to support people to take their medicines when needed. Staff explained that people who used the service had 'blister packs' which contained the exact medicines

people required on each occasion. Assessments had been undertaken to identify those people who required support to take their medications safely. Checks by senior staff ensured staff remained competent to administer medication and we saw that action had been taken when errors had been identified. We saw that the registered manager had reviewed people's medication with other health professional so they would know when people's medications changed. People received their medication as prescribed.

People were protected from the risk of harm by the prevention and control of infection. Staff told us and records confirmed they received infection control and food hygiene training. Staff told us they were provided with gloves and aprons to prevent the spread of infection and we saw there were ample stock of these items in the office.

The registered manager had introduced a system to review incidences and learning when things went wrong. We saw they had updated people's care plans when they had been at risk of or suffered harm and reviewed these incidences for trends. In one instance these reviews had resulted in staff working with an occupational therapist to reduce the risk of a person falling.

Is the service effective?

Our findings

Prior to our inspection we received information that staff did not have the skills they required to meet people's need. People we spoke with however said they were confident that staff knew how to meet their care needs. One person's relative told us, "There are no problems, they know what they are doing." Staff told us they received regular training and supervisions with senior staff to ensure they had the skills and knowledge to do their job. One staff member told us, "They convey things [training in other conditions] we might not need yet but might in the future." Another member of staff told us, "I wasn't confident in how to use a hoist so they gave me extra training."

Staff told us and records confirmed that they had completed an induction programme and shadowed experienced staff when they first started working at the service. A review of the induction training showed that it was compliant with the care certificate. The care certificate is a set of national care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction. There were beds and hoists available in the office, which the registered manager told us were used when training staff safe handling techniques. During our inspection visit we saw the registered manager arrange some training for a member of staff. They told us they commissioned the services of an external training provider to ensure training reflected latest advice and good practice. People's care records contained information for staff about their conditions and how staff could recognise if a person's condition was deteriorating.

All the people we spoke with had their meals and drinks provided by relatives. Staff we spoke with however knew people's preferences and what they liked to eat. A member of staff told us, "I will always ask if they would like a drink. I usually leave them some juice or water." Records contained clear details for staff of people's preferences. In one instance, we read that a person liked, "Tea with sweetener, milky". When necessary staff monitored people's weight and nutritional intake and had involved other health professionals to ensure people received suitable nutrition in line with their care needs.

Staff communicated effectively between themselves and with other organisations. One member of staff told us, "We work as a team." We saw there was an effective system for recording changes to people's care needs and sharing this with the staff who supported them. A member of staff said, "You can always speak to the managers." Records showed that the provider had approached other health and social care professionals when people's conditions changed or they required further social support.

People were supported to make use of the services of a variety of mental and physical health professionals including GPs and dieticians. When requested staff had supported people to make and attend health care appointments in the community. This ensured people received prompt and appropriate support when needed.

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 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. People told us that staff respected their choices. Staff gave examples of how they would help people choose what clothes they wanted to wear and prepared drinks they enjoyed. When people were felt to lack mental capacity the registered manager had held meetings with appropriate others to identify care which would be in the person's best interests.

Is the service caring?

Our findings

People who used the service told us that the staff were caring. A person's relative said, "I can hear my mother laughing and joking with the carers through the door [when they are getting her dressed]."

Relatives told us that people were supported by regular staff who knew and understood their history, likes, preferences and needs. One person's relative told us, "The carers are very good. They are like family." Staff we spoke with said they took an interest in the lives of the people they support and knew what was important to them. One member of staff said, "[Person who used the service] don't like to be rushed. They like time to make up their mind." Records showed that staff worked flexibly to meet people's needs. This included attending calls at different times when requested and supporting people to attend appointments in the community. Staff were keen to assist and improve the lives of the people they supported.

People we spoke to said they felt confident to express their views and staff appreciated their comments. A person's relative told us, "I am confident to speak to the office anytime. They do listen to me." They told us how they call times would be changed when they requested. Another person told us, "They [staff] will do what you ask them," The care co-ordinator told us and records confirmed they regularly spoke to people and their relatives about the care they received. A member of staff explained how they helped a person with a specific condition to express themselves. They told us, "I will ask them a question and if they don't respond, we will do something else and then I will ask them again." This helped people to feel their views were important and included in how the service was run.

People told us staff treated them with respect. One person's relative said, "They are very good. They close the bedroom door so I can't see then dressing her". People were supported to lead as independent a life as possible while remaining safe. When a person expressed a desire to increase their independence we saw that staff had worked with the person to do more of their own personal care. This helped to reduce the number of calls the person required. There was details in care records how staff were to promote peoples independence and privacy when possible. There were policies and instructions for staff to respect people's lifestyle choices.

Is the service responsive?

Our findings

People we spoke with were pleased with how staff responded to the needs of the people they supported. One person's relative told us, "They know what she likes and how they like things done."

