

Pats Care LTD

Pats Care 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

About the service: Pats Care LTD is a domiciliary care agency. It provides personal care and support to adults and older people living within their own homes. Not everyone using the service may receive the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were ten people using the service.

People's experience of using this service:

People and their relatives spoke positively about the service.

The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures and how to keep people safe. People's needs, and preferences were assessed, and plans were in place to manage risks safely.

There were safe arrangements in place to manage medicines and staff received appropriate medicines and infection control training.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's needs. Staff had appropriate skills and knowledge to support people safely and were supported through induction, training and supervision.

People were supported to maintain a healthy balanced diet that met their cultural needs where this was part of their plan of care. People were supported to have maximum choice and control and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives told us they were fully involved in and consulted about their care and support needs. People were supported to access health and social care professionals when required. People were supported to access community services where this was part of their plan of care.

Staff worked with people to promote their rights and understood the Equality Act 2010 supporting people appropriately addressing any protected characteristics.

There were systems in place to assess and monitor the quality of the service. The service worked in partnership with health and social care professionals and other organisations to plan and deliver an effective service.

People knew how to make a complaint if they were unhappy with the service. The service took people, their relatives and staff's views into account through surveys and informal feedback to help drive service improvements.

Rating at last inspection: At our last inspection of the service on 11 September 2018 we did not rate the service. This was because there was insufficient evidence to make a judgement and award a rating.

Why we inspected: This was a planned inspection in line with CQC regulations. We found the service met the characteristics of Good in all areas.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect the service sooner.

For more details, please see the full report which is on the website at 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.

Pats Care 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 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.

Inspection team: A single inspector carried out this inspection.

Service and service type: Pats Care LTD is a domiciliary care agency. It provides personal care and support to adults and older people with varying needs living within 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: The inspection site visit took place on 25 April 2019 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone was present in the office.

What we did: Before the inspection we reviewed the information, we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts they had raised. The provider also completed a provider information return. 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. We contacted the local authority who commissions the service and asked them for their views about the service. We used this information to help inform our inspection planning.

During the inspection visit we met and spoke with the director, registered manager, office staff and two care staff. Following our visit, we spoke with two care workers and four people using the service and or their relatives by telephone to seek their feedback about the service. We reviewed a range of records including four people's care plans and records and three staff recruitment and training records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risks to people were assessed, reviewed and managed safely by staff to avoid harm.
- Staff worked with people, their relatives where appropriate and health and social care professionals to monitor and assess risks and to develop plans to ensure people's safety.
- Risk assessments identified areas of risk to people, for example, in relation to mobility, sensory, nutrition and hydration and medicines management, amongst others. Assessments provided guidance for staff on the support and actions to be taken to minimise identified risks. For example, on the safe use of equipment to help promote independent mobility.
- There were arrangements in place to deal with foreseeable emergencies and to monitor the safety of individuals' home environments. For example, staff regularly checked smoke alarms in people's homes to ensure they were working correctly.
- People were provided with information on how to contact the service out of office hours should they require support. Staff had received training in life support, health emergencies and knew how to respond in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff that supported them. Comments included, "They [staff] are very good, very kind", "They [staff] are very gentle, I feel very safe", and, "Extremely caring staff."
- People were supported and protected from the risk of abuse or harm. Staff understood their roles and responsibilities to protect people from abuse and had received up to date training on safeguarding adults from abuse.
- Information was provided to people and staff about safeguarding. This was available in alternative formats such as large print or different language's if required.

Using medicines safely

- At the time of our inspection no one using the service required support with administering their medicines. However, we saw there were systems in place that ensured medicines would be managed safely by staff if required.
- Care plans recorded current medicines people were prescribed and information about any support they required from their relatives.
- Medicines risk assessments were in place to identify and document any risks. Medicines audit tools were also in place to monitor the management of medicines when required.
- Staff had completed medicines training and had regular competency assessments to ensure their skills and knowledge remained up to date with best practice.

Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents.
- There were effective systems in place to learn from incidents, accidents, near misses and mistakes. Investigations were carried out when required to identify any trends or patterns, minimising the risk of reoccurrence.
- Records showed that staff had identified concerns and accidents and had taken appropriate action to address them. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.

Preventing and controlling infection

- Staff received training on infection control and food hygiene and were provided with personal protective equipment (PPE) such as aprons and gloves. One member of staff told us, "I visit the office to pick up PPE whenever I need it. We are always provided with equipment, so we can do our jobs well."
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene and their home environment.

