

Person Centred Services Limited

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Inspection report

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Person Centred Services Limited is a domiciliary care service. The service provides personal care to adults with a range of support needs including; older people, people with dementia, people with physical disabilities, and people with learning disabilities. At the time of our inspection the service was providing personal care support to 13 people.

Not everyone who used the service received personal care. 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.

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

People and relatives told us they felt the service was safe. Although some risk assessments needed to be more robust to further reduce risks to people, staff knew people and understood their care needs well. Policies were in place and staff were safely recruited. People received medicines by trained staff. People were protected from infection through staff wearing Personal Protective Equipment (PPE) and lessons were learned when things went wrong.

Audits and quality checks were being completed, however some checks needed to be more robust to ensure outcomes could be monitored. People and staff felt the manager was approachable and were confident issues would be dealt with appropriately. Staff felt supported by the registered manager. There was a person-centred, positive and open culture within the service.

People had care plans which were regularly reviewed. Staff received mandatory training, however, not all staff had received specialised training to be able to support all people using the service. People were supported to have enough food and drink in line with their assessed needs. Staff worked in partnership with other agencies.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People were treated with dignity and respect and their independence was promoted by staff. People contributed to their care planning. People had their care plans in a different format if needed. The registered

manager dealt with concerns promptly. People receiving end of life care were supported by suitably trained staff.

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

This service was registered with us on 4 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 was responsive.

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.

Requires Improvement ●

Person Centred Services Limited

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 who visited the office location and made telephone calls people using the service, their relatives and staff.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 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 6 September 2022 and ended on 30 September 2022. We visited the location's office on 12 September 2022.

What we did before the inspection

We sought feedback from the local authority and 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 four staff, including the registered manager who was also the owner, and three members of care staff. We viewed a range of records including two people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

We spoke with three people who were supported by the service and three relatives of people in receipt of care over the telephone after the office visit. We made these calls to find out what people and relatives thought about the quality of the care provided by Person Centred Services Limited.

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.

Assessing risk, safety monitoring and management

- Some risk assessments were in place, however, there were a lack of risk assessments for more specific health conditions, for example diabetes and epilepsy risk assessments. Staff in the service were consistent and familiar with people which meant they knew people well and understood their needs. However, there was a risk of signs or symptoms not being identified swiftly if new or unfamiliar staff were to provide support.
- Care plans were generally detailed and regular reviews were taking place when people's needs had changed, but these changes were not always promptly reflected in people's care plans. Staff were updated on any changes through the electronic system, but a delay may risk staff not being unaware of the changes in people's needs.
- Staff knew how to access people's care plans and risk assessments.
- The manager was receptive to feedback provided and told us they would address issues identified.

Staffing and recruitment

- There were enough safely recruited staff. Pre-employment checks had been completed including criminal records checks.
- People and relatives told us care was provided by regular care staff, staff usually arrived on time and staff stayed for the right amount of time. One person told us, "They [Staff] are really consistent; I know who is coming and at what time which makes things a lot easier." A relative said, "The time window is excellent and they [staff] stay the right amount of time." Another relative told us, "Staff are consistent and they have got to know [person's name]."
- The registered manager explained their plans to continue to advertise to recruit more care staff and aimed to have enough staff to support people to enable them to concentrate on the oversight of the service more. Systems and processes to safeguard people from the risk of abuse
- People were kept safe from the risk of harm.
- People told us they felt safe.
- Relatives felt people were safe. One relative told us, "Yes, I do feel [person] is safe. I feel staff are really good with [person]."
- Staff knew what concerns to report to the registered manager as well as where to access the safeguarding policy. Staff felt confident issues would be dealt with appropriately and promptly. One member of staff told us, "I reported something a couple of weeks ago. [The registered manager] acted on it straight away. [The registered manager] does not sit on things."

Using medicines safely

- Medications were administered safely by suitably trained staff.
- One person told us, "They [Staff] explain what they [medicines] are for."
- Staff told us they had regular competency checks, one member of staff said, "We have refreshers every 12 months or if the medicines change. [The registered manager] does spot checks."
- The registered manager regularly audited the medicines to ensure any issues could be identified and took action to rectify promptly.

Preventing and controlling infection

- People were kept safe from the risk of infections by staff.
- People and relatives told us staff always wore personal protective equipment (PPE) while in their homes.
- Infection control policies needed updating in line with government guidance, however, staff knew what PPE they should be wearing in people's homes and there was always enough PPE for staff.

Learning lessons when things go wrong

- Lessons had been learned when things went wrong.
- Incidents were addressed when issues had been identified, and the learning had been shared with all staff to ensure people's safety was maintained. For example, a medicine error was identified, and the registered manager put a further risk assessment in place for all staff so that the risk of this happening again was reduced.

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

- Care plans were developed from people's initial needs assessment.
- Staff supported people with eating and drinking in line with their care plans.
- Referrals had been made to appropriate professionals where issues had been identified. For example, when people had swallowing difficulties.

Staff support: induction, training, skills and experience

- All staff had completed the care certificate and mandatory training.
- Some staff needed specialised training to be able to support all people using the service. The registered manager was aware of this, and was already sourcing training for Parkinson's disease, epilepsy and other health conditions.
- People and relatives told us they felt confident staff had appropriate training.
- Staff told us they were supported to develop their caring skills through induction and on-going training. One member of staff said, "I've done shadowing and face to face and online training."
- Staff felt well supported by the registered manager and one staff member told us, "I have supervisions often. I can ring [the registered manager] anytime."
- The registered manager said, "I put my heart and soul into [making new staff] feel at ease and knowing what the job is. I have spent hours with [new staff] explaining things to them."

