

Caring Personal Assistants Ltd

Caring Personal Assistants Ltd - Head Office

Inspection report

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14 September 2017

15 September 2017

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on 13, 14 and 15 September 2017. This inspection was announced, which meant the registered provider was given 48 hours' notice of our inspection visit. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us. This was our first inspection of the service.

Caring Personal Assistants Ltd is a domiciliary care agency providing the regulated activity of personal care to people in their own homes. Care staff are employed as personal assistants to provide a combination of practical and personal care, as well as general day to day assistance both within the person's own home and during any outings and activities. At the time of this inspection Caring Personal Assistants Ltd was supporting six people.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

People and their relatives were overwhelmingly positive about the service they received. One person told us, "They have taken all the stress away allowing me to do what I want to do."

Safe recruitment procedures were not always being followed.

Staff told us they received regular supervisions and yearly appraisals to support them to carry out their jobs effectively. However, there was very little, if any evidence of these taking place on the staff personnel records we looked at. We have made a recommendation to the nominated individual and registered manager about this.

Not all staff were aware of the principles of the Mental Capacity Act 2005. However, they were clear on the importance of involving people in decision making. Staff were in the process of undertaking eLearning in this subject area.

The service had a number of quality assurance tools they used. Not all sections were relevant to the service they provided and the nominated individual and registered manager told us they were adapting and editing these tools as they had recently started using them.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

All staff we spoke with understood what it meant to protect people from abuse and what actions to take if they suspected someone was being abused.

The care records we looked at included risk assessments, which identified any risks to the person. They had been devised to help minimise and monitor the risks, while promoting the person's independence as far as possible.

The service employed enough staff to ensure people's needs were met. The service did not use agency staff.

Procedures were in place to make sure people received their medicines as prescribed.

People were supported to access a wide range of health and social care professionals to help maintain their health and wellbeing.

Positive and supportive relationships had been developed between people, their relatives, and staff. People told us they were treated with dignity and respect.

People received personalised care. Care records reflected people's current needs and preferences. We saw these were regularly reviewed with the person and their relatives.

The service had a complaints and compliments policy and procedure in place and people were aware of how to make a complaint if they needed to. There had been no formal complaints recorded at the service at the time of the inspection. People and their relatives confirmed they had no reason to complain.

Staff told us they felt supported by the nominated individual (a member of staff acting on behalf of the registered provider) and registered manager and were comfortable raising any concerns or queries.

During our inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to fit and proper persons employed. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Safe staff recruitment procedures were not fully adhered to.

Risks to people had been identified and plans put in place to keep these risks to a minimum.

We found systems were in place to make sure people received their medicines safely and were protected from harm.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff told us they received regular supervisions and appraisals. However, these were not always recorded as taking place on staff personnel files.

Staff we spoke with were not fully aware of the principles of the Mental Capacity Act (MCA). However, they were all clear on the importance of involving people in making decisions.

People were supported to eat and drink to maintain a balanced diet. People were supported to maintain good health and have access to health and social care services.

Is the service caring?

Good ●

The service was caring.

Staff spoke passionately about the people they supported. They knew people's preferences and were keen to support people to be as independent as possible.

The nominated individual, registered manager and staff were committed to providing a caring and compassionate service. This was confirmed in our conversations with people and their relatives.

Is the service responsive?

Good ●

The service was responsive.

People's care records were person-centred, up to date, and regularly reviewed. They reflected the person's current health and social care needs.

There was a comprehensive complaints and compliments policy and procedure. Feedback on the service was encouraged.

Is the service well-led?

The service was not always well-led.

People, their relatives, and care workers staff told us the nominated individual and registered manager were approachable and supportive.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

The service had a number of quality assurance tools they used. Not all sections were relevant to the service they provided and the nominated individual and registered manager told us they were adapting and editing these tools as they had recently started using them.

Requires Improvement ●

Caring Personal Assistants 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 13, 14 and 15 September 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a very small domiciliary care service and we needed to be sure that someone would be available to meet with us.

The inspection was carried out by one adult social care inspector. Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help with the planning for this inspection and to support our judgements.

Prior to the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury.

