

P T Care UK Ltd

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## 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

PT Care UK Limited is a domiciliary care agency registered to provide personal care. The agency office is based near Sheffield city centre. Support is currently provided to people living in their own homes in Sheffield. The agency provides support with personal care, domestic tasks and companionship. At the time of this inspection the service was supporting twelve people with personal care.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

The registered manager told us the service started supporting people in May 2017. The service changed their office base in November 2017. This was the services first CQC inspection.

People spoke very positively about the support provided to them. They told us they felt safe and their support workers were respectful and kind.

Care plans identified risks to people, and management plans to reduce the risks were in place to ensure people's safety.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Robust recruitment procedures were in operation and promoted people's safety.

Appropriate arrangements were in place for the safe administration of medicines.

Staff were provided with relevant training, supervision and appraisal for development and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from PT Care UK Ltd.

Staff knew the person they were supporting well and had developed a positive relationship with them. In our conversations with staff they displayed compassion, consideration and respect for people.

People said they could speak with their support worker, the registered manager or provider if they had any worries or concerns and they would be listened to.

The service was well-led and well managed. There were some quality audit systems in place which could be developed further so people receive feedback about the quality of the service.

## 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.

People told us they felt safe. Staff were aware of their responsibilities in keeping people safe. The staff recruitment procedures in place promoted people's safety.

Appropriate arrangements were in place for the safe administration of medicines.

Staffing levels were sufficient and flexible to meet the needs of people who used the service.

### Is the service effective?

Good 

The service was effective.

Staff were provided with relevant training to ensure they had the skills needed to support people.

Staff were provided with supervision for development and support.

People had consented to the support provided by PT Care UK Ltd.

### Is the service caring?

Good 

The service was caring.

People told us their support workers were caring and kind.

People were treated with dignity and felt respected.

### Is the service responsive?

Good 

The service was responsive.

People's care plans contained relevant details and were reviewed and updated as required.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager or provider and felt they would be listened to.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and staff said the registered manager and provider were approachable and supportive.

There were quality assurance and audit processes in place to make sure the service was running safely.

# P T Care UK Ltd

## Detailed findings

### Background to this inspection

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

This inspection took place on 26 and 27 November 2018 and was announced. We gave the service short notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure staff would be present in the office. The inspection was carried out by two adult social care inspectors.

At the time of this inspection, twelve people were receiving support and eleven support workers were employed. The registered manager and an assistant care coordinator also undertook some care visits to people's homes.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received, and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority to obtain their views of the service. All the comments and feedback received were reviewed and used to assist and inform our inspection.

On 26 November 2018, we visited four people who received support at their homes to ask their opinions of the service and to check their care files and Medicine Administration Records (MAR). We also spoke with two relatives during these visits.

On 27 November 2018, we visited the service's office to see and speak with the registered manager, the director and administrator of PT Care UK Ltd, the assistant care coordinator and three support workers

employed by the agency.

We reviewed a range of records, which included care records for two people we had visited the day before, three staff training, support and employment records and other records relating to the management of the domiciliary care agency.

# Is the service safe?

## Our findings

People receiving support said they felt safe with their support workers. Comments included, "I feel safe with them" and "I have no worries".

All the staff asked said they would be happy for a relative or friend to be supported by PT Care UK Ltd and felt they would be safe.

The registered manager was very clear of their responsibility to report safeguarding incidents as required and in line with safe procedures.

All the staff spoken with confirmed they had been provided with safeguarding training. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff said they would always report any concerns to the registered manager or provider and felt confident the registered manager and provider would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

We looked at four people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Risk assessments had been completed for people's home environment in order that staff could work safely in them. This risk assessment detailed information about any safety hazards or potential risks at the person's home. This made sure staff were able to address potential risks in the person's home that could have an impact on them carrying out their duties, or on the person them self.

We checked the procedures for the safe administration of medicines. We found the service had a policy on the safe administration of medicines and worked in accordance with the local authority policy.

People spoke positively about the support they got with their medicines. Comments included, "Staff always make sure I get my medicines, they have never missed" and "Staff know I am diabetic and need my tablets at a certain time, so they come at breakfast time to give them me".

The four people's care records checked held clear detail of the support required with medicines. We checked their Medicines Administration record (MAR) and the medicines held at their home and found all details corresponded. The MAR had been fully completed. We found systems were in place to monitor safe medicines administration. Each month completed MAR's were returned to the office and audited for gaps

and errors. We checked two MAR's held at the office and found all had been fully completed. This showed safe procedures had been followed by staff.

