

Personal Care Support LTD

Personal Care Support Ltd

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

Personal Care Support Ltd is a domiciliary care agency providing support to older people living in their own homes. At the time of our inspection there were three people using the service. 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. All people using the service received personal care.

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

People felt safe in the service. Policies and procedures such as adult safeguarding and whistleblowing were in place and each person had a risk assessment which was regularly reviewed. Staff encouraged people to be involved in their care by supporting them to make decisions. 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.

Pre-assessments of people's needs were completed to ensure that the service was suitable for them. Each person had a care plan which gave guidance to staff on how they wanted to be supported. Staff understood people's needs and were able to provide person-centred care. Staff were aware of what equality and diversity meant and knew that people's choices and preferences should be respected, and people must not be discriminated against. People's privacy and dignity was maintained.

Staff supported people to eat and drink to maintain a balanced diet, and to have access to health care.

There was safe management of medicines. Systems were in place for recording, reviewing and putting remedial actions in place when incidents and accidents occurred. Staff worked with other health and social care agencies to ensure people received effective care. Steps had been taken to prevent the spread of infections.

There was a robust staff recruitment system in place. Staff were supported to carry out their roles through induction, training and supervision. There were enough staff at the service.

Relatives and staff were satisfied with the management of the service. The registered manager audited various aspects of the service and sought verbal feedback from relatives and staff. These meant the provider had systems in place to monitor and improve the quality of the service.

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 04 May 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 responsive safe.

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 ●

Personal Care Support 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

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.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority where the service was located. 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 with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Both the registered

manager and the nominated individual provided personal care to people when needed in addition to being responsible for the overall management of the service. We reviewed a range of records including two people's care files, two staff files and one person's medicine records. We looked at a variety of records relating to the management of the service. Whilst at the service, we spoke by telephone with two relatives.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and a variety of policies and procedures. We were unable to speak with people using the service because of their complex needs. We spoke with two care staff by telephone.

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. A relative told us, "I feel my relative is safe [in the service]. I trust the staff."
- The service had policies and processes to safeguard people from the risk of abuse. The safeguarding adult's policy required the provider to report any allegations of abuse to the local authority and the Care Quality Commission [CQC]. There was a whistle-blowing policy in place. Staff knew about the whistle-blowing policy and that they could raise their concerns about aspects without fear of victimisation or consequences.
- Staff knew what safeguarding adults meant and what to do with an allegation of abuse. One staff member told us, "I report it [allegation of abuse] to my manager. If I feel my manager is not taking action, I report it to CQC or social services."

Assessing risk, safety monitoring and management

- Each person had a risk assessment. This detailed the potential risks to the person and included how to mitigate those risks. The risk assessments were detailed and included risks related to health, nutrition, medicines and environment.
- Risk assessments were reviewed regularly. This helped ensure there were arrangements in place to identify and mitigate any new risks to people.
- Relatives told us people were safe. One relative said, "I feel my relative is safe. If I feel [my relative] is not safe, I wouldn't use the service."

Staffing and recruitment

- The service had enough staff employed to meet people's needs. The registered manager told us they were continuously recruiting new staff. They said, the registered manager and the nominated individual also provided personal care to people to compliment staffing.
- People received live-in care, which meant that there was no need for staff to travel daily as they lived with people. However, systems were in place for staff to report to the office daily at agreed times to confirm they were working, and everything was well.
- The service carried out various checks on prospective employees to ensure their suitability to work in a care setting. Staff files showed pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out before they started work.

Using medicines safely

- Systems were in place to promote the safe management of medicines.

- Staff administered medicines for some people and others had their own arrangements to manage their medicines. A relative told us, "[The person] has a blister pack and staff assist with medicines from there, they are very careful."

- Staff kept records of medicines they administered. We checked one medicine administration record sheet [MAR] and found it was in order.

- Senior staff carried out audits of MARs to ensure they were completed correctly and there were no errors.

- Staff who administered medicines had relevant training and had received a competency assessment to check their understanding of managing medicines.

Preventing and controlling infection

- Systems were in place to reduce the risk of the spread of infection. The provider had an infection prevention and control policy in place which provided guidance to staff and regular infection control audits were carried out.

- Staff were supplied with enough amounts of Personal Protective Equipment [PPE] and had regular tests for COVID-19. This meant staff had access to PPE and testing to minimise the risk of spreading infections.

Learning lessons when things go wrong

- The service had a system to learn lessons following incidents. We noted incidents and accidents were recorded, reviewed and actions put in place to ensure they did not recur.

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

- People's needs were assessed before they started using the service. This allowed the service to determine if it was able to meet people's needs. The registered manager told us that they offered services to those people whose needs they could meet.
- Assessments of needs were comprehensive and included people's choices, preferences and covered areas related to equality and diversity.

Staff support: induction, training, skills and experience

- Staff completed an induction programme when they started work. Staff told us that they had intensive induction which gave them knowledge about how the service operated and what their responsibilities were at the service. We saw a sample of an induction check-list completed by staff.
- Most of the staff had completed the provider's mandatory training such as medicine administration, infection control and adult safeguarding, and received support to carry out their jobs effectively. A member of staff told us, "I had a lot of training and support here." However, we noted that some staff who had started work at the service were yet to complete some mandatory training. The training matrix showed there was a plan for all staff to complete training relevant to their roles.
- Systems were in place for staff supervision and appraisal to support staff to carry out their roles effectively. A member of staff told us, "I had supervision from the manager. I can talk about my work, training or personal matters with my manager."