We also contacted commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we visited two people at home with their relatives to gain their views on the service they received. We spoke to another two relatives over the telephone. We spoke with the registered manager,

the nominated individual and two members of care staff. We spent time looking at written records, which included six people's care records, four staff files and other records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt the service they received was safe. Comments included, "Managers pop round to make sure things are going well" and "I know there is someone there who I can trust and has [name of relative] best interests at heart."

We looked at four staff personnel files to check they contained all the information required to evidence the service followed safe recruitment practices. If successful there should be evidence to confirm suitability in previous relevant employment, photographic identity, and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helps to ensure people employed are of good character.

One care staff DBS had recorded a criminal conviction. There was no evidence of a risk assessment considering this information and any possible impact on people receiving a service. Two of the files we looked at only held one reference. In both cases these were personal references and not to confirm suitability in previous relevant employment. This meant safe recruitment procedures were not being followed and this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 19, Fit and proper persons employed.

The amount of care a person needed to support them to live at home was assessed by the local authority or clinical commissioning group. This gave the person an amount of money available to spend on their care and support needs. All six people currently in receipt of a service from Caring Personal Assistants Ltd had personally chosen them to provide them with personal assistants. The nominated individual told us and people confirmed they received care and support in blocks of time. This meant care staff stayed with the person for a set period of time rather than having to support a number of different people in a short space of time. A relative told us, "We have never had a missed call. [Staff] don't rush off. They always stay and do what they need to do." Their relative had been receiving a service from Caring Personal Assistants for over 18 months.

The nominated individual and registered manager told us they would take action if they felt additional hours were needed to safely support a person. The registered manager told us they were planning to approach the relevant local authority for additional funding for additional hours for one person as they felt their support needs had increased. In preparation for this they had met with other professionals involved with the person's care and support needs to gather written evidence as to why the increase was needed. This would then be shared with the local authority.

The nominated individual told us the service did not use agency staff and part time staff took on extra hours to cover if any of their colleagues were sick or unexpectedly absent from work. Both the nominated individual and registered manager had completed all mandatory training and had up to date DBS checks so they would step in if no care staff were available. The wider staff team were all aware of every person's care and support needs in case they were asked to cover at the last minute. This meant no one had missed a call and they were always supported by a member of care staff they knew.

We spoke with staff about safeguarding adults from abuse and how they would protect people from harm. The nominated individual and registered manager told us all care staff were in the process of completing safeguarding eLearning training. Care staff we spoke with confirmed this. The service had an up to date safeguarding adults policy and procedure. Staff we spoke with were able to tell us how they would recognise abuse and what they would do if they suspected abuse had taken place. Staff told us they were confident any safeguarding concerns they raised would be acted upon and taken seriously by management. This meant procedures were followed to keep people safe.

The service was not responsible for managing anyone's finances. However, some people did require support to physically access their money from their bank or a cash machine. On occasion care staff would also undertake small amounts of shopping for people. We saw any financial transactions were clearly recorded on the person's care record alongside any receipts. One person told us, "[Finances] were spot on every time." We saw the records were up to date and regularly audited by the nominated individual or registered manager. This meant people were protected from financial abuse.

We saw people's care records contained risk assessments. These identified a wide range of possible risks to people living in their own homes. For example, finances and personal care. We saw there was the same risk assessment book in everyone's care records; however these were completed differently for each person dependent on their specific health and social care needs, and living arrangements. Where a level of risk was identified we saw actions were recorded to reduce the risk. Where there were additional risks identified that weren't covered by the book we saw these were assessed separately. For example, one person's assessment identified they were at risk of choking. This risk had been separately recorded alongside what to do if the person were to start choking and how best to try and prevent this happening in the first place. Initially the risk had been assessed as highly likely to happen with a high impact to the person's health and wellbeing. By listening to the person and their relatives and learning from them the best techniques to support the person this risk had recently been reassessed as low.

We checked whether people were given their prescribed medicines at the right time. The service had an up to date medicines policy and procedure. Staff we spoke with told us they received training in supporting people with their medicines and their competencies in this area were regularly observed by the nominated individual or registered manager to make sure they had the necessary skills to manage medicines safely.

