

PCT Care Services Ltd

# PCT Care Services Ltd Head Office

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

### Overall summary

This inspection took place on 16 March 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be available in the office. The inspection was carried out by one inspector.

PCT Care Services Head Office provides support and care to people in their own homes across East Anglia. The agency support varies from help with bathing or washing and meal preparation, to support with activities. Support is also provided to some families.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection there was a breach of regulations for the recruitment of staff. Recruitment practices were not sufficiently robust to ensure people were protected from staff who were unsuitable for care work. At this inspection we found that improvements had been made to meet the relevant regulation.

People were safe in the service and staff knew what to do if they suspected someone was being abused. Risks to people's safety and welfare were assessed. However, where staff needed to assist them with medicines, these were not always given as the prescriber intended. There were enough staff to ensure that people were not left without support although expected schedules could not always be adhered to.

Staff did not always receive training and support to ensure they had the skills and knowledge required to support people effectively. There was a lack of training for staff in the Mental Capacity Act 2005 about supporting people who may not be able to make informed decisions about their care. Staff understood the importance of ensuring people had enough to eat and drink where this was a part of their care package.

Staff were kind to people, respecting their privacy and promoting their dignity. However, people or their relatives were not always involved in decisions about their care plans.

People's needs were assessed and care was planned that would meet each person's needs but this was not kept under regular review to see if changes were necessary. People knew who to contact to make a complaint but were not always sure about what they could expect from the provider's procedure for dealing with these.

Although people were satisfied with the quality of support they received, the systems for monitoring the quality of the service were not wholly effective in identifying where improvements were needed. Progress made was not always sustained and the views of people using and working in the service were not consistently used to drive improvements.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in April 2015. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Where the care package required staff to assist with medicines, they were not always administered in accordance with the prescriber's instructions.

Improvements had been made to recruitment practices to ensure staff were not barred from working in care services. There were enough staff to support people safely but not always to meet expected schedules.

Requires Improvement



### Is the service effective?

The service was not consistently effective.

While most experienced and regular staff could meet people's needs competently, there were gaps in training to enable them to meet more complex needs and induction training for staff who were new to care was very basic. Staff did not receive training in the Mental Capacity Act 2005 so that they were aware of their responsibilities when supporting people who may find it difficult to make decisions about their care.

Staff did not have regular assessments of their competence and skills or regular access to supervision and appraisal to support them in their work.

Staff understood the importance of ensuring that people were given enough to eat and drink where this was an expected part of their care package.

Requires Improvement



### Is the service caring?

The service was not consistently caring.

There was variable practice in involving people (or others who were important to them) in decisions about their care and what support they needed.

People's dignity and privacy was respected and they valued the kindness of their regular staff.

Requires Improvement



### Is the service responsive?

The service was not consistently responsive.

People's individual needs were assessed when they began to use the service but not regularly reassessed to see whether their individual plan of care remained appropriate for them.

People knew who to contact to make a complaint but were not all aware of the complaints process.

People's preferred interests, hobbies and social activities were assessed where support in these areas was a part of their care package.

Requires Improvement



# Summary of findings

## Is the service well-led?

The service was not consistently well-led.

Although there were some checks on the quality of the service, the provider's systems for monitoring and improving the service people received were not wholly robust and effective. They did not proactively identify where improvements could be made or how the views of people working in and using the service were taken into account in driving improvements.

Improvements that had been made were not sustained.

**Requires Improvement**



# PCT Care Services Ltd Head Office

## 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 16 March 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be available in the office. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information it contained.

We looked at information contained in 11 questionnaires completed for us by people using the service and spoke to a further four people or their family members. We reviewed the findings of three questionnaires staff returned to us and gathered information from four further staff members and the manager.

We reviewed records for eight staff and care records and medication records for four people using the service. We also looked at a sample of the provider's surveys about quality completed by people who used the service and staff working for the agency.

# Is the service safe?

## Our findings

When we inspected this service in June 2014, we found there was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because systems for the recruitment of staff were not sufficiently robust to ensure that people were protected against the risks of the provider employing unsuitable staff. The provider sent us an action plan in which they told us what action they would take and during this inspection we found that this had been completed.

