

Pasand Care Services Limited

Pasand Care Services Limited (Home Instead Senior Care)

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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Pasand Care Services Limited (Home Instead Senior Care) is a domiciliary care service providing care to 80 people aged 65 and over at the time of the inspection.

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

The service had clear values which were embedded in the organisational ethos. The provider integrated the service within the local health and social care network and had been commissioned to take part in innovative initiatives to improve people's health and social care outcomes.

The provider had an extensive outreach in the local community, providing training and education on their role in the community, as well as funding community events to improve social isolation and raise awareness of adult social care in the local area.

People received a highly detailed and holistic assessment which was used to judge which staff would be best compatible with the person so that not only would their needs be met and recorded in extensive and person-centred care plans but they could build trusting and in-depth relations with those providing care for them.

People were supported by staff who had received in depth and innovative training from dedicated training staff. Staff said there was a welcoming, positive and empowering working culture which took into account their support needs.

People's health and wellbeing were monitored proactively by staff who ensured people received the right support from the wider health and social care network.

Relatives said people were safe in staff's care and that there were enough staff to meet people's needs. Staff were recruited safely.

People were cared for by kind and compassionate staff who respected people's individual preferences.

Relatives said the complaints process was clear and their concerns were responded to appropriately.

Care plans contained good levels of person-centred information and care plans were regularly reviewed to ensure they continued to meet people's needs.

The registered managers had good oversight of the quality of the service through the provider's quality assurance processes.

People and their relatives were actively engaged by the provider who sought their opinions to improve the service provided.

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 good (published 27 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Pasand Care Services Limited (Home Instead Senior Care)

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 Care Act 2014.

Inspection team

The inspection was carried out by an adult social care inspector.

Service and service type

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

The service had two managers registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven relatives of people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered managers, care workers and training staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding policies and procedures in place to protect vulnerable people from harm. Staff received training in safeguarding vulnerable adults. Staff we spoke with said they knew how to identify and take measures to prevent abuse.
- Relatives we spoke with said they felt their relatives were safe. One relative said, "I feel my relative is safe and staff are knowledgeable".
- There was a confidential whistleblowing service for staff to raise concerns anonymously, and staff said they knew how to access this.

Assessing risk, safety monitoring and management

- There were systems and processes in place to assess and manage risks to people. Risk assessments were personalised and relevant to people's individual needs.
- There was a clear process for assessing risk and risks were reviewed regularly in response to changing needs.

Staffing and recruitment

- Relatives said there were enough staff to meet people's needs. One relative said, "Carers generally come on time, very good, sometimes there might be traffic but they are good at phoning and explaining they will be a little late."
- At the last customer satisfaction survey in 2018, of 30 respondents 96% stated staff always arrived on time.
- Staff were recruited safely, this included verifying candidates background and work history.
- The provider had an electronic monitoring system in place to track staff and ensure they arrived in a timely way.

Using medicines safely

- Relatives we spoke with said their loved ones received their medicines as prescribed, and staff were communicative around people's medicines.
- Staff received training in medicines administration and had their competency checked in line with national guidance.
- We reviewed medicines records and found they contained good information and were checked by senior staff regularly to ensure they were accurate.

Preventing and controlling infection

- Staff received training in preventing and controlling infection. There was an ample stock of personal protective equipment (PPE) such as gloves and aprons.
- Senior staff conducted regular visits to the community in an area where staff operated (far from the office) to stock PPE and documentation, so staff would always have access to PPE.

