

POVA Care Ltd

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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 caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

POVA Care Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 27 people using the service.

People's experience of the service and what we found:

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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it had recently registered as a specialist service for this population group.

Right Support

Staff supported people to have choice, control in their care and support. 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. The service was flexible to people's needs and people told us how the provider was responsive to their changing needs.

Right Care

Staff understood people's cultural needs and provided appropriate care. One person's relative told us how the care staff allocated to their family member were able to speak with them in their own language. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff understood people's individual communication needs. People's care, treatment and support plans reflected their needs, and this promoted their wellbeing.

Right Culture

People received good quality care and support because the provider and staff focused on meeting their needs and wishes to enhance their quality of life. People and, where appropriate, their relatives were involved in planning their care. Relatives and staff felt well supported by the management team and able to raise concerns with them. They felt concerns were acted on and lessons learnt when things went wrong. There were systems to monitor and audit the service to help improve quality and people's experiences.

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

Rating at last inspection

The last rating for this service was Good published 29 December 2018.

Why we inspected

We inspected due to the length of time since the last inspection.

We undertook a focused inspection to review the key questions of safe, caring and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

POVA Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector, a regulatory co-ordinator, 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. The Expert by Experience did not visit the service but made telephone calls to people who used the service or their relatives.

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 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. The registered manager was also the Nominated Individual and a co-director of the service.

Notice of inspection

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

What we did before the inspection

We 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local safeguarding team, local authority commissioners of the service and Healthwatch. 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 reviewed a range of records. This included care and medication records for 5 people. We looked at a variety of records relating to staff training and recruitment, and the management of the service. We spoke with 7 members of staff including the registered manager, a director, the compliance officer, a care co-ordinator and 3 members of care staff. We spoke with 2 people who used the service and 8 relatives.

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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm
People were safeguarded from abuse and avoidable harm. Staff understood how to protect people from abuse and knew what to do if they thought someone was at risk. Referrals to the local authority safeguarding team had been made when needed. People felt safe when receiving care. One person's relative told us, "I am happy they are safe; they are not being abused and are treated and looked after well". Another said, "(Person) is comfortable and safe with POVA carers. They treat (them) like family. (Person) was very unhappy and very unsettled with the previous care company".

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. Risks to people's health and safety during care visits, such as environmental and moving and handling risks, were assessed on the initial 'meet and greet' visit to the person. Care staff continued to review risks to make sure risk assessments were up to date. Where risks were presented by people's behavioural difficulties, these were assessed, and plans put in place to ensure the safety of the person and staff providing care. The provider's auditing systems included analysis of accidents and incidents to look for any themes. This meant action could be taken to mitigate against the risk of incident being repeated.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

Staff told us there were sufficient staff and time on calls to meet people's care needs. One staff member said, "I've never been overworked or felt overburdened". All new staff undertook the care certificate and went on to follow a programme of induction and training to support them in their role. Training in supporting people with a learning difficulty or autism was in place and was being further developed.

The provider operated safe recruitment processes. References and Disclosure and Barring Service (DBS) checks were completed before staff started working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. For overseas staff, 'Right to work in the UK' checks were completed. Where a visa was reaching expiry, the service had re-applied and received confirmation of the staff member's continuing right to work in the UK.

Using medicines safely

People were supported to receive their medicines safely. Administration of medicines was recorded and signed for on the electronic care record system. A system was in place for an audible alert to be made to staff working at the office if a person's medicine had not been administered at the prescribed time. This meant they could contact care staff to establish the reason for this and arrange for the medicine to be

administered.

Preventing and controlling infection

People said staff used PPE appropriately. One person said staff did not always look after their relative's catheter properly which led to spillage and the potential for cross infection.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong. We saw an example of how staff induction and training had been developed to include a medical issue, not previously covered, that had affected a person using the service. The provider had recognised this as an issue that could affect other people and therefore made sure staff had the awareness they needed to recognise early indications.

Is consent to care and treatment always sought in line with legislation 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.

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.

People's mental capacity and ability to be involved in decisions about their care and give consent to care was assessed during the initial 'meet and greet' assessment. It was also established, at this stage, if there was a power of attorney in place where another person would support with decisions about care. Staff demonstrated a good understanding of supporting people to make decisions. One staff member said, "People have the right to make bad decisions as well, but I would try to talk things through with them".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

People were well supported. All the people we spoke with were complimentary of the care. One relative said, "The carers are all lovely and my (relative) is really happy with them all. The carers have been nice company for us all and we have got to know them as we do see the same faces. They have good rapport with her and that is so much easier if it's the same carers. They are delightful. Another relative told us, "The carers are lovely, they go above and beyond. If my (relative needs continence support) and no one is due to come for a while all I need do is ring the office and they will send someone as soon as they can."

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

People were supported to express their views and make decisions about their care. People and their relatives felt involved in their care. One person's relative said, "I was involved in the care plan as was (relative) and my brother, we were asked what we needed for (relative)". Another relative said, "They have got to know my (relative) pretty well but I still give them pointers which they are happy to accept, nobody knows my (relative) as well as I do and I feel I know how (they) like (their) care provided".

Respecting and promoting people's privacy, dignity and independence

People's privacy, dignity and independence were respected and promoted.

One person's relative told us, "(Person) is very proud and has not been good with strangers in (their) house. (Person) gets to see regular faces and now she gets on with them and from what I have seen they are polite and friendly to (person)". A person who uses the service told us, "I get to see the same carers most of the time and I like them. They do everything I need them to do. They are on time, unless they are stuck in traffic, they are polite, friendly and respectful".

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 Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

There was a positive and open culture at the service and the provider had systems to provide person-centred care that achieved good outcomes for people. One person's relative told us, "There are a few things I would like CQC to know about POVA Care. I feel they have integrity; they are decent people, and their culture is right and that all passes on to the carers and the way they conduct themselves". We saw examples of where the provider had taken measures, not within their contracted duties, to improve people's lives. This included organising the fitting of a ramp to enable a person to leave their home for the first time in many years and providing food to people who were experiencing financial hardship until they received the support they needed.

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

Staff told us they felt comfortable making suggestions for improvements or raising concerns. One said, "It's a family team and we're all part of the family." Regular staff meetings were held and repeated to make sure all staff could attend. Meetings concentrated on how improvements to the service could be made. People who used the service were asked for their opinions of the support they received, and we saw positive responses had been received to the service's quality assurance questionnaire.

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 provider understood their responsibilities under the duty of candour. The provider managed complaints made to them well. They acknowledged and made full apology for any part the service had played in the issues experienced by the person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. Systems to audit quality and safety within the service were in place. This included individual auditing of, for example, care and medication records and quarterly monitoring of the whole service. Where areas for improvement had been identified, these were detailed within the audit along with the actions needed to address the issue.

Staff said managers and care coordinators undertook spot checks to review whether duties and paperwork

were being completed correctly and good care was being provided; feedback was provided to the staff member. People told us they were able to speak with the management team and received good support from them. One person said, "I feel they really care and they check in with us regularly".

Working in partnership with others

The provider worked in partnership with others. The provider and staff worked closely with health and social care professionals to make sure people using the service received the support they needed.