Staff confirmed they had been provided with training in the safe administration of medicines and had been observed to make sure they were competent. The training records checked showed all staff had undertaken medicines training. This showed safe procedures were promoted.

We checked the procedures for recruiting staff. We looked at three staff recruitment records. Each contained all the information required by legislation. They included proof of identity, an application form detailing employment history and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. Each of the four files contained two written references. We found a policy on staff recruitment was in place to support and inform these procedures.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection, twelve people received a service and eleven support workers were employed. Staff told us they had regular schedules and they were able to visit people and meet their needs in the times allowed. People receiving support told us staff stayed for the agreed length of time and visit times were at an agreed time to meet their needs. People said, "Staff are very good, never rush me", "Staff always stay the time they should, I never feel rushed" and "They always ask, is there anything else you want? That's good".

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures. People receiving support did not have any concerns about infection control. They confirmed support workers always used gloves and other appropriate protective wear. Staff said they were supplied with sufficient amount of PPE.



# Is the service effective?

## Our findings

People told us the service was reliable, they had regular staff and had never had a missed visit. This showed the service provided good continuity of care because people usually saw the same staff. Comments included, "The staff are good, they are generally on time", "I would like them at exactly the same time every morning but that doesn't happen, they are usually here within an hour time slot though", "I know which staff are coming, I have a list here telling me" and "They have never not turned up. If I have any problems I can also ring them, and someone comes straight away".

Staff told us they were provided with a regular schedule of visits, so they got to know the people they were supporting. Staff said some of time they worked alongside another support workers. Staff said their schedule allowed for travel time between visits, so they did not run late. Staff confirmed they were always introduced to the person using the service before they started supporting them. One person said, "[Named registered manager] brought a new one [staff member] with her yesterday. They were showing them the ropes and letting them meet me".

Stakeholders we contacted prior to the inspection were positive about PT Care UK Ltd, did not raise any concerns and said, "Any actions identified via contracts officer visits, are usually actioned and they always engage with the team and keep us informed".

People receiving support and their relatives told us support workers knew what support was needed and had the skills to do their jobs effectively. Comments included, "Staff seem to know what to do. They read my notes if they're not sure".

We checked the staff training matrix, which showed staff were provided with relevant training, so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as food hygiene, safe handling of medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training in dementia awareness. This meant all staff had appropriate skills and knowledge to support people.

Staff told us new staff shadowed a manager and a senior member of staff as part of the registered provider's induction procedures. Staff spoken with said they were up to date with all aspects of training.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their role. The records showed support staff had been provided with regular supervision and, where they had been employed for over a year, an annual appraisal for development and support. All the staff spoken with said they received formal supervisions and could approach the registered manager at any time for informal discussions if needed. This showed staff were appropriately supported.

People told us visit times were flexible and did not hinder or restrict access to health care. People's care plans checked held clear information on health and the staff actions required to support specific conditions. People said, "Staff always come early when I am due to go to my day centre, so they would do the same if I was going to the hospital for an appointment. I only have to tell the office and they would organise it".

The care plans checked showed people's dietary needs had been assessed and any support people required with their meals was documented.

People and their relatives spoken with said they had good communication with the registered manager and their support workers. Comments included, "The manager visits sometimes and helps the carers, they are very good" and "I can ring the office and speak with [named registered manager and provider]. If they are not there I leave a message and they always get back to me".

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.

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. The registered manager said no applications had been made.

We found policies and procedures were in place regarding the MCA, so staff had access to important information. We found the service was working within the principles of the MCA.

People told us they felt consulted and staff always asked for consent. The care plans we checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support. People said, "Staff always ask me before doing things, like what clothes I want to wear".

# Is the service caring?

## Our findings

People and their relatives told us they were happy and felt well cared for. They told us they were treated with kindness, respect and compassion. Their comments about staff included, "They are brilliant", "They seem very caring", "I love them and look forward to seeing them", "I can't fault them" and "I think they are good. I haven't a bad word to say against them".

People receiving support told us staff were always respectful and maintained their privacy. People said, "They [support workers] always make sure my curtains are drawn when they are washing me".

People and relatives told us they were involved in writing their or their family members care plan and they told us the registered manager had visited them to talk about their support needs. They told us they felt involved in all decisions about their support.

People's equality and diversity was recognised and respected. Staff told us they made sure they referred to people by their preferred names. Each care plan contained details of the person's care and support needs and how they would like to receive this. The plans gave details of people's preferences, so these could be respected by support workers. The plans also detailed what was significant to the person, including their religious and cultural needs so these could be respected.