Learning lessons when things go wrong

- There were processes and policies in place for investigating accidents and incidents.
- Staff said where incidents had occurred, they were thoroughly discussed to ensure they would not happen again. One staff member said, "Following a medication change, everyone was getting confused with the system and some people didn't grasp it. The trainer had us all in from this team, so we sat there until everyone knew what we were doing, we didn't leave until we knew. We did a scenario and we all did it. You are constantly being fed information."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported with extensive, engaging and innovative training provided by enthusiastic and experienced staff.
- People's relatives said they thought staff had the right skills to meet people's needs. Comments included, "They are well trained and competent. All staff I've met have been extremely good", "They are very competent, and well trained".
- Staff said they agreed the training and support was engaging. Comments included, "Training. Wow, the training at my last job was phenomenal but it stepped up a bit here. [Staff name] is fantastic, goes in great depth, some of the things -they said I think we didn't do that at my old place, a massive difference here. This is a step up", "There were three other carers on the training who had 10 years' experience. The trainer encouraged them to share their experience and I was sharing mine. I could relate to a lot of the stuff. By the end of it I felt part of the team. Every person made a point to introduce themselves. You felt you were wanted here. Any time I needed the trainer to stop and explain they did. I can talk to them about anything I am worried about", "Its practical, you can see the commode in training. You talk about things, why is the bed high, when would it be lower, what it is a hazard. Not just pictures and answers we are there looking at it, one of us pretends to be the client, its role play."
- There was a dedicated training area at the office location that had been decorated to reflect what an older person's living room and bedroom might look like. The furniture in the training living room and bedroom were specifically not adapted for people with poor mobility. This allowed staff to undertake moving and handling training with a more challenging learning experience.
- A member of the training team said, "Yes I have lots of little set ups I arrange for when we do moving and handling, makes it realistic. I position myself in the chair and ask what they see, I suggest how they assist me, then it comes to light how difficult it is for anyone. We purposely have a bed that can't be raised so staff can see these hazards and learn. Staff come along like [Name] from a previous agency with a wealth of experience and others that don't at all, so you have to juggle everyone's training needs."
- Medicines training was practical, with mock blister packs and medicines administration records (MARs). Staff were provided with MARs which were poorly written and asked to identify the errors and improvements they would make.
- Training staff members had an active role in discussing which new staff member would be best adapted to each service user as part of the induction and training process.
- All staff we spoke with felt the ongoing support they received was good. Comments included, "We get plenty of one to ones and supervisions. They are open conversations, you can talk about your concerns",

"Competency checks are in place, you go through a system. You know what you can and can't do but they [people]? say these are the meds, and I know from working in ten years you can't apply cream to a sore finger unless it's on the MARs. You get it drummed into you here. Training and support is really good".

- We reviewed documents which showed staff received regular supervisions, competency checks and one to one discussions.

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

- People's relatives said the assessment process was thorough and reassuring. Comments included: "One of the things I liked was at the time they agreed to do an assessment out of normal hours. They were very interested in mum's life history, her interests, what she enjoys, who she would enjoy getting on with, they would be keen to match mum with someone they would get along with" and "The assessment was very good, I had not been very impressed with previous enquiries at other services, these guys handled it professionally and I was reassured by that. Senior staff introduced new staff to my dad. Knowing any new staff will be introduced is helpful. They asked all sorts about him."

- The provider used the extensive information collected not only to create a holistic care package for people that met their needs, but to ensure the right care staff member was allocated to them so they could build meaningful and trusting relationships which would ensure better outcomes.

- Any staff members allocated to a person using the service who had not met them before had to be introduced by staff who knew the person. They had to shadow these staff and gain consent from the person or their family before they could work with them. This meant people had a choice in their care staff.

- Assessment documents reviewed were thorough and highly detailed. The initial assessment was followed up by a courtesy call 24 hours after the first visit to see if there were any adjustments needed or any feedback to improve the service.

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

- Relatives of people using the service said they were pleased with the level of support staff gave their loved ones regarding their physical health.

- Comments included: "If there is any problem with mum yes they ring me if they have any concerns about her. All sorts of things, small things and larger things. They are very responsive and understanding and offer support", "They get in touch about [Name's] health, they don't deal with their medication, I put it out but they check they have taken it. They [Staff] phone me to say [Name] missed one, so we had a discussion, they always write in the log. They called the GP and informed me", "They [Staff] let us know and always phone me if they arrive and mum isn't too well, they phone the district nurse, GP, they will do it and then phone and tell me what happened."

- Care records contained evidence of input from health and social care professionals and relevant information and correspondence from health and social care professionals with guidance for staff on how to meet people's needs.

