

P A Care Services Limited

# P A Care Services

## Inspection report

Barking Enterprise Centre  
50 Cambridge Road  
Barking  
Essex  
IG11 8FG

Tel: 02030112250

Date of inspection visit:  
27 June 2019

Date of publication:  
19 July 2019

## 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?	Good ●

# Summary of findings

## Overall summary

### About the service

P A Care Services is a domiciliary care agency. The agency provides personal care to people living in their own homes in the community. There were 10 people using the service at the time of our inspection. The provision of personal care is regulated by the Care Quality Commission.

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

People and relatives were confident that they were safe using the service. Risk assessments were completed and staff knew how to manage and report incidents to ensure people were safe.

Staff were appropriately checked before they were employed to ensure they were safe to support people. Staff received support, training and supervision and were able to meet people's needs.

People received person-centred care. Care plans were based on the assessed needs of people. Staff knew people's health, social, physical needs and preferences. Staff promoted people's independence and ensured that people made their own decisions and choices when possible.

People and relatives spoke highly of staff. They told us they would recommend the service to others. Staff were caring and treated people with dignity and respect. They had received training on ensuring equality and valuing diversity and respecting the human rights of people. They ensured that people's privacy was upheld at all times.

There was a culture of continuous learning in the service. Staff and the registered manager attended meetings, worked with other agencies and were involved in local community events. There were systems in place to audit and monitor the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 20 June 2018 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date P A Care services was registered with the CQC.

### 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 safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# P A Care Services

## **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. This inspection was planned to check 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 one inspector.

### Service and service type

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

The service had a manager 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:

The inspection was announced. We gave the provider 48 hours' notice as we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 June 2019 and ended on 5 July 2019. We visited the office location on 27 July 2019.

### What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law.

We used the information the provider sent us in the provider information return. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan

to make. This information helps support our inspections.  
We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke by telephone with two people using the service and three relatives. We also spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed three people's care plans and three staff recruitment files. We also looked at staff training records, audits, safety checks of the premises, complaint records and accident and incident records.

After the inspection we spoke with two care staff by telephone.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm; Systems and processes to safeguard people from the risk of abuse

- The service had risk assessment systems and adult safeguarding procedures in place to ensure people were safeguarded from avoidable harm and abuse.
- The registered manager understood their responsibility to raise safeguarding alerts with the local authority safeguarding team and send notifications to the CQC.
- Staff knew how to identify and report incidents, accidents and abuse. A member of staff told us, "I will record and report [incidents and abuse] to my manager." Staff had received adult safeguarding training.
- The service also carried out environmental risk assessments related to the use of electrical and gas appliances and fire safety to ensure the safety of people.

Assessing risk, safety monitoring and management

- Risks to people were assessed. These assessments included the environment where people lived such as accessibility, gas, electricity, appliances and fire alarms. People's risk assessments also included their health conditions such as diabetes, falls and medicines. One person's risk assessment stated, "I am prone to falls so ensure trip hazards are free." This showed the risk assessments included guidance for staff.
- The registered manager ensured that risk assessments were reviewed so that any changes to people's needs were included and managed.
- Staff told us people's risk assessments were helpful. One member of staff said, "[People's risk assessments] help me understand the risks and how to make sure service users are safe."

Using medicines safely

- People self-administered or were supported by their families to administer their medicines. One person told us, "I take my own medicines."
- The registered manager told us staff only prompted some people to take their medicines. Staff told us they had read and followed the provider's medicine procedures which included recording details of medicines they prompted people to take.
- Staff told us and records showed that they had training on safe administration of medicines.

Staffing and recruitment

- There were enough staff employed to meet people's needs. People told us there were no occasions when staff did not come to support them. One person told us, "My carers arrive on time and stay for the whole time."
- Staff worked in their local areas which meant that they did not have to travel far. A member of staff said, "I have not been late. But if I was late I would ring the office and the person using the service to let them know I was running late."
- The service did not have a particular system for monitoring staff punctuality or attendance to people. The registered manager told us that they randomly rang people to check that staff were punctual. They told us

people or their relatives also knew how to contact the office if staff were late. The registered manager explained that they had a plan to use an electronic system for monitoring staff timekeeping.

- The service had safe staff recruitment procedures to ensure staff were suitable to work with people.
- Pre-employment and background checks had been carried out before staff started to work at the service.

#### Preventing and controlling infection

- The service provided staff with personal protective equipment (PPE) such as disposable gloves and aprons. People and relatives told us staff used gloves and aprons when providing personal care.
- Staff told us they washed their hands thoroughly before and after providing personal care.

#### Learning lessons when things go wrong

- The service had a procedure for reporting incidents and staff told us they knew of these. There were no reported incidents and accidents in the service.
- The registered manager told us that if incidents and accidents occurred, they would investigate and learn from them to ensure they did not take place again.

# 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.

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

Staff support: induction, training, skills and experience

- People and relatives told us staff had the necessary skills and knowledge to provide care and support to people. One person said, "[Staff] are good, they know what they are doing." A relative told us, "[All staff] are good in what they are doing, no complaints."
- Staff had completed various training and refresher courses to carry out their roles effectively. This included the Care Certificate standards. The Care Certificate is a set of standards that health and social care workers comply with in their daily working life. A member of staff told us, "Yes, I completed a lot of training. I also did the 15 standards [Care Certificate standards]."
- Staff had completed an induction programme, which involved shadowing experienced care staff, looking at care plans and meeting people. A member of staff said, "Yes, I had induction, I also shadowed staff. It was useful."
- The registered manager carried out regular supervisions of staff and this was confirmed by staff and the records we saw.
- Staff told us they were supported by the registered manager. A member of staff said, "[The manager] is supportive and understanding. I can talk to the manager about anything and [the manager] understands me."