At the time of the inspection three people had been assessed as requiring support to manage their medicines. We looked at the Medication Administration Record (MAR) charts for one person. Medicines were delivered by the person's pharmacy already dispensed into a monitored dosage system rather than the original bottles and packaging. Care staff were expected to sign the person's MAR chart to confirm they had given the person their medicines or record a reason why not. We found two gaps in this person's MAR chart for the previous month where the member of care staff had not signed the MAR chart. The person's relative explained they were aware of one of these gaps and the member of staff had told them they had forgotten to sign the MAR chart. They had signed for all other medicines dispensed that day so it is possible it was an administrative error.

We spoke to the nominated individual and registered manager about this. They told us they regularly audited MAR charts. This was done every three months when the MAR charts were returned to the office to be archived and also every month when they visited the person at home. We saw evidence of these audits taking place on people's care records. We were told if there were any concerns identified as a result they would be discussed with the member of staff concerned and re training in medicines management could be a possible action.

Some people required PRN medicines, which means medicines that can be taken as and when required. For example, medicines for pain relief. We saw on people's care records there was clear information for staff on how to support a person to take these medicines when needed. This meant people were given the right medicines at the right time.

Is the service effective?

Our findings

Care staff we spoke with told us they had an induction to their job. This included meeting with people who used the service and their relatives, reading their care records, and shadowing more experienced staff before working on their own. All staff were expected to undertake mandatory training. Mandatory training is training the registered provider thinks is necessary to support people safely. Staff told us this included: understanding safeguarding, medicines management, person-centred care, and safe manual handling techniques. The nominated individual told us all staff were currently enrolled on 22 mandatory eLearning courses. In addition, we were told the registered manager was a qualified trainer in safe moving and handling techniques so could provide this training directly to care staff.

Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is usually an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We were told by the nominated individual supervision should take place four times a year and an appraisal six months after starting employment and yearly thereafter. Staff we spoke with told us they had regular supervisions and appraisals. They spoke highly of the management support they received. One member of care staff told us, "[Name of nominated individual and registered manager] are very supportive, we can go to them with any questions."

None of the staff personnel files we looked at held records of supervisions or appraisals taking place as often as they should. Two of the four files did not hold any records relating to supervision or appraisals. We spoke to the nominated individual and register manager about this. They explained they were only just in the process of formalising and recording supervisions and appraisals. From talking to people, their relatives and staff it was clear care staff were aware of their roles and responsibilities and had the relevant skills, knowledge, and experience to support people. However, we recommend the service considers ways to accurately record the content and frequency of supervisions and appraisals.

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. For people living in their own home, this would be authorised via an application to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We saw every person's care record contained a consent to care document that was signed and dated by the person or their representative. All staff were in the process of completing mental capacity eLearning training. Staff we spoke with were not able to tell us what the principles of the MCA were. However, they were all clear on what this meant in practice citing the importance of involving people in making decisions.

Some people who used the service from Caring Personal Assistants Ltd had been assessed as needing

support to eat and drink. This could involve care staff preparing meals for people, physically supporting them to eat or drink, and monitoring people's fluid and food intake to ensure they maintained a healthy weight. Everyone we spoke with who needed this type of support told us they were satisfied with the care they received and it reflected their needs and preferences as described in their care record. A relative told us the care staff always gave their relative choices at mealtimes.

Care records showed that people had access to a wide range of health and social care professionals. We saw notes from meetings where staff at Caring Personal Assistants Ltd were part of the wider reviews of people's health and social needs undertaken by health and social services. People and their relatives told us all the staff monitored their health needs and they assisted them to access the appropriate health and social care support, as and when required. For example, one person had experienced a serious fall away from home and the registered manager had supported their relative to get the additional care and equipment required. The relative had taken the time to compliment the service directly. They wrote, "[Name of relative] was sent home from hospital with no equipment to help us. Caring Personal Assistants Ltd made numerous telephone calls to get the right equipment into our home and took away the stress from me."

Is the service caring?

Our findings

People and their relatives were overwhelmingly positive about the service they received. Comments from relatives included, "[We are] delighted with the service. It's life changing, [Name of relative] is living their life again" and "[All the staff] are very attentive to both [Name of relative] and me."

