PLL Business Solutions Limited

PLL Care Services

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?	Requires Improvement

Summary of findings

Overall summary

We inspected PLL Care Services on 24 April 2018. This service is a domiciliary care agency (DCA). It provides personal care to adults living in their own houses and flats in the community. At the time of our visit 42 people received personal care. This provider was previously registered as an individual ownership and they re-registered as a limited company in October 2017. This was their first inspection under the current registration.

We found the service was Good overall however we found the provider did not always ensure statutory notifications were submitted and their record keeping around safeguarding concerns needed improving. There were a number of quality assurance processes in place and provider was in the process of addressing areas for improvement such as consistency of care and punctuality.
People knew how to complain and how to contact the office. Some people told us where they had raised concerns changes have been made and some people felt their feedback was not always promptly considered.

There was a registered manager in post who was also one of the directors and owners of the company. 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 told us they were safe with staff. There were sufficient staff to meet people's needs. The provider followed safe recruitment processes. Staff knew how to protect people and how to alert senior staff and external organisations if they had safeguarding concerns. Risk assessments around people's well-being and their environment were carried out. People received their medicines as prescribed.

People's needs were assessed prior to commencement of the service to ensure staff were able to meet their needs. Staff received ongoing training to carry out their roles and they told us they had supervisions. People were supported to meet their nutritional needs and access health services as required. Staff worked well within designated geographical areas and within the team.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the staff at the service supported this practice. People's rights to make own decisions were respected.

The service was caring and staff supported people in a compassionate way. People's privacy and dignity was protected. People were supported to be as independent as possible. The service was responsive and people told us the support they had met their needs. People and their relatives where appropriate were involved in care planning.

People knew who the registered manager was and how to contact the office if needed. People's views were sought via surveys and spot checks of staff. The service worked with a number of external social and health professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they were safe.

There were sufficient staffing levels in place.

Risks to people's well-being and environment were assessed when needed.

Is the service effective?

Good

The service was effective.

Staff received supervision and training relevant to their roles.

Staff had understanding of the Mental Capacity Act.

People were supported to meet their nutritional needs and access healthcare services when needed.

Is the service caring?

Good

The service was caring.

People were treated with kindness.

People's dignity and privacy was respected.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their needs.

People told us they received support that met their needs.

People knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Statutory notifications were not always submitted and the provider did not always keep the record of safeguarding concerns.

Staff knew how to raise safeguarding concerns and whistle blow if needed.

People's views were sought via surveys and spot checks.

PLL Care Services

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 and 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 24 April 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the management team is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of two inspectors 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.

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

We undertook phone calls to nine people who used the service and three relatives. In addition we spoke with two care assistants, one team leader, the registered manager and the director. We also received additional feedback from three members of staff via email. We looked at five people's care records and four staff files that included their recruitment, supervision and training records. We also viewed a range of records about how the service was managed. After the inspection we contacted a number of external professionals and commissioners to obtain their views about the service.

Good

Is the service safe?

Our findings

People told us they were safe receiving care from the team. One person said, "You feel safe, certainly". Another person said, "Yes, I am happy and feel safe with them all".

People were protected from the risks of abuse and staff received training in safeguarding. One staff member told us, "I've had the training. I'd report any concerns to the office or I can contact the GP or police. I'd report to the office and CQC". The provider had safeguarding policies in place including local authorities' safeguarding procedures.

People we spoke with told us they had their medicines when needed. One person said, "They make sure that I have my medicine, they put it out in a little cup for me". The provider had a policy in place on how to manage the medicines safely. If needed staff had received additional training surrounding medicines that required additional skill to manage them safely, such as warfarin which is a blood thinning medicine. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly. People were assessed to identify any risks associated with their medicine such as the ordering and storage of medicines and whether the person was safe to self-medicate.

Risks to people's well-being, safety and their environment had been assessed. Assessments included areas such as medicines, manual handling and skin integrity. For example, one person's mobility was impaired and they required a hoist to be used for all transfers. Staff were provided with concise instructions on how to safely support this person and included ensuring 'the sling is not too tight'. Two staff were required to support this person. Staff confirmed two staff were consistently deployed. Another person was assessed as at low risk of developing pressure areas and staff were guided to monitor this person's skin condition and report any changes. A body map was in place to help monitor skin condition. When people were supported with bathing or showering temperature logs were maintained recording the temperatures to protect people from scalding. All recorded temperatures we saw were within safe ranges.