A member of staff told us about the checks that were made before they started work for the agency. They confirmed they were asked for proof of their identity, to supply references and that a check on their suitability for working in care services was completed. We confirmed these checks were made within records for three recently recruited members of staff. References were taken up and checks were made to ensure staff were not barred from working in care services. The provider had introduced guidance for the recruitment of ex-offenders showing how risks would be taken into account in protecting people.

One person commented to us that they did not feel that medicines were always managed well. They told us, "I have had to challenge them several times over opinions and changes to medication. That is between me and my doctor." The manager told us in their information return that there had been five errors in medicines. They said that they intended to reduce this risk by contacting pharmacies to ensure medicines were dispensed using a consistent system. We discussed this with the manager as many people using the service were living in rural areas and potentially using dispensing GP practices rather than local pharmacies. This meant that it was unlikely the proposed change would be achievable and that staff training therefore needed to ensure they were competent to administer medicines from whichever system each person was using.

We identified concerns with the administration of medicines because staff were not always supporting people to take their medicines as prescribed. For example, one person had been prescribed a course of antibiotics on 25 November 2014 for administration three times daily for a week. It is important that such medicines are taken regularly to ensure they are effective in treating infection and the risk of developing resistance to the medicine is

minimised. We found that all the 21 tablets had been given based on 21 signatures. However, there were omissions from the chart for two lunch time doses so on those days the person may only have had two of the three tablets they had been prescribed.

We found that staff did complete training in the administration of medicines as part of their induction and staff told us their training covered the use of medication administration record (MAR) charts. However, there was no information within the training records to show that newer staff had completed the detailed workbook that was available. The workbook had been completed by two more experienced workers and showed that their awareness of safe practices for administering medicines had been explored in more depth. The manager and another member of staff told us that it had not been possible to do spot checks on the competence of staff for some time.

All of the people completing our surveys or spoken with, said that they felt safe and protected from harm by the care staff who came to them. One person told us, "I feel very safe with them. It's a very good service." Staff told us they knew what to look for that might lead them to suspect someone was being abused and were clear about their obligations to report any concerns. A staff member in post for just over a year told us how they were well aware of their obligations to report any concerns about the way someone was being treated. They told us, "I see whistle-blowing as a necessity in this job as without it, clients may not feel safe and I would not feel professional or at all happy if something wrong was happening - that is not putting the client's needs first."

The manager gave us examples of when concerns about people's safety or protection from abuse had been referred to the safeguarding team and confirmed that they had cooperated with them when this was needed.

One family member of someone using the service said that staff used equipment safely to aid the person in moving and transferring, for example from their bed to chair. A staff member told us, "Risks for their [people's] safety and health are covered in their care plan." We found that people's plans of care included assessments of risks identified for them as individuals and for staff in respect of working with people in their own homes. These set out how risks were to be managed and minimised where possible. This information was also contained within the care records in people's own homes.

## Is the service safe?

Staff confirmed that they had training in first aid so that they could support someone safely in an emergency and we saw this in a sample of records. One staff member told us, “I had training when I first started and also when I worked with more experienced staff about what to do in emergencies.” In addition, people using the service told us that they had a telephone number for contacting the agency person ‘on call’ if there was an emergency after hours. We observed that this was prominently displayed for people on the front of folders in their homes.

People spoken with told us that staff had never missed calls. One person told us, “They are always apologetic if they’re late.” The person told us they could not remember

having missed any calls but did say there was one occasion when the carer was very late. Nine out of ten people who answered the question in our survey said that their support workers arrived on time. Only one person felt that staff weren’t able to complete the tasks they needed to do and “... cut corners just to try and be on time.” Two out of three staff told us their schedules allowed them to get from one person to another and to stay for the required time. One went on to say that calls were never missed even if staff were late. They said, “There is always someone there.” We concluded that there were enough staff to support people safely although expected schedules could not always be met in accordance with the care package.

# Is the service effective?

## Our findings

Nine out of 11 people who used the service and completed surveys for us were largely satisfied that longer standing and regular carers were competent to meet their needs. However, we received additional comments from people that staff who were less experienced sometimes did not know how they were to meet people's needs when they were completing visits. For example, one person told us how a staff member had turned up and rushed through everything without properly checking what was needed. They said, "I had to tell them what needed doing." They felt that sometimes new staff were not sure and needed more training or shadowing and were sent out to work with people before they were properly competent and confident.

