

Patience Care Solutions 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

About the service

Patience Care Solutions Ltd is a domiciliary care service providing care and support to people living in their own homes in the Penistone and North Sheffield area. At the time of our inspection there were 25 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and their relatives told us they felt safe using the service. There were enough staff available to meet people's needs. People and their relatives told us staff arrived at the scheduled time and stayed for the specified period. The service had a robust recruitment process to ensure suitable staff were employed. People were supported to take their medicines safely. Staff followed the correct infection control practices.

People's needs were assessed before they started using the service and the information was used to inform person-centred risk assessments and care plans. New staff received a comprehensive induction programme and all staff had completed a range of training which gave them the skills and knowledge to care for people in their own homes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives spoke highly of the care provided by Patience Care Solutions Ltd. They told us they were cared for and supported by kind and considerate staff. Staff knew how to maintain people's dignity and privacy and promote their independence.

The service was well managed. The registered manager was knowledgeable and enthusiastic about the service. Governance systems were in place to ensure all aspects of the service were reviewed and checked regularly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 11 December 2020. This was the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Patience Care Solutions Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 July 2022 and ended on 7 July 2022. We visited the location's office on 4 July 2022 and made telephone calls to people and relatives on 4 July 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke over the telephone with five people who used the service and four relatives. We emailed six staff to ask a range of questions. We spoke with three staff in person and the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We visited the office location to review written records. We looked at three people's care records. We checked records relating to the management of the service including policies and procedures and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The service had safeguarding procedures in place to report concerns to the relevant professionals including the local authority and the CQC.
- People told us they felt safe. People said, "I know the carers well, I feel safe with them, they are good to me," "They make me feel so safe as they look after me well" and "They all make me feel safe as I tend to worry, and they chat to me, they understand." A relative said, "I feel that my (named relative) is safe with the carers, they do a very good job with them, they talk to them and reassure them."
- Staff had completed training in safeguarding. Staff we spoke with knew how to recognise signs of abuse or neglect and were knowledgeable about the procedure for reporting safeguarding concerns.

Assessing risk, safety monitoring and management

- There were systems in place to minimise risks to people. Care plans included assessments which identified potential risks and how these should be managed. These covered a range of areas, including medicines management, nutrition, moving and handling and skin integrity.
- Potential environmental risks in people's homes had been checked to ensure staff were safe to work there.
- The service had a lone working policy which staff followed to ensure their safety at work.

Staffing and recruitment

- The provider had a well-organised recruitment process. Pre-employment checks, including a Disclosure and Barring Service (DBS) check were completed to ensure people recruited to the service were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people at the times they wished. Call schedules were well managed, and people told us staff consistently arrived on time and completed all care tasks before they left. People and relatives said, "The carers always come at the time we have specified, if they are going to be a bit late, they will ring us and let us know, but that is very rare," "(Name) knows all of the carers now; he gets on with them and will have a laugh and joke. I am not sure how long they are supposed to stay, but they stay as long as we need them and never just dash off," "The carers visit us twice a day and always stay the full 30 minutes, we know them well and they have become like friends to us" and "I tend to see the same carers for all of my calls and do not have any problems with them, I know them well."

Using medicines safely

- Medicines were managed safely at the service. One person said, "I use the agency mainly for support to take my tablets and the carers are very good, they help me. They count the tablets out for me, tell me what they are, put them in a pot, give me a drink and stay with me while I take them. They also record that I have taken my tablets on a MAR chart."
- All staff completed regular medicines training and refresher courses.
- Medicines competency was regularly assessed to ensure staff skills remained up to standard.
- Regular audits of medicines records were completed and any issues with documentation addressed with appropriate actions.

Preventing and controlling infection

- People and relatives told us staff followed correct infection control procedures, washed their hands and wore personal protective equipment (PPE) when providing personal care. One person told us, "The carers wear masks, gloves and aprons, it is just the norm now."
- Staff had received infection prevention and control training and additional information and guidance about how to protect themselves and service users during the COVID-19 pandemic. Staff completed regular testing for COVID-19 in line with government guidance.
- The service had good stocks of PPE, which were kept at the office. Staff carried PPE with them, so it was always available.

Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed. The service identified lessons learned and took action to help prevent repeat events.□
- The registered manager communicated important information to all staff, so they understood learning gained through experience. The management team used different communication systems, such as, face to face meetings, telephone calls, texts and emails to ensure staff were kept up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A full assessment was carried out prior to a person being taken on by the service. This ensured staff were able to meet their care and support needs.
- Assessments we looked at were detailed, and contained information about people's physical, emotional, communication and health needs. Care plans and risk assessments had been devised using this information and were regularly reviewed to ensure they were up to date.

Staff support: induction, training, skills and experience

- Staff were required to complete a thorough induction prior to commencing work. This included training, shadowing a more experienced staff member and reading key policies and procedures. One member of staff told us, "The induction training was excellent, it really covered all the expectations required and provided me with the support to carry out my role."
- Staff received appropriate training and support to undertake their jobs effectively. Ongoing support was also provided to staff through supervision, observations and appraisals. Staff comments included "I have received various training i.e. fire safety, moving and handling, dementia awareness amongst others, this training supports me to provide safe care."
- People and relatives said, "The staff are very good; they seem to know what I need before I ask. They know what they are doing," "The carers all seem very well trained, some are very young, but they know what they are doing, and I do not have any qualms about that" and "The staff are really good (named relative) can be quite difficult in that he does not understand why they are there. The staff are understanding, they know how to support people with dementia and are very helpful."