There were sufficient staff to keep people safe. One person said, "The carers are well timed and well mannered". Another person said, "They are certainly not rushed". None of the people we spoke with reported any missed visits. Staff told us they mostly visited people within their designated geographical area. The provider followed safe recruitment practices.

The provider had a system for recording accidents and incidents however no accidents occurred since the service's registration in October 2017. The registered manager told us they used opportunities to learn from when things could have gone better. For example, following an audit of staff login they ensured the importance of login in and out was raised during staff meetings.

People were protected from risk of infection as staff received infection control training. Staff told us they had access to gloves and other personal protective equipment (PPE). One member of staff told us, "The training was good and I'm experienced in this area. There are no issues with getting PPE". One person told us, "The carers all wear tabards".

Good

Is the service effective?

Our findings

Records confirmed people's needs were assessed before people received the support. Where applicable people's files contained the copies of assessments received from commissioners. The assessments included physical needs such as mobility and communication and emotional needs. The information gathered was used to draw people's care plans. For example, one person suffered from short term memory loss. Staff were guided to make eye contact with the person, face them and speak slowly to ensure the person understood what was being said. Staff we spoke with were aware of this guidance.

People told us they felt staff knew them well. One person said, "They do what they do okay and they always do what they have to do". Another person said, "I've been very lucky with the carers and I haven't had a change of carers for ages".

Staff received ongoing training that included manual handling, safeguarding, first aid, medicine management and other areas. Staff comments included, "Even though I am experienced the training was fine" and "Training, every time is all good". Staff told us and records confirmed that staff received support through one to one meetings, spot checks and training. One member of staff said, "I am supported, I get supervisions which I find useful".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked if the provider worked in line with these principles and we saw people's rights to make their own decisions were respected.

Care plans contained consent forms, signed and dated by the person or their legal representative. People's care plans highlighted the need of giving people choice. For example, one person's care plan stated, 'ask [person] what they would like for breakfast giving choices'. Staff knew the principles of the MCA and told us how they ensured they applied these in their day to day work. One member of staff told us, "I'm trained in this, it's about people's decisions. I give choices and I give clients time to decide, then I go with their decision". Another staff member said, "I'd give people choices – food, clothes".

People required mostly minimal support with meeting their nutritional needs such as assistance to warm up a meal or prepare a snack or drink. People care files gave details of people's dietary needs and preferences. For example, one person liked 'porridge, a slice of toast and two hot drinks' for breakfast. Staff were guided to prepare breakfast and 'allow [person] to choose what they wanted'. Another person preferred a 'hot microwave meal'. Staff were reminded to check 'best by dates' before serving any food. A staff member told us, "No one I support needs help with eating, just preparation".

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals were recorded in

people's care plans. For example, one person developed a particular condition. Staff referred the person to the professionals and hospital, when the person returned home the records showed their condition improved.

Good

Is the service caring?

Our findings

The service was caring and people told us they were satisfied with support they had from staff. Comments from people included, "I'm happy and all the carers are fine", "We are housebound, the carers bring the outside world into us every day" and "They sit with me and have a chat sometimes they even eat their lunch with me occasionally".

People told us they built positive relationships with staff. One person said, "I feel completely safe when they are here they are very helpful too". One relative said, "[Person] is comfortable when they come into the house". People received emotional support when needed. Care plans recorded people's emotional support needs and guided staff on how best to support them. For example, one person could become 'very anxious' when being supported. Staff were guided to reassure and encourage the person whilst supporting them and explain what support was being provided to keep them informed.

People were involved in their care and were kept informed about their care and support visits. Daily visit schedules and details of support provided were held in people's care plans. For example, one person's support schedule detailed the timings of their visits and that they would be 'hoisted into chair in lounge and made comfortable'.

People's dignity and privacy were respected. Comments from people included, "The care is unobtrusive" and "They're very good definitely". People's care plans highlighted the importance of respecting people's dignity. One person's care plan stated, 'assist to commode, [give] privacy to use commode'. Staff told us how they ensured people's dignity. Comments from staff included, "I cover clients with towels and shut doors" and "I always draw curtains and shut doors when providing care".

People's individual communication needs were considered and people's care plans provided information about people's preferred communication ways. Staff told us they talked people through their care plans and explained details to ensure they understood. Where people wore glasses staff told us they ensured they were clean and within easy reach. One member of staff gave us an example how they supported people's individual communication needs, "One person I support wears glasses so I always clean them. I talk through care plans as well making sure they understand".