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

- Each person had a pre-assessment of needs which helped identify the support they needed.
- The registered manager reviewed people's support needs regularly, and this was confirmed by people and relatives we spoke with.

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

- People told us that, when needed, staff supported them with meals and drinks. One person said, "I do tell [staff] what to do, for example, if I ask them to give me water, they do it. They make me a sandwich if I want it."
- Care plans detailed people's dietary preferences. For example, one person's care plan stated, "I like to have a cup of tea in the morning, a sandwich, bacon and snacks for my lunch or evening meal, I do not like cheese."
- Staff we spoke with told us they were familiar with people's dietary care plans.

Supporting people to live healthier lives, access healthcare services and support

- Care plans included the contact details of people's GPs, so staff could contact them if there were concerns about people's health.
- Staff knew what actions to take if people needed urgent medical attention. A member of staff told us, "I

would ring 999 for an ambulance. I will also contact relatives and my manager."

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.

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 on the MCA and were aware of the principles of the Act.
- Staff requested people's consent before providing them with support and personal care. A member of staff said, "I ask people's choice and consent when supporting them."
- Care plans showed people or their relatives had signed to confirm they agreed to receiving care and support from staff.

## 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were caring. A person told us, "The carers are pleasant and caring. They are all very good." A relative said, "[Staff] are very kind. I have no complaints."
- Staff told us most of the time they supported the same people and this enabled them to know people well and build positive relationships with them.
- People confirmed they had a good relationship with staff. One person said, I have four visits a day. All the carers are good. I get on well with them."
- People were protected from discrimination within the service. Staff told us people should not be discriminated against because of differences such as their race, gender, age and sexual status. A member of staff said, "All people have equal rights, we do not discriminate because of who they are."

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

- Care plans showed people or relatives were involved in decisions about their care.
- Staff told us they encouraged people to make decisions for themselves. A member of staff said, "I use aids such as colours, pictures and gestures to help people make informed decisions about their care."
- Care plans included decisions people made about their care. For example, one person's care plan stated, "I can cook food of my choice." Another person's care plan noted, "I am able to use my [means of mobility] to access the community."

Respecting and promoting people's privacy, dignity and independence

- Staff told us they respected people's privacy. A member of staff said, "I make sure the door and curtains are closed to ensure nobody can see when people are having personal care."
- Staff told us they promoted independence. A member of staff told us that they encouraged people to do as much as possible by themselves. They gave examples of how they encouraged independence, which included encouraging people to brush their teeth, hair and help themselves with meals.
- People's personal information was kept in locked filing cabinets in the service's office. Staff also understood the need to protect confidential information and not to share with others.

# Is the service responsive?

## Our findings

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

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

- Care plans were person-centred. They covered each person's needs in areas such as their health, memory, mobility, diet, medicines, hearing, vision, sleep, orientation, and personal safety.
- The needs of people were reviewed every six months or more often, when needed. This ensured changes in people's needs were identified and met by staff.
- People received consistent care. They told us they had regular staff most of the time and all the staff were "lovely".

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. One person said, "I have no complaints. If I want to complain I will contact the manager. Information about complaints is my folder."
- The service had a complaints procedure in place. This provided information on how people could raise their complaints and the processes the service would follow to address them.
- We noted that complaints were recorded, investigated and responded to following the provider's complaints procedure. The registered manager told us the service welcomed complaints and compliments to improve the service.
- The registered manager received compliments. One of the compliments stated, "We only have good things to say about the staff." A relative said they were satisfied with the service. They said, "I would recommend the service to others."

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented in their care plan and provided information to staff on how to communicate with people effectively. For example, one person's care plan stated that person's hearing needs and staff could communicate with them by speaking clearly and using body language.

End of life care and support

- The service did not support people at the end of their life at the time of our inspection. The registered manager told us staff would receive appropriate training prior to providing end of life care.

# 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.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and staff felt that the service provided was of a high quality. All we spoke with made positive comments about the service.
- The registered provider had a good understanding of their duty of candour responsibility. The registered manager told us that they shared information about incidents or accidents with people, relatives and others involved in people's care. If they had made an error they would apologise for this and would set out what they had learnt from it.
- There was consistency of care at the service. People and relatives told us they were supported by the same staff who knew and met their needs.

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

- The service had various policies and procedures, and these were regularly reviewed and updated. Staff told us they had read and were familiar with the policies and procedures.
- The registered manager was aware of their responsibility to send notifications to the CQC when required.

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

- The service had systems in place to seek feedback about the quality of service it was providing from the people and their relatives. The registered manager showed us their annual survey questionnaires they planned to send out to gather people and relatives' views about the service.
- People's equality and diversity needs were detailed in their assessments and care plans. For example, the service supported people to have appropriate equipment for mobility. The registered manager told us the service took account of people's preferences and needs in areas such as religious and sexual preferences when allocating staff.
- Staff had regular meetings which meant that they were able to discuss aspects of the service.

Continuous learning and improving care

- The registered manager attended ongoing training and local provider forums to update their knowledge of care management.
- The registered manager carried regular spot checks to assess how staff supported people and to identify areas where staff needed to further develop their knowledge.

#### Working in partnership with others

- The service worked well with health and social care professionals to help maintain people's care and support needs.
- The registered manager worked with a local charity to organise an event for people who needed support. They told us they had a plan to be involved and make a positive contribution to the local community.