One person had taken time to compliment the service directly. They had written, "I have been living independently for [number of] years with varying degrees of success. Since becoming a service user of Caring Personal Assistants Ltd (CPA) independent living has become a lot easier. I wish to make it known how highly satisfied I am; not only with the high standard of CPA's service, but also with the quality of the personal assistants they employ."

Everyone we spoke with had past experiences of using other health and social care providers and/or had tried to directly employ personal assistants themselves. They told us of the frustrations they had experienced including missed calls, multiple care staff coming into their homes and rushed calls. Everyone told us their experience of using Caring Personal Assistants Ltd was a refreshing change and more than one person told us they felt they had got their life back. People told us they could now focus on living their lives as independently as possible rather than worrying about the care they received. A relative told us they now enjoyed a normal sibling relationship with their relative. They could now chat, laugh, and enjoy doing things together where previously time was taken up trying to sort out their care package. This had clearly had a profoundly positive impact on the siblings and it was a joy to hear Caring Personal Assistants Ltd had enabled this to happen.

People had a small group of regular care staff; we were told by the nominated individual they tried to ensure this was no more than five members of staff. This worked well as people and their relatives were able to tell us they always knew in advance which member of care staff was coming to support them. The nominated individual told us they and the registered manager met with new people considering the service to complete a comprehensive assessment of the person's health and social care needs. This included identifying the person's care and support needs as well as their likes and dislikes. They then aimed to match them with care staff with similar interests and values. We were told by the nominated individual that care staff were always initially placed on a trial placement with people to see if they could work together. People we spoke with and care staff themselves confirmed this was the case. The nominated individual and registered manager actively sought feedback on how this went and if people didn't get on with the member of care staff for whatever reason they did not go back. In one case we were told this had resulted in a member of care staff's employment not continuing as they didn't match with the needs and aspirations of any current people using the service.

People's care records were readily available in their homes and gave detailed information on what was expected of care staff during their visits to achieve the person's desired outcomes. These were accompanied by checklists to tick off when practical tasks needed to be completed, such as mopping floors and cleaning equipment. People and their relatives told us when care staff were providing support they did this in the least restrictive way possible to enable the person to be as independent as possible. For example, when

supporting someone to shave care staff would guide the person to do as much as possible for themselves.

We saw the service's statement of purpose and employee handbook had a strong emphasis on promoting people's dignity, independence, and individuality. Every member of staff we spoke with, including the nominated individual and registered manager knew everyone and their relatives. They spoke respectfully about the people they supported and clearly knew them and their likes and dislikes very well. Staff we spoke with understood what it meant to treat people with dignity and respect. People we spoke with confirmed they were respected.

The nominated individual and registered manager were developing their IT systems to become as paperless as possible and to be able to communicate with people in a way that suited them best. For example, one person wanted to use texts and emails to communicate with the nominated individual and registered manager because they found it difficult to communicate verbally. This was facilitated by the service and we were told they were looking to further develop this so any letters could be scanned and sent via email rather than post. The nominated individual and registered manager told us they were also looking to replace the current paper system with electronic communication logs. Both people and staff were very responsive to this and keen for this to be developed further.

Is the service responsive?

Our findings

We looked at everyone's care records. There was a copy locked in the office and one in the person's home. We saw they contained a support plan which gave details of the times of calls, what support the person required during this time and what the aim of the support was. For example, to promote a person's independence as far as possible. This meant enabling people to be involved in meeting their own needs wherever possible. We saw this was clearly documented in respect of all areas of daily living. Care records also contained a personal statement if the person wanted to complete this. This gave care staff a personal account of why the person needed support, their social history and likes and dislikes.

Care records contained written evidence of regular reviews taking place. We saw these reviews involved people and their relatives where appropriate. Regular reviews meant people's care records were kept up to date and were reflective of the person's current situation.

People were supported and encouraged to undertake different activities and maintain their social relationships. A member of care staff told us of one occasion where they were happy to change their day off so they could support a person to visit their partner. A person told us they were able to ring the office to change the times of their calls if they wanted a lie-in or had to be up early to attend an event.

