

Person Centred Care Company Ltd

Person Centred Care Company

Inspection report

Agency for Culture and Change Management (ACCM)
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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Person Centred Care Company is a domiciliary care service which provides personal care to adults with a range of support needs. There were 9 people using the service at the time of this inspection.

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

Significant improvements had been made since our last inspection. However, there were still not enough effective quality assurance processes in place to evidence appropriate checks had been made and any issues addressed.

Safe recruitment procedures made sure staff were of suitable character and background. There were enough staff deployed to meet people's care and support needs in a timely way. There were systems in place to ensure people received their medicines as prescribed.

Staff told us they were provided with an induction and relevant training to make sure they had the right skills and knowledge for their role. Staff said they enjoyed working for Person Centred Care Company and they felt supported in their jobs. Care records provided enough information to enable staff to meet people's needs and preferences, and to manage risks. Staff competency was checked by the registered manager.

People told us staff were caring and respectful in their interactions with them. From our conversations it was clear staff knew people well. 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 were encouraged to maintain good health and have access to health and social care services. The registered manager liaised with other health and social care professionals to discuss any changes and updates to people's care and support needs.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 August 2021) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made, however the provider remained in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 16 July 2021. Breaches of legal

requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the management of risk, medicines management, staff support, recruitment practices and the governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Person Centred Care Company on our website at www.cqc.org.uk

Enforcement and Recommendations

We have identified breaches in relation to the governance of the service.

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 from 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 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Person Centred Care Company

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 team was made up of 1 inspector and 1 regulatory coordinator. A regulatory coordinator works alongside inspectors within the Integrated Assessment and Inspection Teams.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. 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.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 19 July 2023 and ended on 21 July 2023. We spoke with people using the

service, their relatives, and staff on 20 July 2023. We visited the location's office on 19 July 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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 reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service and Healthwatch, Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 2 of their relatives about their experience of the care provided. We met with the registered manager. We spoke with 4 care workers.

We looked at written records, which included 3 people's care records and 4 staff files. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. This included reviewing policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found systems were either not in place or were not robust enough to demonstrate risks were assessed and mitigated. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and monitored. Where risks to a person had been identified there was associated guidance for staff on how to manage these.
- Staff were aware of how to report any accidents or incidents so action could be taken to address any concerns and share any lessons learnt.

Staffing and recruitment

At our last inspection systems were either not in place or were not robust enough to demonstrate staff were recruited safely. 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The process of recruiting staff was safe. We saw recruitment files contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) reference number. DBS checks provide information including details about convictions and cautions held on the Police National Computer. These checks help employers make safer recruitment decisions.
- There were enough staff employed to meet people's needs in a safe and timely way. People told us, "There are always [enough] staff attending to provide the care that I need" and "I always feels safe, there are always enough staff."
- Staff confirmed they were assigned to regularly support the same people, had enough time to travel between calls and were able to stay the required length of time. Comments from staff included, "There are always sufficient staff, no issues there" and "I feel that I have the time to develop and maintain positive and meaningful relationships with people."

Using medicines safely

At our last inspection systems were either not in place or were not robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed. Staff received training in medicines administration. We saw their competency in this area was regularly checked.
- People were supported to manage their own medicines, where appropriate.
- There were brief records of regular audits of medicine administration records (MARs) taking place. However, these audits needed to be further developed to ensure all areas of medicines management were checked and any issues addressed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well cared for. One person told us, "I do feel safe receiving care from this company."
- Staff confirmed they received training in safeguarding vulnerable adults. Staff told us they were confident any concerns they reported would be dealt with appropriately.
- There were systems in place to record any future safeguarding concerns raised with the local authority, the action taken and the outcome.

