

Real PCS Limited

# Real PCS Warwickshire

## Inspection report

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Date of inspection visit:  
12 March 2021  
15 March 2021

Date of publication:  
13 April 2021

### 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

REAL PCS is a domiciliary care agency. People had individual packages of care which ranged from 24 hour supported living to shorter care calls to people in their own homes. At the time of this inspection, REAL PCS supported ten people with personal care. This included younger and older adults who required support due to learning disabilities, autism or older age. Other services were offered to people by the provider such as help with shopping and cleaning, but these are not regulated activities and therefore we did not look at these.

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

Relatives felt their loved one was safe with staff supporting them in their own homes. Staff had been trained to protect people from the risks of abuse and understood how to keep people safe and embraced team working to reduce potential risks to people.

Staff had a caring attitude toward people they supported and consistent staff teams ensured consistency of care was given.

People, and their relatives, were placed at the heart of the service and were involved in choosing their care and support. People and their relatives were involved in initial assessments which took place before packages of care commenced. 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 provider's policies and systems supported this practice.

People received kind, responsive person-centred care from staff who were well trained, motivated and supported by a director who led the staff team to provide the best care they could. People using the service benefited from a well led service. Partnership working enabled people to maintain their wellbeing.

Quality monitoring systems and processes were in place to enable the director to have oversight of the quality of the care and support given to people.

Rating at last inspection: This was the first time the service had been inspected. At this inspection we have rated the service as Good in all areas.

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

### Why we inspected

This was a planned first inspection since registration with us in January 2020.

### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received, we may inspect sooner.

## 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.

# Real PCS Warwickshire

## Detailed findings

### Background to this inspection

#### The 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 was 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.

#### Inspection team

The inspection team consisted of three inspectors. Two inspectors visited the service on 15 March 2021. Another inspector gathered information from the director via telephone conversations and email. The inspector spoke with people's relatives to gain feedback about service and had telephone conversations with staff.

#### Service and service type

REAL PCS is registered to provide personal care to people living in their own homes or a shared living home providing 24 hour supported living. CQC does not regulate premises used for supported living housing; this inspection only looked at people's personal care services.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The director (provider) of Real PCS is also the registered manager and for the purposes of this report will be referred to as the 'registered manager'.

#### Notice of inspection

Our inspection was announced. We gave short notice of our visit on 11 March 2021 to the director. Notice of our visit was given because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the service's coronavirus risk assessment for visiting healthcare professionals before we entered the building and to ensure the provider was available for their inspection. Inspection activity commenced on 12 March 2021 and ended on 15 March 2021.

#### What we did before the inspection

We reviewed the information we had received about the services. We used all this information to plan our inspection.

#### During the inspection

During our on-site visit to the service, we spoke with the director. We reviewed a range of records, including three people's care plans and medicine records in detail. We looked at records relating to the management of the service, including audits and systems for managing feedback and records of when checks were made on the quality of the care provided.

During our off-site work we spoke with six people's relatives or advocates and three care staff.

#### After the inspection

We reviewed additional documentation we had requested from the provider and feedback from four 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 was the first time we had inspected this service. At this inspection this key question has been rated as Good. People were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Relatives told us they felt their relation was safe with staff who supported them in their own homes or shared living home. One relative told us, "Staff know [name] really well and how to keep them safe." Another relative said, "The key is the staff do not rush [Name], they are patient and take their time."
- Support plans informed staff how to provide support that minimised risks to people's health and wellbeing both inside and outside their home. However, some plans could have benefited from more detail. The director told us they had previously identified some people's risk assessments required more detail, to ensure people always received consistent high-quality care. We reviewed the risk assessment records and support plans for three people. We found one person was at risk of skin damage due to their diet and health conditions and did not have a comprehensive risk assessment in place to help prevent future skin damage. However, the person did not currently have any skin damage, and staff knew how to care for them safely. Staff told us if they saw a person had sore skin, they would report this immediately to the registered manager and contact a district nurse or GP. The registered manager acted on our feedback and put a plan in place to add detail to the risk management plan.
- The registered manager had plans to minimise risks to people in the event of an emergency. People's support plans included a personal emergency evacuation plan (PEEP), which explained the level of support they would need to evacuate their homes in an emergency.
- Staff had completed an online basic first aid awareness and gave us examples of actions they would take in an emergency. One person had risks of choking and their staff member told us, "We have guidance from the speech and language therapist about how to thicken their drinks. If they choked, I'd follow the first aid training and also call 999."

### Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. The director was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents was shared with the staff team, to drive forward best practice.
- Medicines errors were identified through staff reporting any errors they made and through regular audits. Where staff made any errors these were investigated, and staff received further training where this was required.

### Staffing and recruitment

- Relatives and staff told us they felt there were sufficient staff to provide safe care and support, as staffing levels were based around people's assessed health and care needs within their package of care.
- The registered manager monitored when staff arrived and left people's homes, to ensure people received their agreed care package. Relatives told us their relation had not experienced any missed care calls. One

relative told us, "They are rarely ever late, once when it happened it was due to the bad weather and they phoned us to tell us."