Relatives also told us the service was very responsive to their relative's needs. Comments included, "Caring Personal Assistants Ltd is much more tailored to [person's] wants and needs." Two different relatives told us care staff took time to encourage their relative to do things they may have previously declined, "[Care staff] are very persuasive and they do all sorts of things with [name of relative] at home and they take them out. They vary where they go."

People were clear about who they needed to talk to if they had any problems or difficulties. However, people and their relatives told us they had never had any reason to complain. Comments included, "Managers make good contact to check things are going well," "I have never had a complaint but I would speak to [names of nominated individual and registered manager] if I did" and "It's nice to be able to pick up the phone and talk to someone straight away."

We saw the service had an up to date complaints and compliments policy and procedure. This gave people details of who to complain to and who to contact if they weren't satisfied with the initial response. We saw there was information on how to complain held in each person's care record in their home. This included copies of blank forms that could be completed if a person or their relatives had a complaint or compliment about the service.

Is the service well-led?

Our findings

The service began operating over two years ago and was set up by the current nominated individual and registered manager. The nominated individual and registered manager told us they worked together to manage the service. Comments from people, their relatives, and care staff were positive, without exception. A relative told us, "I telephone [name of nominated individual or name of registered manager] if plans change and they deal with it quickly and efficiently."

A member of care staff said, "They are very approachable managers who go the extra mile to help people." Prior to this inspection we gained feedback from a social worker who was keen to tell us, "They are very dedicated managers. I can't praise them enough. I can rely on them 100%."

It was evident from our conversations with the nominated individual, registered manager, staff, people and their relatives there was a strong emphasis on clear communication in order to make sure people's needs were met in the way people wanted and at the time they needed it. This meant the service had an open and honest culture where people, their relatives, and staff felt able to contact the managers with any queries and knew they would be responded to in a timely and effective way. Conversely the managers told us they regularly spoke with people, their relatives and staff to make sure everyone was satisfied with the service.

We asked if people, their relatives and staff who worked at Caring Personal Assistants Ltd were asked for their views on the service provided and given any opportunities to make suggestions for improvements. At the time of our inspection the service did not have any staff team meetings or meetings with people and their relatives planned. We were told this was because their previous office did not have any appropriate meeting space and it was difficult to find a time when the majority of people who used the service and staff would be available. Having recently moved into new premises the nominated individual told us they were hoping to set up meetings with people who use the service. He felt this would be a good opportunity for people to share experiences and find out about local services. The nominated individual told us they were able to communicate with staff through supervisions and at visits to people's home. They also used group email to update all staff on any changes or developments.

We saw a feedback form had just been introduced and very recently sent out to some people. It was therefore too early to see any analysis of the responses. However, it meant people were being asked for their views on the service and any areas for improvement.

The service had a comprehensive set of policies and procedures covering all aspects of service delivery for people, their relatives, and staff. This included policies pertaining to human resources and care management. These had all been supplied by a private care company. We saw they were regularly reviewed and updated accordingly to make sure they represented the most up to date legislation and good practice guidance. All staff had access to the most recent versions online on their smart phones. A member of care staff was able to demonstrate this for us on their phone.

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. The service had a number of quality assurance tools they used that were comprehensive and far reaching. Not all sections were relevant to the service they provided and the nominated individual and registered manager told us they were adapting and editing these tools as they used them. We saw quality audits had been completed recently on people's care records. These included sections on the safety of people's premises and people's views on the service they received. The majority of answers recorded were positive and as a result very few action points were identified. Where actions were identified this was more about developing and improving the service rather rectifying a problem. Our conversations with people and their relatives verified this was the case.

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 there had not been any need to submit any notifications to date. This is not unusual for a fairly new service supporting a small number of people.

At the time of our inspection it was clear this was a small service with caring and compassionate managers and staff committed to providing a responsive and person-centred service. Feedback from people, their relatives, and other professionals overwhelmingly confirmed this was the case. However formal recording, auditing and quality assurance procedures had only been recently introduced and further developments were required in order for this service to be rated as good overall.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Information specified in schedule 3 was not available in relation to each person employed.