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# PLL Care Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We inspected PLL Care Services on 21 and 22 April 2016. PLL Care Services is a domiciliary care service which provides care and support for people who live in their own homes. At the time of our visit 34 people were using the service.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 4 February 2015 we found people did not always receive the support they needed to take their prescribed medicines. We also identified people were not always protected from inappropriate care and treatment as their care plans and risk assessments did not always reflect their needs or provide clear guidance to care staff. The registered manager did not have systems in place to ensure people's care plans were current and reflective of their need. We also found people and their relatives had mixed opinions on how the registered manager dealt with their concerns. Following our inspection we asked the provider to send us an action plan telling us how they would meet the regulations.

At this inspection we found some improvements had been made and the issues around complaints and medicines management were addressed by the provider. The care records were updated and the provider was in a process of reviewing these on regular basis. We however identified that whilst the management introduced some quality assurance processes these required further embedding so the improvements made could be sustained.

The registered manager planned further improvements to the service and was in the process of implementing these. The provider had systems in place to gain the views of people and the registered manager and the team were working to further enhance the quality of the service provided.

People told us they felt safe with the staff from PLL supporting them. People's care records contained information about the risks identified and action required to manage these risks.

People were cared for by staff that were aware of what action to take to ensure people were protected if they suspected people were at risk of abuse. There were sufficient numbers of staff employed to provide care to people. Recruitment checks had been carried out to ensure only staff who were suitable and of a good character were employed to work at the service.

People and relatives were positive about the skills, experience and abilities of the staff. Staff received training relevant to their roles and responsibilities and they received supervision.

People were supported by staff that were aware of the Mental Capacity Act and their responsibilities

regarding it. People were supported to maintain good health and received support if required with accessing health care services.

Most people we spoke with were positive about the staff. They mostly told us staff were caring in their approach. However, feedback received from four people and one relative reflected a lack of consistency in the caring approach demonstrated by some staff. They said the staff did not engage well and there was little interaction during the visits. The registered manager took immediate action to remedy this in response to our feedback and informed us they were going to address this with the staff.

People's privacy and dignity were respected and people's private and confidential information was stored securely at the office. People's care plans contained information about their needs and preferences and staff had a good knowledge of people's needs and what mattered to them.

## 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's individual risks were recognised and care plans contained information and guidance for staff on how to manage them.

Staff were aware of their responsibilities to keep people safe and how to recognise and act upon signs of abuse.

There were enough staff to meet people's needs.

People received their medicines safely and as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that were knowledgeable and were confident in their roles.

Staff received support and had access to further training and development.

Staff were aware of the Mental Capacity Act (MCA) and understood its principles.

People were supported to access health services.

### Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People told us the staff were kind and caring however, some people commented some staff did not engage well and there was a little interaction during the visits.

People said their dignity and privacy was respected.

People told us their independence was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their needs and preferences.

People's care records reflected their current needs.

People knew how to raise concerns with the provider and complaints were responded to appropriately.

**Is the service well-led?**

The service was not consistently well led.

The procedures introduced for monitoring and assessing the quality of service needed to be embedded in practice.

The staff felt they were well supported by the management.

There was a positive approach and responsiveness demonstrated from the registered manager to address the improvements going forward.

**Requires Improvement** 

# 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 21 and 22 April 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager 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 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We also spoke with the local authority safeguarding and commissioning teams to seek their feedback.

We spoke with 15 people who were receiving care and support from PLL Care Services. We also contacted five relatives. In addition we spoke with four care workers and the registered manager. We looked at six people's care records and at a range of records about how the service was managed. We also reviewed staff files for four individuals, including their recruitment, supervision, training records and the training matrix for all the staff employed by the service.

# Is the service safe?

## Our findings

At our last inspection in February 2015 we found where care staff assisted people with their medicines, an accurate record of this support was not always recorded. Some people's relatives raised concerns that their relatives did not always receive support they needed to take their prescribed medicines.

At this inspection we found the provider had addressed these concerns. The registered manager told us the staff worked hard to improve this. The records confirmed the medicines administration records (MAR) were monitored for any gaps. The MAR we viewed had been appropriately signed by the staff. People told us they were assisted with taking their medicines if needed. One person we spoke with told us, "They do give me my medication and fill in the book". Another person said, "They give me my tablets and read my red book". One relative told us, "They are accurate with delivery of medication". The staff we spoke with told us they received medication training. One of the staff told us, "I had the training with the (external) trainer initially, then the refresher with the manager". Another member of staff told us, "The MAR improved a lot".