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

- People were supported by staff who took action to promote their health. Staff worked in partnership with other agencies and health and social care professionals and followed their advice. This helped to ensure people received the best health outcomes possible.
- One relative told us, "[The registered manager] emailed me and recommended [I book] a GP appointment for [person's name]." This has had a positive outcome for the person as they received the support they needed from their GP.
- The registered manager gave us examples showing they contacted appropriate professionals when they noticed a change in a person's health and care 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.

- Staff had received MCA training and understood how to support people to make their own decisions.
- The registered manager was aware of their responsibilities in relation to mental capacity and what they would do should someone be unable to make a particular decision.
- Staff told us they asked for people's consent when they provided care and people confirmed this.

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; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. One person told us, "I feel they [staff] do respect my privacy."
- Relatives told us they felt staff treated people with respect. One relative told us, "[The service] is not like a generic company. They [Staff] really do care and look after [person] well."
- People were supported to remain as independent as possible. One person told us, "They [Staff] let me do as much as I can."
- Staff told us they supported people to retain their independence. One member of staff said, "I allow people time. There is an urge for some carers to 'do for'. That is not promoting people's independence. I ask people if they want help and don't assume they do."
- Staff told us they supported people to retain their independence. One member of staff said, "I allow people time. There is an urge for some carers to 'do for'. That is not promoting people's independence. I ask people if they want help and don't assume they do."
- Records showed people's beliefs were acknowledged by the service.

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

- People had input into their own care plans and people's and relatives' views were sought. This included when people's needs had changed.
- People felt listened to and involved in their support. One person told us, "I would say if things needed adding to my care plan. I have had tasks added previously."
- Relatives felt able to contact the registered manager if there were any changes in people's needs. One relative told us, "They [Staff] review [person's care] regularly."
- Staff told us they supported people to make their own decisions and one member of staff said, "It's about them [people] and their choices and what they want. I respect their wishes."
- The registered manager told us they spoke with people and relatives regularly about their views on the care provided and people and relatives confirmed this.

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 had personalised care plans developed from their initial assessment of care needs, which included their preferences.
- Relatives felt staff were proactive in people's care. One relative told us, "I see [the registered manager] once or twice every week. I know if [the registered manager] or other care staff were concerned [the registered manager] would let me know."
- The registered manager told us, "I do a baseline assessment of the person's needs and special requirements to make them feel valued as a person and to make their care package unique to them. [People] are all different and all like things done different ways."

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.

- People's care plans were in different formats for them to be able to access the information.
- The registered manager explained how they supported people with their communication, including through family members as well as by ensuring communication equipment was available to the person, for example, hearing aids.

Improving care quality in response to complaints or concerns

- Complaints and concerns were responded to and dealt with swiftly.
- One person told us they had contacted the registered manager about a concern and, "[The registered manager] came out to discuss my concerns with me."
- Relatives felt able to raise concerns should they arise and knew who to contact.

End of life care and support

- The service does provide end of life care and support for people.
- Not all staff in the service had received this specialised training, however, only staff who had received the training would support people at the end of their life. Staff confirmed this.
- The registered manager told us, "We will put things in place with the family when needed. We would then

work in partnership with relevant professionals."

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 requires improvement.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits and quality checks were being completed. Actions were taken by the registered manager when issues had been identified, but records were not robust because people's names were not recorded in the audits. This meant patterns and trends for a specific person may not be swiftly identified.
- Governance systems had not identified risk assessments were not always in place for health conditions to provide staff with an understanding of the health condition, the impact on the person as well as any signs or symptoms to be aware of.
- Quality assurance checks had not always ensured people's care plans were consistently and promptly updated as their needs changed. The manager was receptive to our feedback and told us they would swiftly address issues identified.
- The registered manager completed quality checks while supporting staff delivering care. One member of staff told us, "[The registered manager] works from the front. [The registered manager] does not want to overload staff [with care calls]." Spot checks had been completed by the registered manager to drive improvements in people's care.
- Staff were aware of their roles and understood who to raise concerns with. Staff felt the registered manager was approachable and responsive. One staff member told us, "[The registered manager] does listen and acts on a problem." Another member of staff told us, "[The registered manager] is fantastic; very committed and cares about the service users and the staff."
- The registered manager ensured staff continued to be supported when the registered manager was unavailable.
- The registered manager was reporting concerns to the relevant authorities and making the CQC aware in line with the requirements.

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 registered manager understood their responsibility in being open and honest with people and, "Not to hide things", when things went wrong. They tried to rectifying things wherever possible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were regularly consulted through reviews.
- People and relatives were happy with the support they received and had no concerns about it needing to be improved.
- Staff had their competencies checked. One member of staff told us, "[The registered manager] does come out a lot to support. The registered manager likes to be kept in the loop."
- The registered manager ensured staff completed the mandatory equality and diversity training to support their understanding of equality characteristics outlined in the Equality Act 2010, which includes a person's age, disability and religious beliefs.

Working in partnership with others

- The service worked in partnership with other agencies and supported people to access the appropriate professional support they needed.
- Where these had been received, risk assessments from health professionals were in people's folders for staff to refer to when delivering care to people.

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

- Staff understood the values of the service which the registered manager supported staff to understand.
- People and relatives felt positive about the staff and registered manager which was reflective of the service's culture.
- One relative told us, "[Staff] have a personal touch. The carers go above and beyond."
- A member of staff said, "[The registered manager] is committed to person-centred care; it's about what the client needs and not what the business needs. It is a positive environment we work in."