

P&T Cares 4 U Ltd

# P&T Cares 4 U Ltd

## 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

P & T Cares 4 U Ltd provides personal care to people within their own homes. The service provides support for older people and younger adults and those with physical disability, dementia or with a sensory impairment. At the time of the inspection there were 52 people using the service.

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

People felt they were safe and relatives raised no concerns over how staff supported their family member. Staff knew how to escalate issues and concerns and were aware of potential risks when providing support. People received their medicines appropriately, as required. Staff used correct equipment, such as gloves and aprons when assisting people. Accidents and incidents were managed appropriately.

Staff received an effective induction and appropriate ongoing training, so they felt able to support people confidently. People felt that staff supported their individual needs and requirements. People received food and drinks as required and were supported to attend? attended any medical appointments. 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.

People felt staff were kind and caring towards them. People were given choices and were able to make their own decisions as far as possible. Staff supported people to be independent and ensured that people's privacy and dignity was maintained.

People and relatives felt involved in the development of care plans. Care plans provided staff with information about people's needs and preferences and how they would like these to be met. A complaints procedure was in place and people and their relatives knew how to raise concerns and felt these would be addressed.

People, relatives and staff thought the service was managed well. The registered manager was described as approachable and open in the way they managed the service. Systems were in place to monitor the delivery of the service. Where issues arose action was taken to address these.

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

## 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.

# P&T Cares 4 U Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one Inspector and one assistant inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with three care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of documents and records including the care records for four people and related medicine records and three staff files and training records. We also looked at records that related to the management and quality assurance of the service.

After the inspection

We spoke via telephone with three people who used the service and three relatives about their experience of the care provided.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff provided safe support. One person told us, "Yes I trust them [staff] explicably, I have the best care I could ever wish for. The carer looks after me, gives me a good wash and makes sure the paperwork is all filled in." A relative said, " My relative feels safe and they have a good carer."
- Staff were aware of their responsibilities to report safeguarding concerns. One staff member told us, "If a service user had any unexplained bruises or if I was concerned, I would inform the manager who would then take the relevant steps of contacting the local authority and CQC."
- Staff were able to describe what they would do in the event of an emergency situation and said that they would contact the emergency services in the first instance.
- We saw that safeguarding concerns had been reported appropriately.

Assessing risk, safety monitoring and management

- People and relatives felt that staff understood any risks associated with their care and wellbeing and one person said, "I don't feel at risk, the carers provide safe care." A relative told us, "They [staff] manage risks, for example two people [staff] assist [person] when they use the hoist."
- Risks to people were assessed and these included, but were not limited to personal care, moving and handling, continence care, skin care and use of equipment. We saw that risk assessments included actions taken to maintain the safety of people using the service and staff were able to discuss specific risks in relations to people's care.
- In the event of an emergency staff were aware of best practice in safely assisting people from their property.

Staffing and recruitment

- People and relatives told us there was enough staff on duty to meet their needs. A person said, "There are enough staff, I don't have any late or missed calls." A relative told us, "There are enough staff members and they have a good rapport with [person]."
- We saw that the staffing rota for previous weeks reflected the levels of staff that we were told about during the inspection.
- People and their relatives told us that there were good levels of consistency of staff and they were able to get to know them [staff] well.
- Records confirmed required recruitment checks had been completed before staff commenced work, these included references, a work history and a Police check which ensured potential staff were suitable to work with vulnerable people.

#### Using medicines safely

- People told us they received their medicines when they required them and without any undue delay.
- Medicine Administration Records were completely appropriately.
- Competency checks were carried out on staff to ensure that they continued to administer medicines correctly.

#### Preventing and controlling infection

- People and relatives told us staff used clean and hygienic processes. One person said, "My home is left clean and the staff wear gloves and aprons."
- Staff told us they had access to protective personal equipment such as gloves and aprons to prevent the spread of infections.

#### Learning lessons when things go wrong

- There had been limited accidents and incidents, however those which had occurred had been recorded and the registered manager was aware of any emerging patterns and trends in order to mitigate future risk.
- The registered manager discussed how lessons had been learned and gave the example of how the previous inspection had raised that audits were not completely robustly. The registered manager had then devised a system, which included weekly audits and random files checks, which they believed had given them a better insight into care provided within the service.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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.