- The registered manager undertook background checks of potential staff to assure themselves of the suitability of staff to work at the service, for example, collecting references and making checks into any potential criminal history.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse and had confidence the director would investigate. One staff member said, "I've never had any concerns whilst working here, but if I did, I would immediately report to [registered manager]. I have confidence she would take action straight away."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.

Preventing and controlling infection

- Staff had received training in infection control and worked in line with NHS England's Standard Infection control precautions and national hand hygiene protocols.
- Staff understood the importance of using face masks, gloves and aprons to reduce risks of cross contamination. Staff had been trained in Covid-19 and understood the importance of following this information. One staff member told us, "We all wear face masks whenever we are in people's homes and would report any concerns about covid-19 straight away to a manager."
- There was information in people's care plans as to the actions staff should follow to minimise the risks of cross infection and the transmission of COVID-19 in people's homes.
- The director ensured there was sufficient personal protective equipment (PPE) available at the office and at people's homes, so that staff could always access PPE when they needed to.

Using medicines safely

- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.



# 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 was the first time we had inspected this service. At this inspection this key question has been rated as Good. This meant people's outcomes were consistently good, and feedback confirmed this.

Staff support: induction, training, skills and experience

- Relatives felt staff had the skills they needed to effectively support them. One relative told us, "I am often in the house when staff are supporting my relation. I hear them speak politely, and with kindness. They are always patient and certainly have the skills they need to do the job."
- Staff felt they received the training and support they needed for their role. One staff member told us, "We do online training covering lots of different topics such as autism and dementia care."
- Staff supported people with moving and transfers such as from their armchair to bed or supported people who used wheelchairs, but no one currently used a hoist for transferring. One staff member told us, "One person I support had a history of falls before the care package started so I have to make sure they use their walking aid and take their time." Whilst staff said they had not completed moving and handling training, the director told us this was an included topic within the online training staff completed. We recommended to the registered manager that they give consideration to practical manual handling training for staff to add a practical component to the online session.
- Staff told us they received an induction when they started work which included working alongside an experienced member of staff. The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
- One relative was very complimentary about the way in which staff commenced employment in a 24-hour shared living home, telling us, "Staff are integrated very slowly, rather than just being thrown in. The director makes sure they shadow other staff, get to know people and their routines. It is very well managed."
- Staff were supported through one to one and team meetings. All staff told us they felt supported by the management team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people receiving a package of care or moving to live at a 24-hour shared living home, the director undertook a comprehensive needs assessment. This was done in consultation with people, advocates and family members. The assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

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

- Support plans contained information about people's nutritional likes and dislikes and the support they needed to ensure they ate and drank enough to maintain their health.

- Where people required a soft diet, pureed diet, or were vegetarian, different food options were prepared for them according to their individual needs. One relative told us, "My relation prefers a freshly cooked meal every day and staff do this and them, [Name] is very happy with them."
- People were referred to healthcare professionals when dietary guidance was needed. Staff gave examples of using prescribed thickener powder to make sure drinks were the correct consistency for people.

#### 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of MCA.

- The registered manager demonstrated an understanding of their legal responsibilities under the Act. They told us if they had concerns about a person's capacity to consent to any restrictions within their care plan, they would refer them to their social worker to ensure they were in the person's best interests and legally authorised.
- Care plans for activities of daily living had been developed in people's best interests when they lacked capacity. However, mental capacity assessments required more detail to show how people should be consulted to make decisions where they could, and how best interests' decisions had been reached and agreed. The director told us they would develop their records to provide information on how decisions were being reached in the person's best interests.
- Care staff understood the importance of gaining people's consent and explaining what was happening. For example, before supporting people with personal care.

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

- Managers and staff worked with other healthcare professionals to support people's health and maintain their wellbeing.
- Staff communicated effectively with each other. There were systems in place, such as daily care records, staff briefings via electronic tools such as 'What's app' to share non-confidential information amongst staff.
- People had access to health professionals. Where advice was provided from health professionals, care records were updated.

# 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 was the first time we had inspected this service. At this inspection this key question has been rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Support plans were personalised and reflected people's individuality which demonstrated the involvement of the person and those important to them in developing the plans. One relative told us, "I've experienced other care providers and this one is by far the very best. I am fully involved in [Name]'s care. The registered manager ensures I am always kept up to date and I cannot praise them enough."
- People and staff were treated equally according to the guidance on protected characteristics. Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choices and the gender of the staff member providing their personal care.
- People had communication plans in place, which instructed staff on how each person communicated and the best ways to involve people in decision making. Staff gave us examples of people they supported who had no verbal speech. One staff member told us, "[Name] has expressions that we can read and understand what their needs are."

Respecting and promoting people's privacy, dignity and independence

- The registered manager recognised people receiving 24-hour support sometimes needed private time. Support plans guided staff in respecting and supporting people at such times. One staff member told us, "We know when [name] wants time out in their bedroom, they take themselves for quiet time and we respect that."
- Staff promoted people's dignity by helping them dress in a manner that reflected personal choices and individuality. For example, one person's care plan said, "I like to look smart" and an important part of their routine was ensuring their hair was gelled in the way they liked it to be.
- Support plans promoted independence because they were clear what people could do independently, what they could do for themselves with prompting and when they needed support.