Staffing and recruitment

- The service ensured there were enough staff to meet people's needs and the recruitment system worked to reduce risk.
- Staff told us there was enough staff to meet people's needs in a timely manner and to cover for staff planned and unplanned leave. The numbers of staff on duty matched the numbers planned for on the electronic staffing rota.
- People told us they felt there were enough staff and they had regular staff who visited them. Comments included, "They [staff] always come on time to me", "They come when they should and are always on time. If there are any issues they text me to let me know", and, "Yes, they come when we need them and on time."
- There were systems in place that ensured people received their care on time and that care staff stayed the required amount of time ensuring people's needs were met as planned. There was an electronic call monitoring (ECM) system in place which allowed the registered manager and office staff to see if care staff were running late and to check that staff stayed the full required time.
- Staff were provided with a phone application system that allowed them to electronically sign in on the system once they had arrived for the care visit and to sign out when they left. This enabled the service to respond promptly and safely to any late calls or emergencies.
- The service recruited staff safely. Full employment checks were completed before staff started working with people, including gaining accurate references, full employment history and eligibility to work in the UK where required. Disclosure and barring service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

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.

People's outcomes were consistently good, and a relative's feedback confirmed this.

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

- Assessments of people's needs, and preferences were completed before they received services to ensure the service's suitability and that their needs and preferences could be met.
- Assessments included involvement from relatives and advocates where appropriate, and other professionals including commissioning authorities to ensure information was acquired to develop care and risk management plans.
- Assessments provided staff with detailed information and guidance to meet people's individual needs effectively. Assessments covered areas such as people's personal history, preferences, wishes, choice and supporting independence.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff were aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- Staff had a good understanding of the MCA and consent and when it should be applied. People were encouraged and supported to make decisions for themselves and were provided with suitable information to enable this in a format that met their needs.
- People's consent was regularly reviewed to ensure arrangements in place were appropriate and meeting their needs.

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

- People were supported to have a balanced diet to ensure their well-being, where this was part of their planned care.

- Care plans documented people's nutritional needs, support required with meal preparation and eating, known allergies and any nutritional risks such as weight loss or choking.
- Records were kept when required in relation to people's food and fluid intake and any concerns were monitored by staff and referred to relevant healthcare professionals.
- Staff consulted with people on what types of food they preferred and any cultural requirements they had.

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

- People's physical, emotional and mental health needs were assessed, documented and reviewed to ensure their needs were met. Staff monitored people's well-being to ensure their needs continued to be met appropriately.
- People were supported to access a range of healthcare services and professionals when required including GPs, dentists, opticians and occupational therapists amongst others.
- Staff worked in partnership with health and social care professionals to plan, review, monitor and deliver an effective service.
- Guidance from health care professionals such as speech and language specialists were in place to ensure people received the appropriate care and support to meet their needs.

Staff support: induction, training, skills and experience

- There were effective processes in place to ensure staff new to the service were inducted appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- One member of staff told us, "My induction was very good. I had lots of training and went out with the manager to meet and get to know people."
- Staff were knowledgeable about the people they supported and had the necessary skills to meet their needs appropriately. Staff received training in a range of areas including safeguarding, moving and handling, MCA and DoLS and emergency first aid amongst others.

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.

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

- People and their relatives where appropriate, told us they were involved in making decisions about their daily needs and support. One person said, "They [staff] are very good. They take their time and offer me lots of support, support that I need." Another person commented, "The carers are lovely, gentle and listen to what I have to say. The care they give is very good and most importantly they work around me."
- People told us staff communicated with them effectively involving them in all aspects of their service. One person said, "They [staff] regularly contact me to make sure everything is ok. I have their contact details should I need to call them, but I rarely need to as they always call me."