People told us they felt safe receiving care from PLL staff. Comments from people included; "I do feel safe", "I am very safe with PLL" and "Extremely safe". Relatives told us, "I'd say [person] is safe with them" and "No concerns about safety".

People's care records contained information about the risks identified. For example, risks related to mobility or to the use of manual handling equipment. One person's needs had changed and we saw the person had been assessed by an occupational therapist. The professional assessment read 'clear and concise instruction to be given'. We saw this information had been reflected in the person's risk assessment alongside the note 'as [person] has difficulty sequencing movements'. Staff told us they would actively involve the person in managing any risks identified. One member of staff said, "One person would only eat bread and butter and we encourage them to eat proper meals (so they are not at risk of malnutrition)". Another member of staff said, "We'd make sure the room is light and environment is clear so they [person] can have a walk safely".

People were cared for by staff that were aware of their roles and responsibilities in relation to protecting people from risk of harm. Staff told us they had safeguarding training and were aware what to do if they suspected an abuse. They told us if they witnessed or suspected a person was at risk of harm they would report it to the office. One member of staff said, "I know I could go to Social Services, Care Quality Commission (CQC) or the Police if needed". The provider had policies and procedures surrounding safeguarding. People's care files contained leaflets about the local authority's safeguarding procedures.

People told us the provider had sufficient staff to meet their needs. One person said, "Had no missed visits and they're not often late". Another person said, "I see the same people most of the time and if they are late they will ring". Other comments included; "They notify us if they are going to be late or if they have a change of staff", "They ring if they are going to be late", "Usually on time". Another person said, "Things have improved They used to come in around 10 - 11 but now they come in earlier". One person added, "It's very often the same man so we got used to each other". Feedback received from relatives was also mostly

positive. One relative said, "We get to see usually three or four regular staff, occasionally a different one. They were only late a couple of times". Another relative told us, "If they were to be late, they'd let me know, this morning they were late 30 minutes but they did ring". Another relative told us, "Usually they're pretty good and on time".

Two people we spoke with felt they did not always receive their visits on time and they commented, "Sometimes there is a time lapse" or "They are not punctual". When we asked the registered manager how people were informed about their scheduled visits, they told us the information about the times of visits was recorded in people's care plans. The records confirmed this information was recorded in people's care files. The registered manager was aware the communication with people in an event of staff running late needed improvement and they told us how they were working to improve this. The registered manager explained the system that was used to monitor this. The provider used an Electronic Telephone Monitoring System (ETMS) to monitor staff logging in and out of the people's visits. The office staff were able to monitor if any staff were running late so they could contact the person and redirect another member of staff if required. The manager showed us the reports of the staff compliance with the system and the records confirmed this has recently improved. The registered manager also told us they were planning to introduce weekly schedules to be sent to people. This would ensure people always had up to date information about which member of staff was due to visit them.

Records relating to the recruitment of the staff reflected relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

The provider had system in place for the recording of accidents. We viewed the records and noted there were only two accidents recorded in the last year. The staff told us the accidents occurred 'occasionally'. The staff we spoke with were aware what to do in an even of a person suffering an accident. One member of staff told us, "We'd complete the accident form if something happened when we're there (at a person's property). If we're not, there is a separate form". We noted this was reflected in provider's accidents and incidents reporting policy.



## Is the service effective?

### Our findings

People told us the staff had the knowledge and skills to carry out their roles effectively. One person said, "They are well trained and help us to do things". Another person said, "They know what they are doing. I think they are well trained". One relative commented, "Some (staff) are well trained".

Staff we spoke with felt confident in their roles and told us they had the skills they needed to provide support for people. One member of staff told us, "We get regular refreshers, we get interactive training, classroom based which is better, we also get put into hoists so we know what clients feel, good training". Another member of staff told us, "We tend to have training sort of every six months, if any issues we can always have extra training. We get good moving and handling training, it's practical and we're shown all equipment". Another member of staff said, "We have regular refreshers". Another member of staff commented, "The training was good and made me to do my job properly".