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

- People or their relatives made decisions about people's diet. Food shopping was carried out mostly by relatives. Where staff did food shopping, lists of the items bought and the receipts were kept by the service.
- Care plans detailed people's support needs with eating and drinking. Relatives were satisfied with how staff supported people with their meals. One relative said, "[Person] is happy with the meals. Care staff follow care plan and advice [given to them by relatives and professionals]."

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

- The provider worked with other agencies such as local authorities and healthcare professionals. We noted referrals had been made to health professionals such as GPs, speech and language therapists and district nurses to meet people's healthcare needs.

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. We checked whether the service was working within the principles of the MCA.

- People were supported to make decisions over their daily lives where they could, for example, about what they ate, the clothes they wore and when to get up.
- Where people lacked capacity to make decisions, the service carried out mental capacity assessments which involved input from family members. Best interest decisions were made by family members and the organisations who commissioned the person's care.
- Staff understood the principles of MCA. A member of staff said, "I have to assume people can make decisions for themselves unless they have been assessed [as not being able to]."

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

- Staff treated and supported people well. One relative said, "Staff are very conscientious, they are caring and respectful."
- Staff had developed good relationships with people. People and relatives knew staff well because staff lived with people. A relative said, "[Person] has live-in staff; they try not to change which means [person] builds good relationships with them."
- People's equality and diversity needs were detailed in their care plans. The service also had equality and diversity policies in place to help guide staff in this area.
- Staff were knowledgeable about equality and diversity and were able to give us examples of how they supported people with their choices and preferences of, for example, meals. They knew that people must not be discriminated against because of their differences such as religion, culture sex or age,

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in making decisions about their care. We noted staff worked closely with relatives to support people to express their views and to be involved in their care.
- Staff supported people to make choices. One staff member said, "[Person] makes decisions. For example, [person] is still in bed and I do not decide for [person] when to get up."
- Care plans detailed people's likes and preferences. This provided guidance for staff to support people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff described how they ensured people's privacy when providing personal care. One member of staff said, "I shut the bathroom when supporting people with personal care."
- Staff understood that people's personal information should not be shared with others to maintain privacy. There was a policy on confidentiality which provided guidance about this. Confidential records were stored securely in password protected electronic devices.
- Staff supported people to be independent. A member of staff said, "[Person] is quite independent in many ways and I support that. [Person] takes [their] medicines independently."

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 and their relatives were involved in developing care plans. This helped ensure care plans covered what was important to people. A relative told us, "Yes, I was involved in [person's] care plan."
- Staff were familiar with care plans. A member of staff said, "I have read [the person's] care plan. I know [their] needs."
- The service provided care and support that met people's needs. One relative told us, "I am very happy and impressed with the service."
- Care plans were person-centred setting out each person's needs including communication, personal care, diet and health care needs. Care plans were subject to regular reviews which meant they were able to reflect changes to people's needs.

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.

- The registered manager told us that people currently using the service were able to communicate in English. The registered manager said they were able to provide information in alternative formats to people and their relatives when required.
- Relatives told us that communication by staff could be improved. A relative said, "Some staff did not speak English well to communicate effectively with people." We discussed this with the registered manager who told us that they were recruiting staff who could communicate well in English and people's preferred 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

- The service provided support to people living in their own homes with personal care. They did not provide support with social activities or accessing the community. People had relatives and friends who provided them with social and emotional support.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and people and relatives were provided with a copy of this. A relative told us, "I have seen their complaints policy. I know how to complain if I am not happy with the

service."

- There had been no complaints received and recorded since the service started providing personal care.
- The registered manager knew that all complaints needed to be recorded, investigated and responded to as required in the complaints policy. Records showed that complaints received had been investigated in line with the procedure. This included investigating the complaint and providing an apology to the complainant where appropriate.

End of life care and support

- The service did not provide end of life care at the time of this inspection. However, the registered manager was able to describe how good end of life care would be co-ordinated and provided to people by health and social care professionals and relatives. They told us they would make sure staff attended relevant training before supporting people with end of life care.

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

- The provider had an open and positive culture to help achieve good outcomes for people. Relatives and staff spoke positively about the working culture at the service. A relative said, "The manager is available and very helpful." One member of staff told us, "[The registered manager] listens and I can contact [them] whenever I need."
- The service provided person-centred care. This ensured that people received care that met their needs.

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 provider understood their obligations to be open and honest with stakeholders when things went wrong. There were systems in place to identify and address issues when things went wrong. These including recording and reviewing accidents and incidents and responding to complaints.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles. There was a clear management structure in place and staff understood who they reported to. Staff were provided with copies of their job description and staff handouts to help provide clarity about their roles and responsibilities.
- The registered manager was aware they had a legal responsibility to send notifications of significant incidents and events to the Care Quality Commission.

Continuous learning and improving care; working in partnership with others

- The service had systems in place to drive improvement. These included regular audits of aspects of the service such as care plans, risk assessments, staff training needs and medicines.
- The registered manager carried out spot checks to ensure that staff were carrying out their roles effectively. The registered manager kept records of what they observed and during their spot checks for reference and evaluation.
- The registered manager attended provider's meetings, care networking meetings and care related roadshows. This helped them to be up to date with new policies, guidance and practice in care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was yet to carry out surveys to obtain people's views. The registered manager told us that they had not been operating long enough to carry out surveys but had a plan to do so in a few months' time. However, we noted that relatives had been able to give regular verbal feedback about their experiences of the service. One relative told us, "I have been very lucky with personal care. They are very good. I recommended personal care to a friend a week ago."
- People's equality and diversity needs were considered in the provision of care. Care plans detailed people's choices and preferences of care and the registered manager ensured that suitable staff who could meet people's needs were employed.
- Team meetings could not be held due to the nature (live-in) and size of the service. However, we noted that care staff were able to discuss their training and practice needs and any other personal or work-related issues with the registered manager.