Ensuring people are well treated and supported; equality and diversity

- People and their relatives where appropriate, told us they had built trusting respectful relationships with staff. One person said, "They [staff] do extra to support me, making sure I'm well. They are fantastic." Another person commented, "My carers are really accommodating of my wishes and needs. They really go the extra mile."
- People's diverse cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs. For example, one care plan stated that the person preferred female care workers and another care plan detailed the support provided by staff so one person could attend their place of worship.
- Staff received training on equality and diversity to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect, their independence was maintained and encouraged, and their privacy and dignity was preserved at all times. One person said, "They [staff] are very polite and respectful. They help me to keep my independence at home."
- Care plans contained information on what people could do for themselves and areas they felt they required support with.
- Staff told us they promoted people's dignity when carrying out personal care support by seeking consent and ensuring they were covered, and doors and curtains were closed.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care and support needs were assessed, personalised and reviewed to meet individual needs and wishes. Care plans documented information regarding people's physical, emotional and mental health needs, life histories and things that are important to them.
- Care plans detailed individuals' health care and support needs and included guidance for staff on how to best support them. For example, information and picture guidance for staff on supporting people with safe mobility and with using equipment to aid mobility and for monitoring individual's nutrition and hydration needs and intake.
- People's communication needs were identified and recorded in their care plans. For example, guidance was documented for staff on the use of effective communication methods such as body language, for people who were unable to vocalise their needs and wishes.
- Staff understood the Accessible Information Standard [AIS] and the importance of effective communication. The AIS sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.
- The service had produced information in a format that met people's needs, for example easy to read versions of the service user guide and the complaints policy and procedure.
- People were supported by staff who knew them well. One person commented, "They [staff] know me very well and how I like things to be done."
- Staff kept daily records of the support offered to people at each visit and care plans were reviewed on a regular basis to reflect changes in people's needs and wishes. A member of staff told us, "It's important we regularly review people's needs with them to make sure we are supporting them as best we can."
- People were supported to access community services where this was part of their plan of care. One person told us, "They [staff] do extra to help me if I need it. Nothing is ever too much trouble."

Improving care quality in response to complaints or concerns

- There were arrangements in place to respond to people's concerns and complaints. The complaints procedure was available in different formats to meet people's needs including an easy to read format which was made accessible to people and their relatives.
- People and their relatives told us they were aware of the complaints procedure and knew how to make a complaint. Comments included, "I would call the office, but I have nothing to complain about", "I have information in my book should I need it", and, "We are very happy with the service and have no complaints at all."
- Complaints records we looked at showed that no complaints had been received since the service registered with the CQC.

End of life care and support

- At the time of our inspection no one using the service was receiving end of life care and support. However, the registered manager told us that if end of life care was required they would work with health and social care professionals to provide people with appropriate support when required.
- People were supported, if they wished, to make decisions about their preferences for end of life care and these were retained in their care plans for reference.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.□

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There were processes and procedures in place to ensure people received the care and support they wanted.
- People benefitted from receiving a service that continually sought to provide good care and support. During our visit we met with the registered manager who demonstrated a good commitment to the service and the people they supported.
- People and their relatives spoke positively about the support they received and the running of the service. Comments included, "The owner and manager are lovely people, it's a great well-run service", "I am very happy with the service. Everyone is very kind and caring", and, "Extremely caring staff. It's a good service."
- Staff spoke positively about management support and how the service was run. Comments included, "They [management] are brilliant and I absolutely feel supported. All the staff here are wonderful;", and, "The service is very good because it communicates well with everyone. It is very much about the community and is tailored to meeting people's diverse needs."

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

- The service had a registered manager in post. They knew the service well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required. They were aware of the legal requirement to display their CQC rating.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. Staff were aware of the provider's values and aims and strived to uphold these values when supporting people.
- There were management support systems in place for staff out of office hours should they need it. One member of staff commented, "The manager and office staff are always there if we need them. They are always really helpful."
- The registered manager told us, "We have an open-door policy, so our staff are able to come and talk to us if they feel they need to. They are able to call us whenever they want."

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

- People and their relatives were regularly asked for their views about the care and support provided to check they remained happy with their service or if changes were required.

- There were formal systems in place to ensure the service sought the views of people through regular reviews and frequent surveys. One survey we looked at documented the feedback received from the person stating, "Staff are very quick to respond to my calls. There are good levels of communication and understanding."
- Regular staff meetings were held to discuss the running of the service and to help drive service improvements. One member of staff commented, "We have regular meetings which everyone attends, this lets us share what we do and if we can do things better."

Continuous learning and improving care

- The service recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out on a regular basis in areas such as care plans and records, staff records and training, electronic call monitoring system, accidents and incidents and safeguarding. Where required, action plans were developed to address any issues raised.
- Unannounced spot checks were carried out with staff within people's homes to ensure staff supported people on time as planned and staff had completed all tasks as required.

Working in partnership with others

- The service and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were met appropriately. For example, where required we saw staff had referred people to service commissioners, GPs and occupational therapists for equipment and support.
- A service commissioner commented that the service worked well with them and they had received no complaints or safeguarding concerns about the service. They said they had found the provider very responsive particularly if an issue arose.
- The registered manager told us the service worked in partnership with local organisations to ensure appropriate services were available to people if required. They commented, "Our office is based in a community centre and we have integrated into the local community well by being involved in local conversations and activities. This has helped to make our company part of the wider community."