

PRIVATE PERSONAL ASSISTANCE LIMITED

PRIVATE PERSONAL ASSISTANCE LTD

Inspection report

Police Station
Long Lane
Sedbergh
Cumbria
LA10 5AL

Tel: 07500695798






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12 December 2015

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27 January 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

This announced comprehensive inspection took place on 12 December 2015. The provider was given 48 hours' notice of the visit because the location provides support and personal care to people living in their own homes.

Private Personal Assistance is a small domiciliary care agency based in the market town of Sedbergh. It offers a range of services for people in their own homes. The service provides support with personal care and domestic tasks to help maintain independence for people living in and around the surrounding rural areas.

There was a registered manager in post on the day of our inspection visit. 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. In this service the registered manager is also the registered provider.

We found that not all the information relating to the administration of medications had been recorded accurately in some people's care records. Staff who were responsible for the administration of medications had completed the appropriate training.

We found that people who used this service were safe. The staff knew how to protect people from harm. Staff had completed training in the safety of vulnerable adults and knew the signs to look for and how to report any incidents of concern. There were good systems in place to ensure people knew the staff that supported them.

We saw that recruitment procedures were robust this ensured only suitable people worked in the service. We saw that staffing levels were good with a number of flexible part time staff supporting the registered manager and care manager. Staff training was up to date. We saw that staff team were supported by the management team through regular staff supervision, appraisals and team meetings.

We found that the service worked very well with a variety of external agencies such as social services, other care providers, local GP's and community nurses to provide appropriate care to meet people's physical and emotional needs.

Observations made during our inspection showed people were given choices about how they wanted to be supported and how they wanted to live their lives. We also saw how relevant others had been involved in deciding the level of care and support required.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice. This helped to protect the rights of people who were not able to make important decisions themselves.

People received support from a regular team of staff who they knew well and who understood the care and support they required. We saw that people were treated with kindness, dignity and respect and they made very positive comments about the staff who visited their homes.

We recommended that the provider ensured the records relating to the administration of people's medications were accurate and reflected their current needs.

We recommended that the provider updated their recruitment and induction training policy to reflect their current procedures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Some records relating to the management of medications were not always accurate.

People told us they felt safe.

Staff knew how to protect people from harm. There were good systems in place to ensure people knew the staff that supported them.

People recruited had all the appropriate checks completed before they commenced working.

Is the service effective?

Requires Improvement ●

This service was not always effective.

The delivery of induction training was not always in line with the company's training policy.

Health care professionals were consulted when necessary.

People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf.

Is the service caring?

Good ●

The service was caring.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

The staff were knowledgeable about the level of support people required and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Staff took into account the needs and preferences of the people they supported.

Care plans were based on a comprehensive assessment of people's needs.

There was a system in place to receive and handle complaints or concerns.

Is the service well-led?

Good ●

The service was well-led.

People who used the service and the staff knew the registered manager and operations manager well and were confident to raise any concerns with them.

Staff were supported by the registered manager and operations manager in the team.

There were systems in place to monitor the quality of the service provided.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 12 December 2015. This visit was announced and the provider was given 48 hours' notice because the location provides a domiciliary care service. We visited people who used the service, with their permissions, in their own homes. The inspection was carried out by a lead adult social care inspector.

Before the inspection we reviewed the information we held about the service this included any statutory notifications sent to us by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted a local commissioner of the service. We asked the provider to complete a Provider Information Return (PIR) before the inspection. 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. They provided this information in good time.

The inspector visited the agency office and looked at the care records for 5 people, spoke to the registered manager, a member of the care staff and operations manager who was also the main administrator of the agency. Visited two people, with their permission, in their own homes. We looked at training records and recruitment records for staff. We also looked at records relating to how complaints and incidents were managed and how the provider checked the quality of the service provided.

We asked people what they thought about the service and checked to see that care records kept in their own homes accurately reflected their needs.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the service provided. One person said, "Yes, I feel very safe, I know I can rely on them. I have the same carers that help me and that's important."

The main carers in the agency were the registered manager and operations manager. They told us that they knew how to identify abuse and how to alert the appropriate people. They also told us they were confident that all of the carer staff they employed knew how to report any concerns to them or the appropriate authorities. Records we looked at confirmed that most staff had received training in the safeguarding of adults. There was a whistle blowing policy that was available to all staff and details of how to report concerns.

We looked at medication records and found for two people information relating to their current medications was not accurate. We saw that the prescribed topical creams for one person had not been included in their care records. However the only person attending to this was one of the managers and they could confirm the cream had been applied as prescribed. Not all staff had completed training in safe handling and administration of medicines but the managers confirmed most medications that were required to be administered were done by them. We saw that care records for the management of people's medications included a risk assessment of people's ability to safely administer their own medicines. People were supported to do this as much as possible.

We recommended that the provider ensured the records relating to the administration of people's medications were accurate and reflected their current needs.

We saw that risk assessments had been completed to support people safely in their own homes. The managers we spoke to confirmed they knew the people they supported well as the service operated in a small rural village. This gave a consistency to the service provided that ensured people became familiar with the small group of staff that supported them. We saw that there were always sufficient support staff on duty to meet the individual needs of the people they supported.

We looked at the recruitment procedures used and saw that they were both appropriate and robust. We saw that all the checks and information required by law had been obtained before new staff could commence employment in the service. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the agency's recruitment policy. Checks with the Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had also been conducted.

We looked at the records relating to accidents and incidents that had occurred. We saw that these were investigated by the registered or operations manager and where any actions had been required we saw that these had been taken. We saw where necessary notifications to the appropriate authorities had been made. All the records we looked at showed actions that had been taken in response to these incidents to promote the safety and wellbeing of people who used the service.