Preventing and controlling infection

- There were systems in place to reduce the risk of the spread of infections. Staff confirmed they received training in this area and their practice was observed.
- Staff had access to supplies of personal protective equipment (PPE). People told us staff wore PPE when supporting them with personal care.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found systems were either not in place or were not robust enough to demonstrate staff received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- New staff received an induction. This included completing mandatory training and shadowing more experienced members of staff. Staff were supported to complete The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they received regular training to ensure they had the necessary knowledge and skills to carry out their jobs effectively. A member of staff said, "Training is always kept up to date, training is a priority to keep clients safe." A person told us, "Staff always know what they are doing." However, we found staff training records were incomplete. The registered manager told us they were considering purchasing an online package to proactively track and chase staff training.
- Staff received ongoing support from the registered manager. Staff confirmed they received supervision, and they could contact the registered manager and provider anytime if they needed to. Comments from staff included, "Yes, I receive proper training and regular supervisions" and "I have worked for them [Person Centred Care Company] for a number of years and I have always felt fully supported by them."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we found the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's care and support needs were assessed before they started receiving a service. This was to ensure their needs could be met effectively.
- Care records were person centred and contained information about the person's social history, needs and preferences. This enabled staff to provide personalised care. One person told us, "Care is definitely focused on my individual needs."
- The registered manager initially provided the care and support to new people so they could understand their needs and routines. Regular care workers were then assigned to the person and they shadowed the registered manager until everyone was comfortable with the care package.

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

- People's nutrition and hydration needs were met. When assessed as needing support in this area we found their care records held information on the person's dietary needs and preferences. This included guidance for staff on how best to support the person to meet these needs.
- People confirmed their nutrition and hydration needs were met. Comments included, "Staff always ensure that I am drinking enough to ensure I stay hydrated" and "They [staff] always give me a choice of what they prepare [for me to eat]."

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

- People's care records contained details of the professionals involved in their care. We saw recent records of professional meetings involving Person Centred Care Company staff.
- Staff worked effectively alongside existing support networks, such as community nurses and social workers to ensure people received the care and support they needed.

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.

- The service was working within the principles of the MCA. The registered manager obtained people's consent to their care package. We saw people's care records contained signed consent forms.
- People using the service and their relatives told us staff were respectful about their choices. One person told us, "[Name of care worker] is lovely and wants to do their best. [Name of care worker] always treats me with respect and does little things that I ask them to." A relative told us, "[Staff] are most definitely kind and compassionate, very respectful of [my relative]. Care definitely meets their needs."
- There were no training records to show staff were up to date with MCA training. However, staff were aware of the need to give people choices. Staff told us they had received training on the MCA.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection systems were either not in place or were not robust enough to demonstrate the quality and safety of the services provided was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had implemented some quality assurance systems since the last inspection. However, audits were not effective in checking care was effectively and fully delivered. For example, medicines audits lacked any detail, with no reference to current legislation and good practice guidance.
- The provider had not kept full oversight of the service. This could have identified the issues with the quality assurance systems we found at this inspection. This meant the registered manager was unable to continuously learn and further improve the service.
- The provider had purchased a comprehensive set of policies and procedures. However, the provider was not always following them. For example, their 'Good Governance' policy and procedure stated the need to 'Provide measures based in good practice and legislation to quality assure and measure the effectiveness of the service. Analyse governance processes to identify themes and trends and take corrective action where required.'

The provider had failed to fully establish effective systems and processes to demonstrate the quality and safety of the services provided was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had established quality performance checks. For example, observations of staff practice were now undertaken by the registered manager. These were recorded and shared with the member of staff.

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

- People using the service and their relatives told us the registered manager was approachable and responsive. One person told us, "I am absolutely 100% comfortable raising a concern, if I had any."

- There were no records of any team meetings taking place since the last inspection. The registered manager told us they were to be re-introduced. Staff told us they could contact the registered manager and their colleagues anytime.
- People's care records contained evidence of satisfaction questionnaires. The responses were all positive.
- The registered manager liaised with other health and social care professionals to discuss any changes and updates to people's care and support needs.

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

- Staff told us they thought the service was well managed and they enjoyed their jobs. Comments included, "I really enjoy working for the organisation and yes I really do feel it is well-led" and "[Names of registered manager and provider] are always very proactive about acting on feedback. For a small company everything is done efficiently, everyone works well together. If someone is [absent from work] someone will always step in to cover."
- The registered manager and staff spoke with kindness and compassion about the people they supported. They clearly knew people well and were committed to providing the best care and support they could.

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 | Regulation 17 HSCA RA Regulations 2014 Good governance 17(1) The provider had failed to fully establish effective systems and processes to demonstrate the quality and safety of the services provided was effectively managed. |