Ensuring people are well treated and supported; respecting equality and diversity

- There was information available to staff about people's background and history, so staff could get to know people. All relatives gave high levels of praise for the staff describing them as 'going the extra mile'. One relative told us, "In my experience the staff are not just doing the care job for a job but do actually truly care about the people they support."

# Is the service responsive?

## Our findings

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

This was the first time we had inspected this service. At this inspection this key question has been rated as 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

- Each person had a care plan and records to show their health and support needs. Care plans covered topics such as people's physical and health needs, their life history, activity engagement, hobbies, daily routines, preferences and risk assessments.
- Care records were written with the person, their family members and professionals. One person was autistic and could become anxious if their routines were interrupted. There was detailed guidance in the person's support plan about their preferred routines and preferences to prevent their anxieties from escalating. Staff were able to tell us about these and the importance of following an agreed routine.

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 communication needs of people were assessed and reflected within support plans.
- One person used a picture exchange communication system to communicate. There was detailed information in their support plan to ensure staff followed the system consistently to assist the person in communicating their needs.
- People who used the service were not able to give us their feedback due to difficulties in communication. However, relatives consistently felt staff communicated with their relation in an effective way. One relative told us, "Whilst my relation cannot give you feedback by phone due to a hearing impairment, staff talk clearly with them and this has never presented a problem." Another relative told us, "Staff take the time to get to know [name] and their non-verbal communication they use."

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

- The provider considered people's social needs when developing their support plans. When COVID-19 restrictions allowed, staff supported people to engage in activities and hobbies that interested them such as swimming and going to a local disco.
- Staff recognised the importance of people's relationships with family and friends. For example, one person was supported to regularly visit with their family. Other people were supported to keep in touch with family and friends through phone calls and electronically.

End of life care and support

- The service was not currently supporting anyone with end of life care. The registered manager told us should a need arise, they would work with other organisations and healthcare professionals who could provide further support to enable people to spend their final days as they wished and pain free.
- One person had a RESPECT form in place in the event they had a cardiac arrest. The director told us they planned to discuss the legal document with the relevant healthcare professionals as the agreement had been implemented at a time when the person was very unwell.

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

- Relatives told us they knew how to raise concerns or complaints with staff and the management team if they needed to. Relatives told us they had no cause for complaint and felt the director would listen and respond if they had need to raise any issue.
- The provider had a complaints policy and procedure that staff were aware of and these had been provided to people in an easy read format and large print. The easy read and different format information informed people how to keep themselves safe and how to report any issues of concern or raise a complaint.
- The service had a complaints log where all complaints were recorded. However, there had been no recent complaints at the service.

# 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 was the first time we had inspected this service. At this inspection this key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Some support plans, such as around mental capacity, would have benefited from more detail. The director had already identified this as an area for improvement once the external stresses caused by COVID-19 had eased.
- The director understood their role and knew their responsibilities regarding regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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 systems in place focused on the individuals using the service and sought to meet their needs and provide them with good quality care. All relative feedback confirmed this as being central in the director's aims. One relative told us, "It's a small company and that makes all the difference, we get the personal touch. For example, my relation likes ice-cream, so [registered manager] brought them an ice-cream on their way to them when they visited."
- Relatives and staff told us the management team was always available, had an 'open door' policy, and were approachable.

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

- In January 2021 relatives had been asked to provide feedback on the service. Six relatives had given feedback stating the service was "10 out of 10". One relative had recorded, "REAL PCS has gone above and beyond for [name], they make him feel comfortable in his environment and he is always happy. [Registered Manager] and her team are fantastic, there is never a problem."
- The feedback from relatives confirmed they were informed and involved in their family member's care. One relative had written, "I am kept in regularly contact and updated with regards to [Name]." Another had written, "If ever I need to ask of anything, they get it sorted straightaway."
- Staff met regularly with their manager to keep them up to date with any changes to the needs of people, or any changes in policy. During the COVID-19 pandemic these meetings were held virtually using electronic devices.
- People were involved and informed about any changes at 24-hour shared homes through regular in-person or virtual meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by the director of the company who was also the registered manager. Staff were supported by them and a team leader 24-hours a day through an 'on call' system as some staff worked at night.
- The staff team understood their roles and responsibilities toward people living in their own home or 24-hour shared homes and embraced further learning and developmental opportunities, so people received the best care and support possible.
- The management team ensured staffing practices met their expectations by working alongside them regularly in people's homes and observed their performance and practice.

Continuous learning and improving care

- The registered manager had systems and processes to monitor the quality of the services provided. They looked for continuous ways where improvements could be made. Audits included checks on medicines, care records and daily records.
- All actions from audits were added to an action plan the registered manager implemented.

Working in partnership with others

- The service had links with external services, such as government links to renewed best practice guidance, charities and health professionals. These partnerships demonstrated the provider sought best practice to ensure people received good quality care and support.