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

- Relatives said staff supported people to eat and drink food that met their nutritional needs and matched their personal preferences.

- Care plans gave clear instructions for staff as to what people's personal preferences were and how their needs were to be met. Where necessary, what people had eaten was clearly recorded in their daily notes.

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 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.

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 training in the MCA and were able to describe it's principles and how the MCA impacted on their work. One staff member said, "We have one person not allowed alcohol, they were assessed as not having capacity, it was a whole process of home meeting with management and family. When we take them to lunch we make sure we go to places that don't serve alcohol".
- Care plans contained appropriate assessment and best interests' decisions.
- There were systems in place to assess capacity, so they could ensure decisions were made in line with MCA best practice. Capacity assessments we reviewed followed best practice guidelines. Care plans contained important information as to who was able to make important decisions, for example if someone had legal power of attorney over a specific area of a person's life.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People's relatives said staff were kind, caring and compassionate. Comments included, "[Name] is always very, very happy to see them come. [Person's name] welcomes them absolutely, I am very relieved", "Staff are very caring, most of them they tend to go out and introduce carers to mum and find ones that mum will get along with. They tend to have the same people, mum is very fond of them", "They [staff] understand mum's needs, and they have become her friends".
- Staff received training in equality and diversity. Where people had particular beliefs, this was clearly laid out in the care plan with guidance for staff on how they wanted their needs met and respected.

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

- Staff provided signposting to relevant organisations to ensure people were aware of organisations that would help them to express their views and make decisions about their care, such as advocacy services and social services. An advocate helps vulnerable people make important decisions about their care.
- Reviews of care and staff spot checks included people's views about staff performance to ensure their voice was included in monitoring and improving the service.

Respecting and promoting people's privacy, dignity and independence

- Relatives said they were happy with the way staff protected people's privacy, dignity and independence. One relative said, "I've been there when they've [staff] delivered personal care, and they are very good at protecting their dignity and independence."
- Staff were able to describe how they maintained people's privacy and dignity. One member of staff said, "We do the basic things first, close bathroom doors, close blinds. We are here to build a relationship, I'm always asking is this ok, is the water ok, gets them distracted and they [people] are taking control of what you are doing. That's how I'm giving them the dignity and respect. Once you get to know them you have a laugh and build that relationship. They lead it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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's care plans contained highly detailed, good person-centred information and clear guidelines for staff on how to meet their needs, taking into account their personal preferences.
- People and their relatives were involved at all stages of the process with regular reviews of care to ensure their needs were being met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed before they used the service. There was detailed and clear information in people's care plans for staff on how to communicate with people in a way they wanted.
- Information was available in different formats and staff signposted people to relevant organisations that could help with improving communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained details about people's hobbies and interests so staff could learn about them and staff could be better matched to people who had interests in common.

Improving care quality in response to complaints or concerns

- There was a proactive approach to complaints and concerns. Any concern was formally recorded and investigated to ensure the issue was resolved before a formal complaint was raised.
- Relatives we spoke with said they were confident they knew how to raise concerns, and their concerns would be dealt with by the provider. One relative said, "There is a process, but I've had no reason to make a complaint".

End of life care and support

- Staff received training in providing end of life support and staff said they understood their role in working alongside other health and social care agencies in making people as comfortable as possible.
- The service provided family members with information on bereavement counselling and signposted them

to local relevant organisations.

