

Personal Home Care Services Ltd

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Inspection report

46 Carnarvon Street
Oldham
Lancashire
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Tel: 07511499334

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

This service is a domiciliary care agency that provides support to people in their own homes. It provides a service to younger and older adults, people with physical disabilities, sensory impairments, mental health conditions or dementia. The provider has one domiciliary care agency within their registration. The service's office is based in Oldham, and support is provided to people in surrounding areas. At the time of the inspection it was providing a service to one person who was receiving personal care.

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

Recruitment checks were not robust to ensure staff were suitable to work with vulnerable adults before being appointed. The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

We found the service was not following the provider's medicine policies and PRN (as and when required medicine) protocols were not in place for prescribed PRN creams as needed. Adequate documentation was not being used to ensure medicines were administered safely and recorded accurately.

We reviewed a range of records and found improvement was required with record keeping as various records did not contain accurate dates.

People's risk assessments were limited and did not look at areas such as moving and handling and nutrition and hydration. We have made a recommendation about assessing and reviewing risks.

The service did not routinely provide end of life care; however, people did not have the option to disclose and record their end of life wishes as part of their care planning. We have made a recommendation about giving people the option to make their end of life wishes known.

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 told us staff were kind, courteous and sensitive. One person said, "I trust the carers, I let them into my home. Nothing is too much".

Staff we spoke with felt valued and supported by the management team. They were clear about the culture of the organisation and what was expected from them.

The service did not meet the characteristics of Good in all areas.

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

Rating at last inspection

This service was registered with us on 2 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection of the service since it was newly registered in July 2018.

Enforcement

We have identified three breaches in relation to regulation 12 (Safe care and treatment), regulation 17 (Good governance) and regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Adequate documentation was not being used to ensure medicines were administered safely and recorded accurately. Improvement was required with record keeping as various records did not contain accurate dates. Recruitment checks were not robust to ensure staff were suitable to work with vulnerable adults before being appointed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Personal Home Care Services 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 Care Act 2014.

Inspection team

One inspector carried out the inspection.

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.

Inspection activity started on 1 July 2019 and ended on 2 July 2019. We visited the office location on the first day.

What we did before inspection

We reviewed information we had received about the service since it was newly registered in July 2018. This included details about incidents the provider must notify us about, such as allegations of abuse. We sought

feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider) and two care workers.

We reviewed a range of records. This included one person's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at interview logs and medicated cream charts. We spoke with another professional who worked with the service.

Is the service safe?

Our findings

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

At this inspection this key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We reviewed three staff files and found recruitment checks were not robust to ensure staff were suitable to work with vulnerable adults before being appointed.
- Disclosure and Barring Service (DBS) checks were not confirmed for the three members of staff until after they started their roles. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. This meant the registered person could not be certain suitable people were appointed prior to their start dates.
- References were not obtained for two staff members from their previous employers. One staff member worked with children and satisfactory evidence of conduct from this employment was not gained. Instead, only character references were obtained and these were issued after the member of staff's start dates. We asked the provider to review their recruitment process and obtain staff's references from their previous employers.

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff rotas we saw confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure continuity and familiarity with people who used the service. People we spoke with told us they had regular carers who arrived on time for their care visits. One person said, "My carers always arrive on time."

Using medicines safely; assessing risk, safety monitoring and management

- At the time of the inspection, no people received support with the administration of their oral medicines. We reviewed the records for the administration of prescribed cream for one person. We found the 'cream charts' used were not robust to accurately document administration, as there was nowhere for carers to sign to confirm they had administered the cream.
- We found the service was not following the provider's medicine policies. PRN (as and when required medicine) protocols were not in place for prescribed PRN creams.

We found no evidence that people had been harmed, however adequate documentation were not being used to ensure medicines were administered safely and recorded accurately. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

The provider responded immediately during the inspection and implemented PRN protocols.