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

- Staff prepared meals for people when this was part of their care plan. People's food preferences were recorded in their care plan, along with details of any special dietary requirements. This supported staff to cater for their needs, in accordance with their preferences.
- Staff had received training about fluids and nutrition. This ensured they understood the importance of helping people maintain a healthy diet and adequate fluid intake.
- People who received support with eating and drinking said they were happy with the support they received. They told us staff prepared meals of their choice and provided them with encouragement to eat and drink enough. People said, "The staff cook all of my meals for me, they will ask me what I would like for every meal and make it for me from scratch, they are excellent cooks, one makes lovely pancakes. When they bring my meal to me, they cut the food up into bite size pieces to make it easier for me to eat" and "The carers help me with all of my meals, they ask me what I would like and always clean and tidy up afterwards."

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

- People's care plans detailed their health needs and any support they received from healthcare professionals.
- Where people had a specific medical condition there was additional information for staff to ensure they could meet their needs and were aware about potential risks to their health.
- The service had good working relationships with a range of external organisations such as people's GPs and pharmacists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Where people had capacity to provide consent, we saw they had signed consent forms and care records to confirm their agreement with the proposed care plan.
- Mental capacity assessments had been completed where required. Where people did not have capacity, staff involved the appropriate people to help make decisions, in their best interest.
- People told us the staff respected their views and asked for their consent. A person told us, "The staff always ask me if it is okay to do something, they will then tell me what they are doing as they do it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Feedback from people and their relatives about the standard of care they received was consistently positive. Comments included, "The staff are so kind, the staff know me well," "The staff are friendly as well as kind. They all have a really good attitude. They are so good" and "The carers are very kind and caring because they all have such lovely personalities, and they know just how to look after me."
- Staff treated people with kindness and consideration. A family member told us, "The carers are lovely, they make conversation with us, chat and sing with (named relative). They will do anything for us."
- Care plans described people's individual daily routines, cultural needs and any particular preferences, such their preferred name.
- Where people requested only female staff to provide personal care this decision was respected.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People, and their relatives where appropriate, were supported to be involved with their care reviews. One person said, "The carers will encourage me to keep moving to keep my independence as much as possible."
- People told us staff listened to them and their personal care was provided in a dignified manner. For example, staff always closed the curtains to ensure privacy was maintained. One person said, "I never feel staff are rushed, they treat me well and will always chat with me." A staff member told us, "I always treat people as if I was looking after my own family with a person centred approach."
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People who used the service had care plans which described how they wished to be supported. These had been written using a person-centred approach and included information about what was important to the person.
- Staff accessed care plans on their mobile devices. Confidentiality was ensured, as staff could only access the records and care plans of the people they visited. Paper copies of people's care plans were also kept at the person's home and the service's office.
- Staff were responsive to people's individual needs and wishes. People and relatives told us they had been consulted about the care they needed and the way they wanted it provided. People and relatives said, "We have discussed the care plan with the manager. He went through everything with me. The staff read the care plan and write in it every day," "At the start, the manager came out to see me to discuss what I would need, he wrote it all down and put together a care plan, I have a copy" and "Me and my son went through everything with the manager, we were involved in writing my care plan."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- As part of the initial assessment, people's individual communication methods were recorded and guidance for staff, where necessary, was included within the care files.
- The registered manager confirmed Information can be made available in a range of formats, for example, large print or other languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them and family and friends were included, if the person wanted this, in discussions about care and support.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process to be followed if a complaint was received. None of the people we spoke with had needed to complain about the service. People said, "I have never had to complain, I have the manager's card and I can ring him at any time with any kind of query, he is very

approachable, and I know that he would listen" and "I feel that I can talk to the manager about anything, so would let him know how I feel. The co-ordinator also comes out to see me, she will check on the carers while she is here."

End of life care and support

- The service was able to provide end of life support in conjunction with health professionals where required. At the time of the inspection no one supported by the service was receiving end of life care.
- Training in end of life care had been provided for some staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The feedback from people and relatives about the service and management team was positive. Comments included, "I cannot really see how the agency could improve; I am very happy with them," "I am very happy with the service they provide; they do everything they are supposed to, and I would definitely recommend them" and "I worry that I am going to wake up and it is all a dream as the staff are so good. The company is very keen on respect and treating people how you would like to be treated yourself. I really cannot believe my luck that I have them, they certainly make my life a lot more pleasant."
- People and relatives told us they usually had weekly or sometimes daily contact with the registered manager and so were able to provide feedback about the service very regularly. One person said, "We see the manager a lot, he manages things very well, he is very hands on, I really do not think that there is anything they can do any better."
- People who used the service, relatives, and health professionals had been asked for written feedback on how the service was being run or what could be done better to drive improvements. We saw the feedback in these surveys was also very positive. We discussed with the registered manager the need to collate this feedback into reports and newsletters, so people could see any improvements made as a result of their feedback had been implemented. The registered manager said they would be implementing this feedback and introducing a newsletter for people and staff in the next few weeks.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A number of audits and checks were completed to help ensure continuous learning and improvement. The audits included the identification of any issues and actions to address them.
- Spot checks and competence evaluations were completed with staff regularly. This helped management understand where further training, mentoring and support was required. Staff told us how they enjoyed

working at the service and felt supported by the registered manager and provider. Staff comments included, "I really enjoy working here, I have great support from management and my colleagues, and we are all treated fairly and we all really care about our service users."

Working in partnership with others

- Where required, the service communicated and worked in partnership with external agencies, which included healthcare professionals.