- The registered manager told us how information was taken in an initial assessment visit to ensure the service could provide the required care. We saw how information was taken on people's needs prior to them using the service. This included, medical history and medication, mobility, communication needs, mental capacity and any skin care issues.
- We found people's protected characteristics, as identified in the Equality Act 2010, were considered within their assessments. This included people's needs in relation to their religious, cultural and social needs.

Staff support: induction, training, skills and experience

- People and relatives told us they felt that staff were knowledgeable and able to meet their needs. One person said, "The staff know my needs. If it is a new staff member then sometimes I will tell them how I like things done, but they soon learn and I feel comfortable in telling them."
- Staff told us they received an effective induction and that they had completed the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector.
- Staff told us they received regular supervision and had an annual appraisal. One staff member said, "My 1:1 supervisions are effective".
- We saw that comprehensive training was in place and staff were up to date with training. Recent training included, infection control, manual handling and catheter care.

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

- People told us they enjoyed the food they received, one person said, "It is what I like and what I ask for. The staff ask what you want. They also go to the fridge to make sure it is all in date."
- Staff told us how people were supported to choose their own food and were encouraged to eat healthily.
- Care plans looked at nutritional outcomes and risk assessments were in place for people who may be at risk of weight loss or dehydration. Staff told us how food and fluid intake would be recorded if required.

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

- One person told us, "The staff would make sure I saw the GP if I was poorly."
- A relative said, "If [person] isn't well or something has happened, they [staff] always inform us and make sure they are okay."
- We found that people were prompted by staff to attend healthcare appointments, such as hospital visits



or the dentist and opticians.

- People's oral hygiene was included as part of their care plan.

Adapting service, design, decoration to meet people's needs

- People lived in their own homes and told us that staff respected their property and belongings when visiting to provide care.
- People told us that staff ensured that they had items they needed to hand, left close by, such as drinks, glasses etc.

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 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had a good understanding of mental capacity and the impact this legislation had on their role.
- People and their relatives confirmed staff asked their permission before providing support. One person told us, "The staff ask for my consent before assisting with care or entering room by knocking."
- Staff gave us examples how they would seek consent from people. One staff member said, "I would ask somebody if they were happy with me touching them to assist them when showering, if they weren't I wouldn't do it. The care plan has information in which we can refer to regarding how to gain permission from people."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People and relatives told us they were respected and treated well by the staff. A person said, "Staff are caring and kind. They are chatty and friendly, they are interested in my life. They have always shown me respect. They try to make me laugh, which is important." A relative told us, "My relative feels valued and supported by the staff."
- Staff told us about their positive relationships with people and one staff member said, "I like to spend time with people and learn about them." From our conversations with staff it was clear they were knowledgeable regarding the people they supported.

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

- People, relatives and staff told us how they were supported to make choices regarding their daily life, this included clothing, meals and how people wanted their care to be delivered. One person told us, "I can make my own choices."
- Relatives told us they felt involved with the service and were kept up to date about their loved one's care. One relative told us, "I talk to the carers and they talk to me, it is all open."
- The registered manager had an understanding of when advocacy services would be required and how to access these services for people. An advocate enables people to have their voices and opinions heard.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff provided respectful and dignified support. One person said, "The staff would maintain my privacy and dignity. For example, when I had a fall previously they made sure I was covered up whilst waiting for the paramedics." A relative told us, "I think the staff keep [person's] dignity, they know what to do. They make sure [person] is clean and in the right clothes." Staff gave us examples of how they would keep people's dignity and privacy by covering them up when carrying out personal care and knocking doors before entering.
- We found that people were encouraged to be independent and were supported by staff to stay as active as possible. One person told us, "I am encouraged to be independent, for example with personal care, they [staff] encourage me to wash myself first and then if they need to intervene to help they would." A staff member told us, "We always ask people to do things, like washing themselves or dressing or combing their hair if they can, we get them involved."
- Relatives told us they had a good relationship with staff members and gave examples of how they updated them on their loved ones wellbeing and were generally friendly towards them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives told us they were involved in the care planning process. One person told us, "I am involved in my care plan, we discuss it three or four times a year. I have asked for my call times to be changed and this has been done." A relative told us, "I was involved in [persons] care plan and I also tell the staff to include things in it."
- People were supported by consistent staff who knew them well and were knowledgeable about their support needs.
- We saw that staff acknowledged people's cultural and religious backgrounds and one person said, "It doesn't matter who we are [ethnic background], we get cared for as we want." A staff member told us, "One person has a religious item they like to keep near and I always make sure this is close by."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available in large print or alternative languages if required.
- One person told us, "We can have the information to suit our needs, but I haven't needed any changes."
- Information on people's communication needs was identified in initial assessments and care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that staff knew about their interests and engaged them in conversations about things they liked to do. One person said, "I like to read and we talk about books and we have conversations about my past. The staff member isn't bored and likes to talk about old times and music."
- Staff were able to discuss with us how they would respond to any individual cultural or religious requirements.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns and felt that staff would be responsive to this?. One person said, "I know how to complain and would feel comfortable to do so." A relative told us, "I would know how to raise a complaint if I needed to."
- We saw that there was a complaints process in place and any concerns or complaints were dealt with

