Pamir Corporation Limited

Pamir Homecare

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?	Good

Summary of findings

Overall summary

Pamir Homecare provides a range of services to people in their own home including personal care. People using the service had a range of needs such as learning and/or physical disabilities and dementia. The service mainly provided personal care for people on short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals. At the time of our inspection 11 people were receiving personal care in their own homes.

Not everyone using Pamir Homecare received a regulated activity. CQC only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last visited the service on 26 June 2016 and we were not able to award a rating because, the service only had one person at the time of our inspection, which meant we did not have enough evidence to enable us to rate them.

There were effective systems and processes in place to minimise risks to people. People told us they were safe. The service had safeguarding systems and processes to support care workers to protect people from avoidable harm. There were safeguarding, whistleblowing and anti-bullying and harassment policies in place and care workers were aware of how to raise concerns. Care workers underwent appropriate recruitment checks prior to working at the service. There was an adequate number of care workers deployed to meet the person's needs. The registered manager told us care workers were allocated according to geographical areas, which reduced travel time and therefore improved timeliness. Equally, people received help with medicines in the way they wanted. They were supported to take their medicines by staff who had been trained in doing so.

People gave us consistently positive feedback about how the service was meeting their needs. Each person had a care plan that described the type of support required and how this was delivered. This was accomplished by the service working alongside a multidisciplinary team, which comprised members of different disciplines, such as occupational therapist, pharmacist, social workers and GPs, who were also involved the planning and treatment of people. People's capacity to make choices had been considered in line with the Mental Capacity Act 2005 (MCA). They told us that care workers asked for permission before attending to their needs. The service had supported care workers to have the skills and knowledge to carry out their role. Care workers had received regular training and support.

People told us care workers were kind and caring. They told us care workers treated them with respect and

maintained their privacy. People's individual preferences were respected. Their care plans contained detailed information so that care workers could understand their preferences. People's independence was supported. Their care plans highlighted the importance of functional independence and so care workers were directed to prompt people to increase eating or dressing independence. Care workers had a good understanding of protecting and respecting people's human rights. They treated people's values, beliefs and cultures with respect. In keeping with the human rights requirements, there were practical provisions for people's differences to be respected.

People received person centred care. They told us that they had been involved when their care plans were written. By involving people, the service could deliver care that met their preferences. People's diversity and human rights were highlighted in their care plans. This ensured care workers were aware if they needed to make reasonable adjustments to meet people's needs. People and their relatives confirmed that they could complain if needed. There was a complaints procedure which they were aware of. Although people's communication needs were considered, this needed to be developed in terms of the requirements of Accessible Information Standard.

The service was well-led. This was an overall view we received from speaking with care workers, people and their relatives. The registered manager had a clear sense of responsibility and had led a management team to establish robust processes to monitor the quality of the service. A range of quality assurance processes, including surveys, audits, management of complaints had been used continuously to drive improvement.

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.

Care plans contained risk assessments which identified the risks to people and how these should be minimised.

Care workers had been recruited safely. They underwent appropriate recruitment checks before they commenced working at the service. This ensured those recruited were suitable to provide people's care.

There were enough care workers to support people in their homes safely. People told us they received a reliable service and were kept informed of any changes.

People were supported with their medicines in a safe way by care workers who had been appropriately trained.

Is the service effective?

Good

The service was effective.

People's needs were met. This is because their needs had been assessed prior to using the service. Each person had a care plan that described the type of support required and how this was delivered.

People had access to healthcare services and were supported to maintain good health. The service worked alongside a multidisciplinary team, which comprised members of different disciplines, including social workers and healthcare professionals.

People's capacity to make choices had been considered in line with the Mental Capacity Act 2005 (MCA).

Care workers received regular training to help ensure they had up to date information to undertake their roles.

Is the service caring?

Good

The service was caring.

People told us care workers were kind and compassionate.

People told us that care workers treated them with respect and maintained their privacy.

People's individual preferences were respected. Their care plans contained detailed information so that care workers could understand their preferences.

People were supported to maintain their independence. Their care plans highlighted the importance of functional independence. Care workers prompted people to increase eating or dressing independence.

Is the service responsive?

Good

The service was responsive.

People's care plans gave a comprehensive account of their needs and actions required to support them. The care plans provided direction for person centred care.

People's diversity and human rights were highlighted in their care plans and had been considered in relation to gender preference.

Although people's communication needs were considered, this needed to be developed in terms of the requirements of Accessible Information Standard.

Is the service well-led?

Good

The service was well-led.

People and care workers were complimentary about the leadership of the service.