- We looked at one person's care plan, which included risk assessments in relation to their care needs. Although the person was mostly independent, risk assessments were limited and did not look at areas such as moving and handling and nutrition and hydration or make clear that the person had no risks in relation to these. The registered manager updated records immediately during the inspection.

We recommend the provider seeks advice from a reputable source to improve the documentation around assessing and reviewing risks.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. One person said, "Yes, I feel very safe with all my carers."
- Staff received appropriate safeguarding training and had a good understanding of how to safeguard people. There was a safeguarding and whistleblowing policy in place, which set out the types of abuse and how to raise concerns. One member of staff told us, "If I had any concerns I would speak to the manager. If I need to go further, I could contact the council or the CQC. I have a handbook with all the information."
- No accidents and incidents had occurred; however, we saw processes were in place to record, analyse and identify trends. The registered manager told us any learning would be shared in staff meetings.

Preventing and controlling infection

- The service had an infection control policy in place and staff had received training in the safe management of infection control.
- Staff told us they were provided with appropriate personal, protective equipment (PPE). People confirmed staff wore PPE when providing care. One person told us, "They [staff] all wear gloves and aprons."

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.

At this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff said they received an induction before they started to provide care to people. Staff told us they had undertaken shifts when they began work where they shadowed more experienced staff carrying out care tasks. One staff member told us, "My induction included the basics of care, mandatory training, looking at policies and shadowing."
- Staff received appropriate training and ongoing supervision to support their development. Regular spot checks were also carried out by managers to ensure staff were competent. People and their relatives we spoke with said staff had the right skills to meet people's needs. One person said, "The carers are trained." A relative added, "I have seen them providing care, they are very good. The carers know what they are doing."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; adapting service, design, decoration to meet people's needs

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. People were involved in their care planning, which was reviewed at regular intervals or when people's needs changed.
- The service was flexible and responded to people's needs as they arose. For example, the service could accommodate increases to care packages when people required additional support. A professional who worked with the service told us they had assessed and increased the support a person received which was accommodated by the service.

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

- Where people required support with their food and nutrition, the level of support was agreed and documented in their care plan. At the time of our inspection one person was receiving minimal assistance to prepare their meals. One person told us, "The carers help me with my meals and drinks. They are great."

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

- Staff worked in collaboration with people, their relatives and professionals involved in people's care. We saw the service worked closely with a person's social worker to meet their needs. A professional who worked with the service added, "[Name of staff] works well with [name of person], really pleased with their input, very supportive and goes out of their way."
- Where necessary, the service supported people with arranging healthcare appointments. Health passports (a piece of documentation that details people's health needs and contains other useful information) were provided to support people's hospital admissions.

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 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.

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.

- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "I have had training in this. Anyone who can't make decisions for themselves, this needs to be assessed to put support in place". A second staff member commented, "We always ask before doing something and get their [people] agreement first."
- At the time of the inspection there were no people receiving services who lacked mental capacity.

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.

At this inspection this key question has been rated as 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

- Fairness, respect, equality, dignity and autonomy (FREDA) principles were promoted and staff followed this framework when providing care to people. Details about dignity and respect were provided to people in their service user guides.
- Staff had a caring approach to their work and they demonstrated kindness and respect when speaking about the people they supported. People told us staff were kind and sensitive. One person said, "The carers are very friendly, I get on with all my carers. The carers are very professional, and I have a laugh with them."
- An equality and diversity policy was in place. Staff received training in equality and diversity and were committed to ensuring people had equal opportunities. One staff member told us, "I treat everyone equally regardless of their differences, race, gender etc."

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

- People's views and decisions about care were incorporated when their care packages were devised. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. One staff member told us, "I always ask the clients to ask what they want."
- People told us they were involved in making decisions about their day to day care. A person said, "The carers always give me a choice, they ask me questions and also tell me what foods I have in to make a choice."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. One person told us, "They [carers] help me with washing and dressing, and they always maintain my privacy and dignity."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "When going into someone's home, we knock." Another staff member commented, "We always make sure the clients are comfortable, and we close doors [to maintain their privacy]."
- The service had dignity champions. Champions have specific skills and knowledge in an area of practice and be able to support other members of staff.
- The service promoted people to live as independently as possible. A staff member said, "Our clients are semi-independent, we encourage them to do things for themselves, and ask what they would like us to do."