Two people we spoke with said that no one from the office had been out to check the competence of the staff supporting them. One person commented in our survey, "New staff are given little training; they do not have the knowledge to do what is best for a patient." Another person told us that although they were generally satisfied with the standard of care, "Most staff do not know how to change a colostomy bag."

We found that not all the staff providing regular visits to the person had evidence of this training in their records. This supported the concerns that the person who used the service raised and a comment made in the provider's staff survey where there was a comment from a staff member that they felt they needed more specialist training, for example in dementia awareness and stoma care.

Two staff told us that they felt their induction training was sufficient for them to meet people's needs. However, another staff member said that they felt the induction programme was "...OK if you have had previous care experience but in my opinion, very short and very basic." One commented that they felt that induction for new and inexperienced staff was "...woeful." Two of the three staff who completed our survey said that they did not feel their induction had equipped them for their roles and they did not get the training they needed to enable them to meet people's needs, choices and preferences.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS)

and to report on what we find. The DoLS are a code of practice to supplement the main MCA Code of Practice. Staff had not all completed training to understand their responsibilities under the MCA. Two staff completing our surveys told us this was not the case although another staff member told us that they were covering this while working towards completing a qualification in care. The provider's information return showed that, despite 22 staff joining the agency in the previous 12 months, only one staff member had completed training in the MCA and DoLS. This presented a risk that staff would not be aware of their obligations and responsibilities when supporting people who had difficulties making informed decisions and choices about their care.

Some staff told us that the manager was accessible for support and advice if this was necessary. One went on to say that they had received supervision and appraisal. However, practice was variable. The provider's own survey of staff completed in November 2014 did not show that all staff felt well supported. The manager and a senior member of staff told us that it had not been possible to sustain the programme of supervision, appraisal and spot checks on competence as allocated staff had been withdrawn for other duties. Two out of three staff responding to our surveys said they did not receive supervision and appraisal to enhance their skills and learning so that they could meet people's needs effectively. We found that some staff members had received no supervision or spot check on their competence for over a year. We told the provider about concerns in this area at our inspection in 2013 but the improvements found when we followed this up had not been sustained at this inspection.

Staff were not properly supported by means of training, supervision and appraisal, to meet people's needs effectively. **This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People who used the service were living in their own homes or with family. There was no indication that the agency had acted in a way that meant people who used the service had their rights infringed under the DoLS. The agency had not needed to make applications to the Court of Protection to protect people's rights and safety.



## Is the service effective?

Some people's care packages required that staff assisted them with meal preparation and with drinks. Staff showed that they were aware of the importance of ensuring that people were always offered food and drink in line with their plans of care, that it was left within reach where appropriate. For example, a staff member commented, "We are expected to make sure they have a drink, or at least ask if they would like one (simple human needs that shouldn't go amiss). We will be concerned if a client seems thirsty

when they drink or it hasn't been recorded that they have had a drink. I would report it to on-call." Where staff had assisted people with their meals, this was reflected in their daily notes.

For most people who used the service, staff were not routinely involved in decisions about people's healthcare and whether they needed to see their doctor or other health professional. However, staff did tell us that they would report to the office, on call person from PCT Care, the person's GP or emergency services if they arrived to deliver care and found that someone was unwell.

# Is the service caring?

## Our findings

The majority of people who responded to our survey told us they were involved in decision making about their needs. However, six of them they said they were unsure that the agency would involve people they chose to support them with important decisions. People we spoke with were not familiar with what was in their care plans although they were accessible to them within files kept at their home. One person said, "I never look at it." They said that no one had discussed it with them or involved them in reviewing it since it was set up in 2013. Another person's family member told us, "We've had no real involvement and participation in care plan development. I don't really know what's in it." We concluded that the practice of involving people, with their relatives if appropriate, in decisions about care was variable.

People told us that they felt their regular care staff had developed good relationships with them. One person commented in a letter to the agency that their relative had looked on some of the staff as more like friends. Everyone who completed a survey for us confirmed that staff were caring and kind.

People spoke highly of their regular staff members and said that most of the time they knew if there was to be a change and a different staff member was coming. This information was shared with them on a duty roster. They told us they were sent one of these each week so that they knew who to expect whether this was a regular staff member or someone they had not met before.