A range of quality assurance processes had been used continuously to drive improvement.

There was a clear management structure in place. Care workers understood their roles and responsibilities.

The service sought people's views on the service to monitor quality.

Pamir Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 May 2018 and was announced. The provider was given notice because the service provides care at home and we wanted to make sure the manager and staff would be available to speak with us.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

During the inspection we spoke with four people using the service and three relatives to obtain feedback about their experiences of the service. We spoke with the registered manager, and five care workers. We examined five people's care records. We also looked at personnel records of five care workers, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run.

Good

Is the service safe?

Our findings

People receiving care told us they felt safe in the care of staff. Their relatives also shared the same view. Comments from people and their relatives included, "I am happy with the care that I am receiving", "I feel safe with the staff. I give the service 10 out of 10", "My [relative] is well-supported. I do not have any worries" and "I do not have any concerns. The care is good."

Care workers understood their responsibilities to keep people safe and protect them from harm. They understood different forms of abuse. This meant they could spot the signs of abuse and report accurately to relevant authorities. There were safeguarding and whistleblowing policies in place. Care workers were aware of how to raise concerns through the relevant policies and were confident any concerns raised would be dealt with effectively. Where there had been concerns raised, these had been promptly investigated. People told us that they felt safe in the presence of care workers. One person told us, "I have been using the service for a while, and I have no concerns with staff that attend to me." A relative said, "My [relative] feel safe with the staff attending to their care."

There were enough care workers to support people in their homes safely. The service used a manual scheduling and monitoring system to manage staff shifts and absences. The registered manager acknowledged the need to adopt an electronic system as the service expanded but stated the current system still ensured calls were monitored in real time. Therefore, concerns such as late calls were responded to immediately. People told us they received a reliable service and were kept informed of any changes. Their feedback included, "I get three calls a day. My care worker is always on time." A relative said, "Time keeping is never an issue." This was a general view shared by people using the service.

Care workers had been recruited safely. They underwent appropriate recruitment checks prior to starting work with the service to ensure they were suitable to provide care. Pre-employment checks included a completed application form, at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. These checks helped to ensure only suitable applicants were offered work with the service.

There were effective systems and processes to minimise risks to people. Support plans included risk assessments covering a range of areas, including nutrition, moving and handling, falls, medicines and environmental safety. The assessments provided information about how to support each person to minimise risks. For example, one person was at risk of falls and their support plan contained a set of instructions to reduce the risk. These were written in a clear and simple way for care workers to follow. We saw that these assessments had been kept under review to make sure they remained up to date. For example, a review for one person had identified risks with manual transfers from a wheelchair to shower. Following a review, a ceiling hoist was introduced to manage this risk. This demonstrated that risks to people's safety and wellbeing were monitored and managed properly.

The CQC has no regulatory powers or duties to inspect people's own homes. However registered providers

have responsibilities in relation to the environments people who use their service live in. At this inspection, we looked at how the service ensured people were supported in a safe environment. We saw that the service carried out an environmental risk assessment of the home at the first contact with the person. The assessment covered a range of areas, including external access to the property, general layout of the home, emergency equipment, and moving and handling. Where risks were identified, there were specific actions to take to reduce the risk. In one instance, we saw that the service had identified and reported a stairs handrail that was in disrepair. There were other examples, which showed the registered manager was aware of his responsibilities in relation to the environments people lived in.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection. Care workers told us they were supplied with appropriate personal protective equipment (PPE), including gloves and aprons, when they supported people. We saw stocks of PPE at the offices of the service.

There were systems in place to ensure proper and safe use of medicines. All care workers had received training in the administration of medicines which was regularly refreshed. There was evidence they had been assessed as competent to support people to take their medicines. There was a medicines policy which provided guidance in line with national guidance from the National Institute for Clinical Excellence (NICE). People told us their medicines were safely managed. People told us that they received their medicines on time.

Good

Is the service effective?

Our findings

People's needs had been assessed by the service prior to using the service. Assessments covered areas such as personal care, domestic and shopping support, moving and handling, food and meals preparations and medicines administration. Care plans included step by step guidance about meeting these needs. We received consistently positive feedback from people and their relatives about how the service was meeting their needs. One person told us, "I have been with the service for a while and my needs have always been met." Another person said, "I discuss my care with staff on a regular basis." This was also reflected in the feedback we received from their relatives. One relative told us, "I am involved in the planning of my [relative's] care. I give the service 10 out of 10."