Staff had received mandatory training relevant to their role such as safeguarding awareness, manual handling, first aid or person centred care. Staff also had additional training provided by external health professionals if they required additional skills to meet people's individual needs such as administration of warfarin (blood thinning medication). One member of staff told us, "A nurse would train us if needed, I had training on compression stockings before".

The registered manager ensured one-to-one supervision meetings were taking place for staff where they could discuss their performance and training needs. We viewed four staff files and we saw they received supervision in line with provider's policy. We also noted spot check had been carried out to monitor staff practices. Staff confirmed they felt well supported. Comments included; "Manager does my supervisions, I can pick up the phone at any time", "I think my one to ones are good, we can go to the manager at any time, I only had my one to one Saturday gone" and "I only had my supervision recently".

The Mental Capacity Act (MCA) 2005 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. The registered manager was aware of their responsibilities under the MCA, the staff we spoke with were able to tell us how they ensured that people's rights were protected. One staff member told us "It's about giving people the choice of what they want to wear, encouraging independence, not doing things for them but with them even if they suffer from dementia". Another one said "The act helps to care for people who may not be able to fully decide for themselves, like for example if they have dementia. People always make their own decisions. We'd give (them) time, explain in detail and help them to make decisions. Even if a care plan says they prefer cup of tea we'd give a choice". People told us they were asked for consent before the care was delivered. One person said, "Yes, they ask for my consent". One relative also told us, "They do respect [person's] wishes and ask consent before moving her".

People we spoke with told us how the staff supported them with their meals and nutrition. One person said,

"They get my lunch, microwave meals". Other comments included, "They do prepare my food and leave it for me" or "They get my breakfast". One person commented, "I can't swallow so they make sure I have the right food". Staff we spoke with were aware and understood people's dietary needs. One member of staff told us, "We'd leave drinks and snacks for those people who can't move". Another member of staff told us, "[Person] can be very particular, they prefer sweets and we'd encourage them to have proper meals".

People were supported to access health services. Care documentation reflected various professionals were involved in assessing people's care and treatment. Staff told us they would make a referral when required. One member of staff said, "One of our clients had a sling that was not comfortable for them and we requested a new one, we got the soft one now, so it doesn't cut in their skin".

## Is the service caring?

### Our findings

When we spoke with people about whether they felt care workers were kind and compassionate, they mainly responded in positive terms. People's comments included; "More friends than carers", "They are very good", "The carers are very good. They bring the outside world in to us. They are chatty, it is out of this world. We've learned a lot about their culture. I am very happy they do a marvellous job", "I am used to them. Lots of different personalities. Always lovely to see them", "They are very willing. They make my bed and get my breakfast, even wash the dishes and they will sit and chat", "They are very caring. They are very respectful and kind" and "They are ever so nice". The feedback received from relatives was mainly positive. Comments included: "The care they provide is excellent and [person] is very well treated and gets on with them", "She loves them (the staff) all", "I'm very pleased, very impressed, they're very professional, warm, comforting and not patronising" and "Very polite staff, will laugh and have cup of tea if have time".

However, feedback received from four people showed some staff spoke with people very little during the visits. One person told us, "Some (staff) will chat but not many". Another person commented, "A couple (of staff) don't converse at all". Additionally, one person commented, "One or two are (caring) then time is up and they are off. A couple will chatter away on their phones in the own language, not very professional. There is not much time given to chatting or caring, but some (staff) are good". Additionally one relative told us, "Yes they help when they're here but there is not much interaction".

We raised this with the registered manager who told us they were going to address this with the staff on the staff meeting, discuss in their individual supervision and schedule additional training around communication skills. The registered manager also told us they would include additional questions in the next satisfaction survey to ensure the action taken, in response to this feedback was effective.

Staff told us they enjoyed working at the service. Comments included "I love the job, I am happy here", "I like my job, I am proud to be one of the carers, because I have a passion for this job and people I support. One day I will need care". People told us overall, staff were professional and respectful when providing support to them. One person said, "They are really good and kind". Another person said, "Everything is done with respect and logged for handover". One relative told us, "They show every respect in what they do for [person]". Another relative told us, "They have professional level of interest without being too intrusive".