People's diverse needs were respected. Discussion with the registered manager showed the service respected people's differences and ensure people were treated equally. Staff treated people as individuals. For example, one person had difficulty hearing and could become confused. Staff were guided to communicate with the person by 'speaking clearly and make sure you are looking at the person'. The communications logs evidenced this guidance was being followed.

People's independence was promoted. One person said, "They ask me if I want them to do more but I don't want more, I want to be independent and do it myself". People's care plan highlighted the importance of encouraging people to do as much as possible for themselves. For example, one person's care plan read, '[person] is able to wash her face and clean teeth'.

Staff were provided with a confidentiality agreement. This outlined the requirements of maintaining confidentiality relating to people's personal information. This included information relating to the data protection act 1998. All staff had signed and dated the agreements.

Good

Is the service responsive?

Our findings

People's care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of, and respected people's preferences. One person had request 'female carers' for personal care. Records confirmed this request was respected. One relative told us, "[Person] doesn't want a male carer doing her personal care and they do abide by that".

People's emotional needs were assessed and recorded. For example, one person could become anxious, which meant they did not always listen to staff when they were being supported. A risk assessment was in place which provided staff with guidance on how to reassure the person. Communications logs were maintained and provided a 'pen picture' of support provided at the visit and the person's emotional state. For example, one entry recorded 'When I arrived [person] was fine, I made a cup of tea and we had a little chat. All's well'.

People's care plans gave details of how people wanted to be supported and people told us they received the support that met their needs. Comments from people included "I'm satisfied, yes" and "I expected trouble at some stage but I haven't found any trouble at all".

The service was responsive to people's changing needs. For example, when people had medical or private appointments they were able to adjust care visit times to suit their needs.

The provider had a complaints policy in place that was available to people. People knew who to contact if they needed to make a complaint. Comments from people included, "I feel that if I had a problem at any time that it would be responded to". One person told us when they had raised concerns with the office action was taken to address it. They said, "I did have one carer I wasn't so happy with and they have not sent him up here again so all is absolutely okay". The provider told us they had two complaints received since their registration in October 2017 and both had been investigated and closed.

On the day of our inspection no people received end of life support. The team would occasionally support people at the end of their life and would work with other professionals to ensure people had dignified and pain free death.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place who was registered with the Care Quality Commission (CQC) to run the service. They were supported by the directors and a team of senior staff and care staff. The provider's aim was to ensure that 'people with individual needs can live the life they choose'.

The provider had quality assurance systems in place that included staff spot checks, satisfaction surveys, staff electronic calls login, medicines records and care plans audits. The registered manager told us when they identified an issue they took corrective action. For example, following the last survey they worked to improve consistency of staff and punctuality. They also planned to introduce further developments, such as service users' forum and enhance the way they facilitated access to community links for people.

We found the provider's record keeping around safeguarding needed improving. We asked the provider to show us their safeguarding concerns records log and they showed us one safeguarding record. We were however notified by the Local Authority's safeguarding team there was another safeguarding concern raised by a service user. Additionally, due to the nature of the allegation made that was a notifiable event under 'abuse or allegation of abuse' however no notification had been submitted to us. We asked the registered manager if they submitted the notification and they told us, "I thought you'd get that from safeguarding [team]". This meant there was no record the learning from this was applied and improvements embedded and concluded.

We also found the Medicine Administration Records (MAR) surrounding 'as required' (PRN) medicines were not always consistently completed. For example, staff did not always record the variable dose administered and some staff used a 'tick', some an initial and some both. We raised this with the registered manager who acknowledged these needed addressing with the staff and they reassured us they would take a prompt action to ensure people's records were consistent.

The provider ensured people's views were sought. We saw the results of the surveys sent in 2017 and noted positive comments had been received. People's views were also gathered through staff spot checks and reviews. We received mixed feedback from people in relation to how their feedback was taken on board. Comments included, "I'm sure if I needed extra that I would ask and they would help, especially the regular two [carers]", "They appear to listen to you, but whether anything comes of it is another thing" and "The success of my care relies on my [care] being organized, if not I would be anxious".

Staff commented positively about the registered manager. Comments included, "[Registered manager] is ok. She's supportive and approachable", "I feel involved and listened to with regular updates" and "She's very nice, a good listener". Staff told us they felt involved and they worked well as a team within their designated areas.

The registered manager worked closely with the local health and social care teams and various professionals. This included working with the health professionals to facilitate hospital discharges.