Each person had a care plan that described the type of support required and how this was delivered. Depending on people's needs, there were plans of care relating to moving and handling, medicines management, skin integrity and nutrition. Additional documents included, local authority contracts and consent forms. A multidisciplinary team, which comprised members of different disciplines, such as occupational therapist, pharmacist, social workers and GPs were also involved the planning and treatment of people. We saw evidence where the service had arranged meetings with relevant professionals to review the care of people. We asked people what happens when they felt unwell. One person told us, "The service has supported me to see my GP." We also saw that a referral had been made by the service for an occupational therapy assessment for a person using the service. This confirmed to us that people had access to healthcare services and were supported to maintain good health.

People's rights were protected because the registered manager ensured that the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were met. The MCA 2005 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 interest and legally authorised under the MCA. The application procedures for people living in their own homes are through Court of Protection orders.

Care records recorded whether people had capacity to make decisions about their care. Care workers were knowledgeable regarding the requirements of the MCA. They gave us examples of how they were putting these requirements in practice. They told us they always assumed people had mental capacity to make their own decisions. We confirmed from people that their consent was sought before care was provided.

People were supported to have their assessed needs, preferences and choices met by care workers with the right skills and knowledge. Care workers had completed an induction programme based on the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out 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 be covered if you are 'new to care'. Care workers confirmed they had

shadowed experienced members of staff until they felt confident to provide care on their own. A care worker told us, "I have been supported with training." Another care worker confirmed, "I received support when I first joined the company. This is on-going."

Additionally, there was evidence of on-going essential training, including medicines management, moving and handling, safeguarding, MCA 2005, infection control and equality and diversity. Records confirmed care workers were up to date with their training. Where refresher training was due this had been scheduled. Care workers were also supported to receive additional training to meet the specific needs of people they care for. For example, some staff had completed training in, epilepsy, learning disabilities and dementia These were bespoke courses, specific to the needs of people receiving care from the service. This meant the service recognised people's diversity and ensured care workers were trained to support them effectively.

There were systems and processes in place to support care workers. They received regular supervision, which included one-to-one meetings, work based observations, comprising spot checks and an annual appraisal. Care workers told us of the benefits they derived from this support structure. They used supervision as a platform to discuss good practice and any knowledge acquired enabled them to care and support people effectively.

People were supported to have sufficient amounts to eat and drink. Their care plans contained detailed information about food and drink. Although care workers were not always required to prepare people's meals, there were reminders in people's care plans for them to always leave drinks within easy reach. The service supported people from different cultural and religious backgrounds. Staff were aware of these needs.

Good

Is the service caring?

Our findings

People and their relatives told us that care workers were caring. Care workers were described as kind and compassionate. One person told us, "All staff attending to me are kind and caring." Another person said, "I feel respected. Staff always chat with me and ask if I am okay." Relatives thought in a similar way. One relative told us, "I find the staff ever so caring."

We asked people if care workers treated them with respect and maintained their privacy. One person told us, "My dignity and privacy are always maintained." Another person told us, "Staff are always respectful." We saw that arrangements for accessing people's homes considered, people's safety and privacy. People confirmed care workers knocked on doors before entering their homes. Care workers told us they ensured people were covered up during personal care. They kept doors closed and curtains drawn when they were delivering personal care.

The service recognised people's rights to confidentiality. Care records were stored securely in locked cabinets in the office. Whilst the registered manager was aware of General Data Protection Regulation (GDPR) law, the service had not yet completed updating relevant policies to comply. The GDPR law came into effect on 25 May 2018. It is Europe's new framework for data protection laws. It replaced the previous 1995 data protection directive. Following the inspection, the registered manager contacted us informing that they had updated confidentiality policies to comply with the new GDPR law.

People were supported to maintain their independence. The care plans highlighted the importance of functional independence by directing care workers to prompt people to increase eating or dressing independence. People's care records contained information about their likes and dislikes, including things they preferred to do with minimal support. Care workers were knowledgeable about each person's ability to undertake tasks related to their daily living. This ensured they could give the right support to people to participate as fully as they could. They prompted people to attend to their personal care where possible, as opposed to doing everything for them. One care worker told us, "It is important that we help people to keep their independence."

Care workers had a good understanding of the need to protect people's human rights. They had received equality and diversity training. This covered relevant human rights topics such as, attitudes, values and beliefs, protected characteristics, equality duty, and bullying and harassment. The registered manager was familiar with relevant policies, including The Human Rights Act 1998. The service treated people's values, beliefs and cultures with respect. There were practical provisions for people's differences to be observed. For example, the service had same-gender care policy. This made provisions for people who preferred to get care from same gender staff to have their needs met.