People were regularly supported to express their views about how they wanted to be supported. One person's relative told us that the registered manager and care co-ordinator visited them in their home when their family member started to use the service in order to find out their needs. They confirmed care staff supported the person in line with their expressed preferences.

People were supported by staff of their choosing. Relatives told us people were supported by staff they liked and who knew how to meet their care needs. One person's relative told us, "We get the same carer who speaks mum's language." The registered manager told us they would ask people who they liked to be supported by and would consider this information when recruiting new members of staff. This had ensured that people were supported by staff of their preferred gender and who could speak their chosen language. The care co-ordinator told us, "We match staff with people's needs and abilities."

Staff we spoke with told us how they met the needs of the people they supported. One member of staff told us how they supported a person to enjoy their favourite drink and another member of staff about how they helped a person to wear their favourite clothes. Care plans contained this information and guidance for staff so they knew how to support people in line with their needs and preferences.

People's changing care needs were identified and reviewed. A person's relative told us the registered manager and care co-ordinator regularly contacted them to review a person's care. We saw that staff had made additional calls to a person when they became unwell and had reduced the number of calls to another person when their condition improved. There were systems in place to make sure that changes to care plans were communicated to staff and other health professionals.

People were able to feed back their experience of the care they received and any concerns they may have. One person's relative told us, "[The registered manager] will always follow up if you tell them." Another relative said, "We had some problems at the start but they were sorted out." People had access to a formal complaints procedure if they wanted which met their specific communication needs. We saw that concerns raised by the local authority had been investigated and a full and fair response provided. This information had been used to review and improve the service people received.

There were processes in place to support people at the end of their lives. Although there was no one who used the service requiring this support, the registered manager and care co-ordinator told us they were able to access specialist community palliative care nurses. Care staff would also have access to relevant training so they would have the necessary skills and knowledge to support people appropriately. This ensured that people would have prompt access to equipment and other health professionals in the last days of their lives.

Is the service well-led?

Our findings

The provider had processes to improve the quality of the service but further action was needed to ensure these were effective. Audits had failed to identify that staff did not consistently attend calls on time or stay the required duration. A review of records showed these practices had been on-going for several months and had not been addressed by the registered manager. A person who commissions packages of care told us that they had also raised concerns about these practices with the registered manager. Audits of care records had not always identified when staff had failed to complete daily records. Although regular spot checks and audits were carried out there was no plan to identify when these checks were due. This did not ensure they would be carried out consistently or sustained. Failure to operate effective systems and processes to assess, monitor and improve the quality of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that spot checks undertaken by the care co-ordinator and registered manager had been effective at improving the quality of the service. These involved observing staff providing care to people in their own homes. The care co-ordinator regularly reviewed a sample of records to ensure they were accurate and up to date. We saw that when necessary action had been taken to ensure staff wore the correct uniform and records were completed correctly.

The provider understood their regulatory responsibilities to the commission. The registered manager was aware of their responsibility to display their inspection ratings and notify us of specific incidents and events. We had not received any notifications from the registered manager however a review of records showed there had been no incidences which they had been required to inform us about. We saw the registered manager had responded openly and honestly when they had received information of concern in line with their duty of candour.

All the people we spoke with said they were happy using the service and the support they received from the leadership and staff. One person said, "I think they are doing a pretty good job." Another person told us, "It's very good. The manager is always willing to come out and see us." Two people we spoke with said that communication with the office could improve because they were not always told if calls were going to be late.

Staff described an open culture and felt confident they could raise concerns if necessary. Staff told us that senior members of staff were good at providing advice and guidance. One member of staff told us "Any problems, I just have to ask them." Another member of staff said, "The office is helpful. They will call most days to check things."

People and staff had the opportunity to influence and develop the service. People we spoke with told us that senior members of staff were approachable and would ring them for their views of the service. One person's relative told us, "We have conversations about what [person's name] likes." In One instance this had resulted in a person being supported by staff they liked. People's wishes were reflected in their care plans for staff. Staff we spoke with said they regularly supported the same people which meant they had got to

know peoples' wishes and preferred communication styles. This enabled people to make their views and wishes known to the staff who supported them. Staff had meetings with senior staff to express their views and how the service could be improved. However there was no formal plan to ensure these meetings would occur regularly. We saw the care co-ordinator maintain a daily log of all messages received in the office and share them with the staff and other health professionals. This meant that people's latest needs and wishes were shared promptly with appropriate others.

The registered manager had reviewed incidences in order to identify how the service could be improved. We saw the registered manager had worked with other agencies to investigate information of concern and how adverse events could be prevented from happening again.

The service worked in partnership with other agencies in order to improve the care people received. The registered manager and care co-ordinator regularly updated other health professionals when people's conditions changed. A member of staff told us how they had received advice from a district nurse so they could prevent a person's condition from deteriorating.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems and processes to assess, monitor and improve the quality of the service. Regulation 17 (2)(a)</p>