People spoken with also told us that staff did not look at their plans of care to see what was needed at each visit, but they felt that regular staff knew what was needed. They told us that staff did ask what they needed doing and checked whether there was anything else they could assist with before they left at the end of their visit. They also said that staff always explained what they were doing and asked if it was okay to proceed.

People completing surveys for us said that staff treated them with respect and dignity. One person told us that, although staff let themselves into their home, they always knocked and announced themselves. Two people spoken with said that they sometimes looked at the daily notes staff made and had no concerns about the language used within their records; they felt this was appropriate and respectful.

Staff were able to give us examples of how they promoted people's privacy and dignity when they were assisting them with personal care. They told us how they would ensure the person was comfortable, check what they wished to do for themselves, and make sure they were appropriately covered when they assisted them with washing. For example, one staff member said, "I always close the curtains when washing/dressing people. Always stand/kneel at eye level to show that they are equal to me."

People completing surveys for us told us that the care and support they received from the agency helped them to be as independent as they could be. One person gave us an example of this and what they could do for themselves if staff provided minimal assistance to help them undress.

# Is the service responsive?

## Our findings

Staff told us that they felt the care plans gave them enough information about people's needs and preferences and how people wanted their needs to be met. However, two people spoken with told us that staff did not refer to their care plans when they came for their visits and sometimes they needed to tell new staff what support they required. One person commented in our survey about staff who were new to them saying, "They copy what other carers do and do not study the Health criteria of individuals care plans." This presented a potential risk that some people's needs could be overlooked, particularly if they had communication, mental health or cognitive difficulties which made it difficult for them to explain how staff should support them.

People's needs were assessed when they started using the agency with guidance for staff about how to meet them. However, one person had a care plan in place within their home which had not been updated since September 2013 and they told us that they could not remember this ever being changed. This was despite the date in the plan showing that it was due for review in September 2014, a year after it had been compiled. They told us that they could tell staff what they needed doing if staff were unsure what support they needed.

We found from discussions with the manager, a senior member of staff, visits to people and records we checked, that reviews did not take place regularly to make sure that plans of care reflected people's current care needs. This was despite the provider's information return stating that care plans were reviewed every six months. A member of

staff told us, "They [people using the service] can call the office anytime if there is an issue or they'd like to make a change. The clients can always talk to a carer and ask them to pass on a message." However, the service was supporting some people with communication difficulties for whom it would be a problem to request changes to their plans in that way.

Our discussions with the manager and a senior member of staff showed that people's preferences for activities and hobbies were noted and reflected in care plans where appropriate. This was where social support in local communities was part of the care package commissioned for people. This meant that staff had underpinning guidance about what was important to the person and how they liked to spend their time.

Ten out of 11 people who responded in our surveys said that they knew how to make a complaint about the agency if they needed to. Only one person completing the survey did not know and two were not sure that the manager or staff responded well to any complaints they made.

A person we spoke with told us that they did not know what the complaints procedure was but would raise concerns, if they had any, directly with the manager. They told us that they had done this in the past and the manager had acted to resolve the issue. We did find that the complaints procedure was included for the person within their care file but this was towards the back of their folder and they told us they had not known the information was there. However, their file displayed the telephone number for the office and also for the 'on call' mobile telephone prominently on the front and they told us that they would have no problem using this.

# Is the service well-led?

## Our findings

We received conflicting views from our surveys and discussions about leadership within the service. This included information about how staff and people using the agency were encouraged and empowered to express their views and how improvements to service quality were made when these were needed.

We found from the provider's survey of people using the agency that the majority of respondents viewed the service as "good" or "very good" overall. None of the 40 respondents indicated it was poor. The majority of people we contacted confirmed that they were asked about the quality of the service. However, two people spoken with and one of the 11 people completing our survey told us that they had not been asked what they thought of the service and whether it could be improved. For example, one person told us that they had no contact to ask about the quality of the service since starting to use the agency about a year and a half before this inspection.

Staff commenting to us after the inspection told us that they felt that the manager was supportive, available for advice and resolved issues quickly. However, two of the three staff who responded to our survey before the inspection felt that the agency office staff were not accessible to deal constructively with the issues they raised. One further staff member who contacted us raised concerns about the lack of support. The provider's own survey of staff showed that half of the respondents felt they were valued and supported but half did not. There were comments on these surveys that staff did not feel they got enough support, did not feel part of a team and did not feel valued by office staff or management. The manager could not show us a review of the findings to show how what action would be taken to make improvements.