Care workers could build relationships with people that were meaningful. This was enabled because care records contained recorded key information about people's care. Care workers were knowledgeable about people's preferences, including likes and dislikes, culture and language. This enabled care workers to

involve people as they wished to be. One person told us, "I get on with my care workers. They understand me."

Good

Is the service responsive?

Our findings

People told us they received personalised care. They told us that they had been involved when their care plans were written. By involving people, the service could deliver care that met their preferences. This was illustrated in the feedback we received from people. One person told us, "My needs have changed over time and these have always been met by staff." This was consistent with the rest of feedback from all people we spoke with. Equally, people's relatives were as complementary, describing the service in terms such as 'flexible' and 'adjustable'.

People's care plans gave a comprehensive account of people's needs and provided direction for person centred care. People's preferences and dislikes were outlined, with corresponding set of instructions for meeting each identified need. For example, one care plan highlighted that one person was at risk of falls, and another at risk of skin breakdown. In either example, there was a care plan providing direction for individualised care. Care plans were regularly reviewed to ensure they reflected people's changing needs and wishes.

The service also used care plans to give direction for assigning care workers to people using the service. The registered manager told us that care workers were matched according to people's needs and preferences. We saw examples where care workers were matched according to language and religion. We saw that rotas were organised so that people received care, as much as possible, from regular care workers. One person told us, "I have regular staff who look after me." This was so with feedback from relative spoken with.

Although the service did not have Accessible Information Standard (AIS) policy in place, we saw that individual communication needs were assessed and met. As of 1 August 2016, providers of publicly-funded adult social care must follow the AIS in full. Services are required meet people's information and communication needs. The registered manager was aware of the policy but had not yet formalised the standard's assessment process. This was an area the service had to develop. However, the communication needs of people were being met through matching staff with people who spoke the same language, and through the use of sign language.

People's diversity and human rights were respected. The service had a policy on ensuring equality and valuing diversity. This gave direction to care workers to ensure that the personal needs and preferences of all people were respected regardless of their background. Care workers spoke knowledgeably about what they would do to ensure people had the care they needed for a variety of diverse needs, including spiritual and cultural differences. People were supported with their religious observances, including visits to church and mosque.

There was a complaints procedure which people and their relatives were aware of. The procedure detailed the process for reporting a complaint. At the time of this inspection, the service had not received any complaint. People told us they were aware they could speak with the registered manager or care workers if they had any concerns. They felt they would be listened to if they needed to raise concerns.

Good

Is the service well-led?

Our findings

People described the service as, 'well-managed' and 'organised'. One person told us, "The manager is accessible and very supportive." Another person said, "The agency is well run. The communication is good." Relatives were as pleased, describing the registered manager as approachable and organised.

The registered manager had capacity and skills to deliver good quality care. This was demonstrated on the day of the inspection. We found him to be knowledgeable regarding people's needs. He had completed essential training and had relevant experience. Care workers confirmed that the registered manager was approachable and that they could contact him at any time for support. They felt free to raise any concerns with the registered manager knowing these would be dealt with appropriately. One care worker told us, "I feel supported. The manager is available round the clock."

There was a clear staff structure, which was understood by care workers. They told us they understood their roles and responsibilities. The organisational structure was flat, comprising the registered manager, and the care workers. There were no layers of middle management between the care workers and the registered manager. The registered manager told us this structure suited the agency for many reasons, including its size, communication speed, and responsiveness to people's needs.

We saw that the registered manager had a clear sense of responsibility and had established robust processes to monitor the quality of the service. We saw that a range of quality assurance processes were in place. This included, six monthly surveys and monthly spot checks. We asked people if they were asked of their opinion about the service and they confirmed this was happening regularly. Feedback from recent surveys were positive. People told us the management visited to check on them and acted on any matters raised. One person told us, "They come to observe care." Another person said, "The manager contacts me for feedback on a regular basis."

Regular audits were carried out in such areas as medicines management, care plans and daily care records. Where any concerns were found, we saw that action was taken to reduce reoccurrences and to help drive improvements. We found the registered manager to be knowledgeable about issues and priorities relating to the quality and future of the service. There were reported improvements in communication, medicines managements and the completion of daily logs.

There was an open and inclusive approach to the running of the service. Regular staff meetings took place and staff were free to express their views. We looked at a sample of staff minutes and saw that they covered numerous topics for discussions, including the challenges that care workers were facing in their role, service plans and improvement issues. We saw from the minutes that the director of the service and the registered manager encouraged care workers to make suggestions for improvement.

There was a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, medicines management, safeguarding and health and safety.