We asked staff how they promoted people's dignity and respect. One member of staff told us, "I would keep the person covered when washing, with warm towel". Another member of staff told us, "I would wash the person in sections, leave them alone when on toilet". When we spoke with staff about people, they referred to them with genuine affection. We also noted the language used in care plans and support documents was respectful and appropriate. As part of our inspection we ask people to provide feedback regarding their care. All twelve people who responded to our surveys said the staff always treated them with respect and dignity.

People told us they felt involved in their care. Comments included "They talk to you and concentrate on what you ask them. They have great respect", "They keep a check on my needs and listen".

People's independence was promoted. People's feedback reflected that the care and support received helped them to be as independent as they could be. We noted the care plans stressed the importance of giving people the choice and promoting their independence. For example, one person's care plan read "[Person] will always say what he wants to eat". Another person's care plan said "[Person] normally chooses their own meals and sometimes makes their own". The daily records reflected the staff involved the person. For example, "[Person] chose to have shepherd's pie for lunch". The feedback from staff reflected they were promoting people's independence. One staff member said "We try promoting independence, can't just go in and assume they (people) can't do things".

People's care records were kept in their homes. Duplicate records were kept securely in the provider's office. Staff were aware about confidentiality issues. People told us staff respected their confidentiality. One person said, "They are very respectful and kind. And never talk about other clients". Another person said, "They never discuss other people. Attitude is usually good".

People's diversity was promoted. The staff told us how they respected people's cultural needs. One member of staff said, "We have one client whose faith requires them to have a certain routine, for example, (in relation to) the way they need to be washed. We also use gestures and signs (to aid communication)".

## Is the service responsive?

### Our findings

At our last inspection in February 2015 we found people and their relatives felt their complaints were not always acted upon. We also found the registered manager did not keep a record of complaints they had received from people or their relatives. At this inspection we found the provider had addressed these concerns. The registered manager had introduced a log of the complaints and we noted people's files contained information about how to make a complaint.

People's feedback reflected the provider was acting on complaints. People's comments included; "I know about my care plan and if I have any complaints they are rectified", "I have no complaints, they are golden apples" and "I have no complaints. I've never seen anyone from management but am sure they would listen".

The feedback received from relatives also reflected the provider was acting on complaints and concerns. One relative told us, "We occasionally raise (concerns) about timings, it improved certainty". Another relative told us, "My (person) told me they did not like the way the staff made the tea. I left a note and it improved since then, the staff took a notice of it". Another relative told us, "I raised (concerns) a number of times, on the whole they have been receptive to it".

We viewed six people's care records and we noted these all were rewritten and updated by the registered manager. The staff confirmed the registered manager was responsible for writing the care plans. One member of staff said "Manager does care plans, this is the best about this place, the manager knows clients".

Where applicable, people's care records contained referral documentation, from the local authority. The information recorded in referrals was used as a starting point for the service to create a support plan. Care files we viewed were organised well and contained information such as time allocated for visits and the level of support required on each visit. Care files contained personal information, background information as well as emergency, personal and professional (medical) contacts. People's likes and interests were also recorded. For example, one person's care file said '[Person] loves music and gardening. Any information important to people was highlighted, for example, '[Person] enjoys talking about the subject of music' or '[Person] enjoys watching sport and will happily talk about this'. We also noted the information about people's cultural needs and gender preferences in relation to the care staff was available.

People's needs were reflected in detail, with the clear instructions of how they needed to be supported. One person was hard of hearing and their care plan read 'staff to assist to fit (the hearing aid) in the morning and take out at night'. The care plan specified which colour aids were to be fitted in left or right ear. The care plan also gave instructions to the staff to 'speak louder and facing the person'. The registered manager told us they were planning to introduce 'one page profiles – this is about me' forms that would collate all the most important information about a person.

The service responded well to people's changing needs and people received personalised care. For example, one person's condition recently deteriorated and the family met with the manager to discuss the level of support required. The relative commented, "I would not know, they (care company) advised about a

different commode as the other one was not steady enough. They also advised to source a pendant that will go off automatically if the person suffers a fall. Another person's mobility deteriorated and they were referred to social services for a reassessment. Following this the person was assessed as needing two people to transfer them safely. The registered manager informed us they were in a process of reviewing this person's care plans.