Is the service effective?

Our findings

People who used the service we spoke with made very positive comments in relation to the service being effective. One person told us, "We have regular staff and that is important to us." During our visit to people in their own homes we saw that they made choices about their lives and that these were respected by the staff that supported them.

We saw that some staff had received a range of training to ensure they had the skills to provide the support people required. The records we saw showed that training was ongoing and refreshers had been attended. However where new employees had commenced working with people not all care staff had completed mandatory training to give them the appropriate skills before working in people's homes. The managers told us that new staff had worked alongside a more senior member of care staff. We saw from the company's policies and procedures that this was not identified as the normal practice relating to their policy on induction training.

We recommended that the provider updated their recruitment and induction training policy to reflect their current procedures.

We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to other health professionals. We found that where people required their fluids or food intake monitoring to ensure they maintained good health, appropriate records had been made. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs had been met.

We saw that regular meetings with staff took place and staff could contact the registered manager or operations manager to raise any concerns or discuss their practice at any time. Records showed that staff were supervised regularly and were appraised.

The registered manager and operations manager demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA). The 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 saw that consent to care and treatment in care records had been signed by relevant others. Where required the registered manager and care manager had confirmed that those people were the legal decision makers where people lacked capacity. This meant that people's rights were protected.

Is the service caring?

Our findings

People we spoke with, who used the service, made very positive comments in relation to the service being caring. People told us that they really liked the staff that visited their home and said they provided a high quality of care. One person told us, "I'm blessed with the carers I get, I couldn't manage at home without them."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence.

We saw that care plans were reviewed regularly and people had been asked for their opinion on the services they received. The registered manager and operations manager spoke with people daily and so could assess informally if they were happy with their care and if there were any changes they wanted made to the support they received. The people we visited confirmed that the staff listened to them and included them in decisions about their care and lives. The managers were very knowledgeable about the individuals and their families they supported and about what was important to them in their lives.

We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We observed during our visit to people's homes that staff were respectful of their homes and their needs. We observed staff took appropriate actions to maintain people's privacy and dignity. People told us that they valued the support they received from the staff that visited.

Where necessary people had advocacy arrangements in place. An advocate is a person who is independent of the service and who supports a person to share their views and wishes. This ensured that people had access to independent advice and information.

We saw that people's treatment wishes had been made clear in their care records about what their end of life preferences were. The records contained information about the care people would like to receive at the end of their lives. We saw that positive comments had been received by the service from people whose relatives had been cared for at their end of life in their own homes

Is the service responsive?

Our findings

People who used the service gave positive comments in relation to the service being responsive. One person told us, "I have no grumbles and if I did I would tell them." Another person said "If I did have a problem I would phone the office and let them know about it."

There was a formal process for receiving and responding to concerns and complaints about the service provided. However we observed that people with concerns could contact the registered manager or operations manager directly. The registered manager told us that they preferred to deal with things that concerned people in an informal way and as quickly as possible. People we spoke with could tell us how they could raise a concern or complaint by directly calling head office

In the care records we looked at we saw that information provided for staff about how to support individuals was very detailed and up to date. We also saw that where changes had occurred to the support needed for some people this had been recorded to accurately reflect the level support they required.

We saw that where people had reviews of their care they were asked for their views about the support they received. People had been asked what support they wanted the service to provide and records showed that they had been included in planning their own care. We also saw that where people had specific or specialised care needs these had been planned for and recorded appropriately within their care records. For example when assessments had required input from the community occupational therapists or nurses.

We saw from all the care records we looked at apart from one that people's health and support needs were clearly documented in their care plans along with personal information and histories aimed at reducing their risk of becoming socially isolated. The operations manager took note during the inspection to include all of the relevant other needs identified for the one care record. We could see that where relevant people's families had been involved in gathering personal information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them difficulties. We saw that the service provided to individuals was focussed on supporting them to maintain their independence as long as possible and to provide them with a regular familiar face during the day as some people rarely had visitors.

Is the service well-led?

Our findings

The service had a registered manager who was readily available to people who used the service, their relatives and staff. People we spoke with said they could speak with the registered manager whenever they required.

This was a small, growing service covering a very rural area. The registered manager told us they spoke to people and their family members often. This provided people with an opportunity to discuss their experience of the service in an informal manner. There was regular monitoring of the quality of the service. People who used the service were given opportunities to share their views about the care and support they received. There were a number of audits in place that checked on the safety and quality of the service. We saw that questionnaires had been completed by people who used the service, their relatives and staff members. We looked at the responses made overall for the quality of the service the responses showed that 67% thought it was excellent and the remaining 33% said it was good.

The registered manager and operations manager had established good working relationships with stakeholders and were proactive in sharing any information and seeking guidance from other professionals. We saw that they worked in partnership with other providers for some people and we were told that this worked well for the individual needs of people. The service worked in partnership with other professionals and had a very strong connection with the local GPs and community nurses to ensure people received the appropriate care and support to meet their needs. We saw records of how other professionals had been involved in reviewing people's care and identifying the levels of support required.

We saw that staff supervision had been completed regularly and this gave the staff opportunities to discuss their training needs and to discuss the running of the service. There had also been meetings where all staff had attending and these meetings were also used to discuss training topics.

The registered manager of the service told us that the quality of the care provided was paramount to their aims for the service along with being able to provide a much needed service in a very rural area. They also expressed that the service provided was to ensure that people received the best care and support for their individual cases and to ensure people were not left isolated.