The service had relevant policies and procedures in place to advise staff on confidentiality and data protection. All the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. People receiving support and their relatives told us their support workers never discussed anyone else they were visiting with them and confidentiality was respected. This showed people's rights were upheld.

We saw there was a system in place to make sure people's confidential information was only seen by the appropriate people and only limited information regarding visit times and people they would be visiting was sent to staff via their phones. This promoted people's privacy.

# Is the service responsive?

## Our findings

People receiving support and their relatives were aware they had a care plan and felt they were involved with their care and support. People spoken with said the registered manager had visited them in their home to discuss their care needs and agree their care plan before support was provided. People told us they had been consulted by the registered manager in subsequent reviews of their care plans. Comments included, "[Named registered manager] discussed our care with us" and "I asked for my visits to change as I didn't need the lunchtime or tea time call any more. That was written in my file".□

We found the care plans seen were detailed and contained information about the care and support identified as needed. They contained some information about the person's life history, culture, health and support needs. The plans were individual to the person. They were regularly reviewed and updated in line with the person's changing needs.

The care plans checked contained information on relevant health conditions and details of the actions required of staff to support any specific medical conditions, so that staff were aware of important information. This showed this aspect of people's individual and diverse needs were known and met.

The registered manager and all other staff we spoke with knew the people they supported well and could describe in detail their support needs, likes and dislikes. Staff were also aware of people's preferences and interests, as well as their health needs, which enabled them to provide a personalised service.

People were supported to discuss their wishes in respect of end of life care with the involvement of anyone else they wished to be present such as their family, friends or advocate.

The registered manager told us, where a person was supported with end of life care, a multi-disciplinary team of healthcare professionals would be involved and work with the service to plan care and support the person in line with the person's wishes.

People spoken with said the service was responsive to their needs. One person told us, "The staff know to visit me early on certain days because I attend day centre on those days so I need to be ready, they are good like that" and "Staff always ask if there is anything else I need before they leave, just to make sure I don't need anything else doing".

People receiving support and their relatives all said they could talk to the registered manager and staff at any time if they had any worries or concerns. People said, "I could ring the office to speak with [named registered manager and provider] if I wasn't happy, I am sure they would sort things, but I'm fine" and "I have no worries at all if I did I would speak with [named provider]".

One relative did raise some generalised concerns surrounding staff food hygiene procedures, the times staff visit and different staff visiting. With the relative's agreement we discussed these concerns with the registered manager who agreed to meet with the relative to discuss any action required to resolve their

concerns.

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service. We found copies of the 'Service User Guide' in the care files kept at people's homes. This showed people were provided with important information to promote their rights.

We saw a system was in place to respond to complaints. We checked the complaints record and found the action taken in response to any concerns and the outcome of the concerns were recorded. This showed any concerns or complaints received would be listened to and taken seriously.

Staff we spoke with said the registered manager and provider were accessible and approachable and dealt effectively with any information.

Throughout this inspection, the registered manager and provider demonstrated a responsive approach and dealt with the organisation of the inspection swiftly and effectively.

# Is the service well-led?

## Our findings

The manager was registered with CQC. There was a clear management structure including a registered manager and director of the company who had run the service since it began operating.

People using the service, their relatives, stakeholders and staff all spoke very highly of the registered manager and service.

People receiving support and their relatives told us they knew the registered manager and found them very supportive and approachable. Comments included, "[Named registered manager] is very good. She sits and talks to you, cares and gets to know you as a person" and "[named registered manager and provider] and the carers are all brilliant".

Staff were equally positive about the management of the service. There was evidence of an open and inclusive culture that reflected the values of the service. Staff said they felt valued by the registered manager. Their comments included, "100% support from the managers here", "[named manager] listens, that is so important, she helps as well, leads by example I suppose" and "This is a good place to work".

Staff told us, and records showed regular staff meetings were held to share information. All the staff said communication was excellent and they were encouraged to contribute to meetings.

The service had an out of hours on call system, so any emergencies could be dealt with. Staff confirmed there was always someone available to give advice when needed. People we spoke with said they also knew how to contact the service out of hours.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. Records seen showed the registered manager and provider undertook regular audits to make sure full procedures were followed. Those seen included audits of care plans, MARs and daily records.

As part of the quality assurance procedures, we found regular spot checks to people's homes took place to check people were being provided with relevant and appropriate support

We found the service sent out feedback forms to people to obtain and act on people's views. We discussed with the registered manager and provider how this feedback could be developed further. This included anonymising and sharing the results of surveys to all people who used the service including information on

where the service acted upon suggestions or areas for improvement that had been highlighted by people.

The registered manager and provider were very receptive to these discussions and said they would look at improving quality assurance systems.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.