The staff told us how they responded to people's changing needs. One member of staff said, "If I only said to the management that I saw a difference in a person, they would come out". Another member of staff said, "One person struggled to get to the toilet, we ordered a commode and it came in less than 24 hours and we made sure we were there to receive it".

Feedback from relatives reflected the staff responded to people's changing needs well. One relative told us "My (person) suffered a fall, the staff were brilliant, they stayed on, they packed the bag (to go to hospital), if needed they can be flexible and help".

People's views were sought through an annual survey. The registered manager shared with us the copy of the most recent satisfaction survey results. We noted the feedback received was mostly positive. People also told us the management sourced their feedback. One person said, "Manager monitors the carers with a phone call". Another person said, "I have had a questionnaire and telephone calls to monitor the carers". The registered manager informed us they planned to facilitate service users' meetings. They planned to introduce 'Meet the carer' meetings that could be attended by the people and their relatives. This was to allow the management to obtain additional feedback from the service users and their families.

## Is the service well-led?

### Our findings

At our last inspection in February 2015 some people told us they felt the registered manager did not deal with their concerns effectively and some people felt they could not approach the registered manager. We also found the registered manager did not have effective systems in place to identify any possible trends from people's feedback and events such as accidents that occurred within the service. In addition found the registered manager did not have systems in place to ensure people's care plans were current and reflective of their need.

At this inspection we found that the provider had made some improvements. For example, we noted that two accidents occurred in the last year and these were recorded and appropriate action was undertaken in response to the events. We noted the complaints were logged centrally and the feedback received from people reflected the provider was receptive to any concerns. The care records we viewed were current and mostly reflected people's current needs. The planned dates for all care files review were recorded on a matrix to ensure these were completed in a timely manner.

However, we identified some of the processes implemented needed to be embedded and sustained. For example, people's care records reflected that a person was recently involved in incidents. Whilst the individual incident forms reflected action had been taken, we noted there was no system in place that recorded the incidents in a central point, for example an incident log or matrix. This meant there was no overview of incidents for the people using the service. The registered manager reassured us the person concerned was being reviewed and a number of professionals were involved. The registered manager acknowledged the incidents also needed to be logged centrally and they informed us they were going to create a log to record these.

We also identified that the registered manager did not recognise through their internal quality assurance processes that their Care Quality Commission inspection ratings from our inspection in February 2015 had not been displayed accordingly to the regulations. When we raised this with the registered manager they immediately displayed the ratings in the entrance to the office. They also arranged for the link to the report to be added to the company's website and we checked this was completed accordingly to the guidelines.

The registered manager was open with us and told us they downsized the service since our last inspection and the management saw this as an opportunity to ensure the quality of the service was maintained. The registered manager told us they used the feedback from quality surveys to identify areas for further improvement. These were areas such as ensuring consistency in the provision of care staff and ensuring the people are informed if a member of staff was going to be late. The management also carried out spot checks in people's homes to ensure they were happy with the service. We viewed some examples of these checks and we noted the people commented positively about the support received.

Staff spoke positively about the registered manager and the support they received from them. One staff member told us, "They are very supportive. I've been in enough companies to know a good one to work for". Other comments included, "Good team" and "Very good team, cooperation, which is helping, if someone

does not drive, they get doubled up with a driver".

Staff told us the staff meetings were held regularly. One member of staff told us, "We tend to have weekly office meetings, at the beginning of the week. If there is anything I can suggest the manager will take it on board". We asked the manager if the staff meetings minutes were recorded and they showed us two sets of slides from the staff meetings held last year. The registered manager told us the most recent minutes were to be typed up. We also viewed two examples of staff newsletters. Some entries reflected the staff were reminded of necessity to report any important information such as 'if food is running low (in people's homes) this needs to be flagged up'.

Staff commented positively on the communication within the team. One member of staff said "Communication is perfect. Staff would contact each other and pass on any important information and record it in clients' book". The feedback from relatives also reflected the communication between them and the office had improved. One relative told us, "In the past we have had a problem with communications from the office, we raised this with PLL and we do now get an email informing us of change, what day and who is coming".

There was a whistle blowing policy in place that was available to staff. The staff we spoke with were aware about whistle blowing. The staff confirmed they would not hesitate to report any issues and they were aware how to report concerns externally, outside the organisation. One member of staff told us "(We have) zero tolerance (to abuse), never had any situation that I needed to report".