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as 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

- Assessments and care plans had been completed which reflected people's needs, wishes and preferences. People likes and dislikes were recorded, and goals they wished to achieve had also been identified. It was evident people had been involved in the development of their care plans.
- The registered manager carried out frequent visits to people using the service to review their care. During this they obtained the input of people using the service to promote them having control over their care. One person told us, "They [management] come and talk to me."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS and information regarding this was provided to people in their service user guides. At the time of the inspection, there was no-one using the service who required their information in an alternative to the current format.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. People were given a service user guide when they started to use the service. This contained information around how to make a complaint about the service and which other organisations could help if they were not satisfied.
- People and relatives, we spoke with were aware of how to make a complaint. One person said, "I have no complaints, I am very happy at the moment. I know how to make a complaint, I have the information and I would ring the office."
- We reviewed the complaints log and found the service had not received any formal complaints. The service did receive informal complaints or comments made via the telephone and these were addressed and documented accordingly.

End of life care and support

- The service did not routinely provide end of life care, although there was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. Staff were working towards some training to be able to provide personal care alongside community based health professionals should people wish to remain at home. However, people did not have the option to disclose and record their end of life wishes as part of their care planning.

We recommend the provider reviews their processes to give people the option to make their end of life wishes known.

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.

At this inspection this key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had a business continuity policy; however, this was not followed, and an adequate business continuity plan was not in place. This meant there were no assurances the service could continue during a time of emergency or disaster. On receiving this feedback the registered manager addressed this during inspection and drafted a plan.
- We reviewed a range of records and found improvement was required with record keeping. Various records did not have accurate dates. For example, staff interview records did not specify the dates they were conducted.
- Some audit systems were in place to monitor the standard of care for people, however there were no audit process in place for prescribed cream records.

The provider had ineffective governance arrangements and failed to maintain accurate complete and contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with felt valued and supported by the management team. They were clear about the culture of the organisation and what was expected from them. One staff member told us, "[Name of registered manager] is approachable and I am confident they would resolve any issues. Anything I don't understand, "[name of registered manager] gives me advice."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clear person-centred culture which recognised the importance of equality and diversity. Care plan documentation was personalised and focussed on positive outcomes for people.
- People told us the staff knew them well and responded to their needs in a person-centred way. One person said, "The carers always listen to me and take time to support me. They help me, reassure me and keep me calm."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff, people and their relatives' views had been sought through regular contact, surveys and quality monitoring. We reviewed the results of the surveys and found people were very pleased with the service and

staff were happy in their role. One staff member wrote, "An open and transparent culture." A second staff member wrote, "Any concerns are acted upon straight away." A person commented, "I feel safe and content, everything is fine."

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

- There had not been any serious incidents at the service; however, the registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.

Working in partnership with others; continuous learning and improving care

- The registered manager worked effectively in partnership with other health and social care organisations to achieve better outcomes for people using the service. A professional who worked with the service commented, "The service has worked well with [person's name] and are very responsive. Any issues are acted upon."
- The registered manager was committed to developing further the skills and knowledge in the team. They were looking at how best to utilise staff skills and considering further training for staff in various areas.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Adequate documentation was not being used to ensure medicines were administered safely and recorded accurately. The 'cream charts' used were not robust to accurately document administration. The service was not following the provider's medicine policies and PRN (as and when required medicine) protocols were not in place for prescribed PRN creams as needed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems used did not provide effective oversight and monitoring of the service. A sufficient business continuity plan was not in place. Improvement was required with record keeping as various records did not have accurate dates. No audit process was in place for prescribed cream records.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Robust recruitment checks were not in place. DBS checks were not confirmed for staff until after they started their roles. References were not obtained from previous employers. Instead, character references were supplied, which were issued after the staff's start dates.</p>