We reviewed notes from a staff meeting which reflected that concerns about practice were discussed with the staff group attending rather than with individuals who were not performing well. The manager informed us that two senior staff had been allocated to complete spot checks and to offer supervision and support for individual staff. They went on to say that this had stopped and those senior staff had been allocated other duties and checks on the quality of staff members' work were not taking place. There was a lack of evidence staff were given constructive feedback or advice to ensure they understood the provider's

expectations of their roles and attitudes before disciplinary processes were identified as needed. The improvement in supervision and support to staff made after a breach of regulation was identified at our inspection in October 2013 had not been effectively sustained.

At past inspections we have found that the provider was actively involved in supporting the staff working in the office and the manager. They were regularly present and knew most of the people being supported. We formed a view from discussions with staff and a review of their surveys that this had not continued to be the case and morale was not as good as it had previously been. There were no records in the manager's staff file to indicate any formal supervision with the provider. We followed this up with the manager who said they did not receive supervision. There was no evidence of discussion about any action plan arising from feedback in surveys. The manager had no job description clearly setting out how the provider expected her to fulfil her role.

We know from discussions with the manager at this and previous inspections that the agency does not take on any contracts that are for visits lasting less than half an hour. They said they did not consider that good quality care could be delivered within a 15 minute visit. Nine of the 11 people completing a survey for us said that staff stayed for the agreed amount of time but two people said this was not the case. Many people did not reply to the agency's own survey question about whether staff always stayed for the full amount of time. Of those who did, six people said staff "almost always" or "usually" stayed for the full amount of time. There was no indication of whether this had been explored with people to see whether improvements were needed. This was despite the agency's own staff surveys also identifying that travel time was often a problem and meant they had to rush visits.

The information the provider sent to us before our inspection stated that the service completed "...six monthly reviews also as and when required reviews. Twice yearly we send all of our clients a Service Monitoring Form." This did not reflect an accurate picture of what we found, for example, one person's care plan had not been reviewed with them for approximately 16 months despite what the provider had told us and some people said they had not been asked about the quality of the service.

We found that the provider had a policy for ensuring that staff signed to say they had read and understood the 'lone

## Is the service well-led?

working' guidance, covering arrangements for their safety. There was no indication that staff had signed the information as the provider intended, or that this had been followed up with employees. Two of the three staff completing a survey for us said that they were aware the agency had a policy for this, but one was not. A further staff member spoken with told us how they had not been aware of the guidance until there was a problem. They told us it was on a disk that staff were given but we found no indication there were any checks to ensure staff were aware of how to minimise risks to themselves.

The manager told us that they audited medication records when charts used in people's homes were completed and taken to the office for filing. However, the audits had not been sufficiently robust to identify where there were concerns for either the consistency of record keeping or staff competence to administer medicines which needed to be addressed. For example, we reviewed the medication administration record (MAR) charts for one person who was prescribed significant numbers of medicines which their care plan said staff needed to prepare and administer. These indicated that either staff were not always administering medicines safely and as intended, or they were not recording administration accurately. Four entries in the short period of time from 24 to 29 January 2015 were coded as "X" which the MAR chart showed meant it was not

given. For two out of four of these entries we found daily notes indicated that their medicines had been given, conflicting with the chart. Also on 29 January 2015 there was a blank on the MAR chart where the medicine was not signed for or coded but daily notes indicated "meds taken."

We found that the one person's records for 18 January 2015 recorded that the person was fine on arrival but contained nothing about the care delivered and the remaining quarter of the page was blank. For the same person their daily records for 13 February 2015 recorded a bruise on their buttock "...where he slumped down on the commode two nights ago." There was no reference to any such incident within their daily records for the previous five days and nothing indicating an investigation into the circumstances surrounding the bruising to see whether any assessments of risk to the person should be revised.

The provider's arrangements for monitoring, assessing and improving the quality and safety of the service were not sufficiently robust and did not have regard for record keeping practices. **This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010. This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

### Regulation

Personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not receive the necessary support, training, supervision and appraisal to carry out their duties.

Regulation 18(2)(a)

### Regulated activity

### Regulation

Personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not effectively operate processes for assessing and monitoring the quality of the service and acting on feedback obtained to ensure practice was improved. Records were not accurate and complete.

Regulation 17(2)(a) to (f)