effectively.

#### End of life care and support

- One person using the service was receiving end of life care and a specific care plan was in place. Staff had also received training in end of life care.

# 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.

At the last inspection this key question was rated as well led. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw that feedback was sought from people, their relatives and staff. Feedback given was positive and included the following comment from a relative, 'We couldn't be happier with the service provided. The consistency and standard of care is excellent. It is important to our family to know we have friendly, reliable and regular carers, long may it continue.'
- The registered manager discussed with us how they considered the feedback given and used the information to improve on the service, for example changing call times for people.
- We saw that meetings for staff occurred periodically and staff told us they found such meetings an opportunity to voice any issues or opinions they may have. Staff informed us that the registered manager was responsive to any information shared. One staff member shared, "'It is an opportunity to voice any opinions and the management listen, such as our calls being as close to home as possible.'

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found that people found the registered manager supportive and one person said, "I know the manager, they are good." A relative told us, "The managers are very approachable."
- Staff told us they felt the registered manager was responsive and open to them and provided support where it was needed. One staff member told us, "There is a lot of support. The manager is absolutely great, they really look after you." A second staff member shared, "The manager is always there, they have an open door and are open to listen and chat if anything is getting us down."
- People were complimentary about the service provided. One person said, "It is a fantastic service, we always have a laugh and a joke. I would definitely recommend the service to others". A relative said, "There is nothing that could be done better, they [staff] make [person] feel comfortable. I've not had any problems because never had a bad one [staff member] they take their time with [person]."
- Staff told us they enjoyed their role and one said, "There is a lot of team work here, the girls are brilliant that work here. It is well led and that is what makes it good."
- The registered manager was able to speak passionately about their drive to continue to provide a positive service and to seek out opportunities for improvement.
- The registered manager and the nominated individual worked together in the office and both had daily input into the running of the service.

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 understood their responsibilities in relation to the duty of candour regulation and we found they had been open and transparent when reporting any incidents.
- We found that learning was taken from any incidents and that this was shared with staff, so they were aware of any actions they needed to take.
- Staff understood the need to raise concerns and issues and one staff member told us, "I would whistle blow if I needed to, we have been told how to." A whistle-blower exposes any information or activity that is deemed incorrect within an organisation.

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

- We found that in some daily records staff members had made recordings in blue pen or pencil rather than black ink. This was not best practice and in the respect of the pencil recording, this could be erased or changed, meaning that the recording might not be accurate. We told the registered manager who sent an immediate message to all staff to remind them about the requirements. The registered manager told us they would also be speaking individually with the staff in question.
- Systems were in place to monitor the service provided to people, this was in the form of various audits and reviews, which were carried out in a timely manner. These audits included care files, medicine administration, complaints, missed calls, accidents and incidents and staffing. Despite the inappropriate daily recording issue we found that actions were taken where required and the registered manager had a good overview of the service.
- Staff understood their roles and responsibilities and were able to describe them to us.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed and promptly informing CQC of notifiable incidents.

Working in partnership with others

- We saw that the registered manager and staff worked in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.