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 the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- The provider worked over and above to ensure the service was embedded within the local health and social care network to improve learning and care.
- The service's director was the chair of the local dementia action alliance, an organisation with representatives from local hospitals, fire service, police service, local authority and relevant charities which met regularly to drive improvements in dementia friendliness and awareness in the local area.
- As a result of this strong local leadership, the provider had been instrumental in the formation of a working group which led to the provider participating in a frailty project whereby new clients were assessed using the Edmonton frailty scale (an NHS frailty tool) alongside the service's own assessment process. The data collected was used to shape how additional support could be created to ensure people's frailty was managed.
- The purpose of the research was to see how different levels of frailty were affected by the intervention of care providers over time, which would lead to a prevention of hospital admissions, as well being able to better predict the actual care hours people would need and how to adapt staffing levels to that.
- The provider had also been commissioned by the local CCG to partake in a study helping older people learn to use voice controlled, internet connected technology. With consent, people were provided the devices and simple exercises and would then be assessed to see how well they were using the technology. The aim of this study was to test the viability of online video GP consultations to ease pressures in the wider health and social care environment.
- There was evidence the service learned from service user feedback to make improvements and change the way they worked, for example a member of the public rang the service to say they were struggling with mobility to use the toilet at night, and there was no option for them other than moving into residential or supported living, or using an overnight domiciliary care agency which would not meet their needs. There was another person who had discussed wanting an out of hours service to help them past midnight, which their other care provider could not accommodate.
- As a result, the provider successfully piloted a responsive 'night owls' service between 12-3am which had prevented people from losing their independence and was being reviewed by the local authority to see whether it could be commissioned. We reviewed a 'night owls' care plan and saw it was effective in meeting the person's needs.
- Staff delivered talks and training sessions for members of the community in dementia awareness, and they had also been asked to deliver a presentation to the local school of nursing to help educate them

about the role of non-clinical carers in the community.

- The service was the only private care provider in the area recommended by the local carers association, a signposting organisation that works with young carers or relatives.

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

- The provider proactively engaged with people using the service and the wider public. Staff took part in regular events such as career talks at local schools and events at shopping centres to raise awareness about dementia and the care sector.
- The organisation also provided talks to community groups as part of its 'fraud and scam awareness' initiative to give information to people and their relatives about helping reduce risks for vulnerable people. Staff had received extra training in scam prevention so they could look out for potential risks and take measures to ensure people were safe.
- The provider sponsored a regular film matinee at the local arts centre as a friendship café for people who use the service and members of the community to increase social inclusion and raise awareness about what services they could provide. We saw evidence that this had led to a request for an assessment for a person who had attended one of the events.
- Relatives we spoke with said staff were in constant contact with them to gather feedback so they could drive improvement. Comments included: "We receive questionnaires and surveys frequently. Periodically they will include a questionnaire", "The care plan is under constant review, every six months minimum I'm involved, always contact me saying what they will do after", "They ask me for feedback and I've had questionnaires".
- There was an annual staff and service user survey used to gather feedback and drive improvement. The results were universally positive.
- There were regular staff meetings. Minutes from the meetings were distributed in the quarterly newsletter for staff who were unable to attend.
- The newsletter was in depth and informative, with articles on topical best practice, staff awards and prizes, reminders of programmes for staff (such as 'refer a friend' rewards), training dates, and information about the employee assistance programme. There was also a mini interview with a new care worker so staff could get to know more about them.

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

- All staff we spoke with said the workplace was inclusive and open, from the directors to new starters and that they were always made to feel welcome. Comments included, "They are all so nice here. I keep waiting for the catch, there isn't one. Every time I talk to the directors I understand why, it's what they believe, it filters down. All other places I worked the owners or directors always been about the business and looking good to the clients. Here they are about the ground level care", "Open culture from what I see. From the first time you're here all staff including the directors ask do you want tea and a biscuit, so friendly and refreshing compared to my previous role."
- The provider had a defined vision and set of values which they incorporated into business practice. One member of staff said, "The values of the company are on the training and it is drummed into you, it is person centred and everything they give 110%".
- There were a number of initiatives and offers for staff to ensure they felt valued by the provider. This included monthly draws of prizes for staff and a 'caregivers treat' every month, for example hand creams. Staff said they could contribute ideas for what they would be.

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

regulatory requirements

- There were varied and clear quality assurance processes in place to monitor and improve service quality. For example, there was an internal audit of the entire service undertaken by the provider which identified some areas of improvement, there was evidence action had been taken in response. Actions included specific eye drop competency checks and ensuring the most up to date versions of review forms were used.
- There were monthly MARs and daily notes audits undertaken.
- There was a clear business plan tied to the stated values of the organisation.

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

- There was a duty of candour process and policy in place. Where necessary relevant stakeholders were involved in discussing incidents.