PB Moinville Care Limited

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Inspection report

The Kidlington Centre
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Tel: 03303337468

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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

We undertook an announced inspection of PB Moinville Care on 6 December 2018.

This service is a domiciliary care agency. It provides a respite service to families who have children with complex needs in their own homes in Oxfordshire. On the day of our inspection the service was supporting seven children. This was the services first inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Parents told us children benefitted from caring relationships with the staff. There were sufficient staff to meet children's needs. The service had safe, robust recruitment processes.

Parents were involved in creating children's' support plans. Clinical support guidance and specialist training was provided by Oxford NHS Trust. Parents told us the service was reliable and we saw there were no missed visits recorded.

Children were safe. Staff understood their responsibilities in relation to safeguarding children. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified. Children had sufficient amounts to eat and drink and received support with meeting their nutritional and hydration needs where needed.

Where risks to children had been identified, risk assessments were in place and action had been taken to manage the risks. Children were assessed prior to staff supporting them and received care from staff who were knowledgeable about their needs and how best to support them. Most medicines were administered by their parents. However, where staff administered medicine children received their medicines safely as prescribed.

Parents told us they were confident they would be listened to and action would be taken if they raised a concern. We saw a complaints policy and procedure was in place. The service had systems to assess the quality of the service provided. Learning was identified and action taken to make improvements which improved children's' safety and quality of life. Systems were in place that ensured children were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

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.

Parents told us they felt their children were safe. Staff knew how to identify and raise concerns.

There were sufficient staff available to meet children's' needs.

Children received their medicines as prescribed. Staff were trained before administering any medicines.

Is the service effective?

Good

The service was effective.

Staff had the training, skills and support to care for children. Staff spoke positively of the support they received.

Children received support with eating and drinking where needed.

The service worked with health professionals to ensure children's' physical and mental health needs were maintained.

Is the service caring?

Good

The service was caring.

Parents told us children benefitted from caring relationships with staff.

Children's independence was promoted and they were encouraged to do things for themselves where they could.

Children were cared for by staff who were knowledgeable about their needs and what was important to them in their lives.

Is the service responsive?

Good

The service was responsive.

Children were assessed and received person centred care.

Care plans were personalised and gave clear guidance for staff on how to support children.

A complaints policy was in place and available to families.

Is the service well-led?

Good

The service was well-led

Families and staff told us the management team was open and approachable.

The provider had systems in place to monitor the quality and safety of the service and drive improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

PB Moinville Care

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 6 December 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting children who use the service. We needed to be sure that someone would be in. The inspection was carried out by an inspector 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We spoke with five parents, three care staff, the registered manager and the provider. We also spoke with a community worker supporting one family. During the inspection we looked at five children's care plans, four staff files, medicine records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Parents told us their children were safe. Parents comments included; "I feel he's very safe", "I think he's very safe, I'm really pleased" and "They're [staff] absolutely fine. We have 2 carers alternating. They're confident with him and let me know if there are any changes".

Children were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager. Staff were also aware they could report externally if needed. Comments included; "I report concerns to my manager first" and "I'd go straight to my manager and then the local authorities". The service had systems in place to investigate and report concerns to the appropriate authorities.

Risks to children were managed and reviewed. Where children were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one child took nutrition and fluids through a tube in their abdomen. They were at risk of developing sores around the site where the tube entered their body. Staff were provided with detailed guidance on how to manage this risk. This included regular monitoring of the skin and the use of prescribed creams. Other risks managed included; falls, moving and handling and the environment.

Children were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. Staff spoke about infection control. One said, "Yes I've had the training. I've plenty of PPE, in fact I've two boxes of gloves in my car. [Registered manager] is very thorough with things like that".

There were sufficient staff deployed to meet children's individual needs. Staff visit records confirmed planned staffing levels were consistently maintained. Staff were punctual and we saw no missed visits had been recorded. One staff member said, "Yes I think we have enough staff. We mostly cover night shifts".

Parents told us staff were punctual. Their comments included; "They're very rarely late and always turn up", "Carer is very punctual and always turns up" and "If they're going to be late they text me, but that isn't very often".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Children received their medicine as prescribed. Many parents administered children's' medicine but, where staff administered we saw they had been appropriately trained and their competency checked. Protocols were in place to guide staff where children had 'as required medicine'. These protocols had been created by Oxford NHS Trust and in consultation with GPs and parents.

One staff member spoke about medicine and their training. They said, "I've had specific training for the child I support. The NHS review and update the child's condition, along with my training and competency every four to six weeks. You need to remember things regularly change".

Accidents or incidents relating to children were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. For example, one investigation found a procedure relating equipment used to support a child had not been carried out. As a result staff received further training, staff guidance was updated and the recording process for the procedure was improved. This incident did not impact on the child.

Good

Is the service effective?

Our findings

Children's care records contained detailed information about their health and social care needs. Clinical assessments and support strategies had been created by Oxford Health NHS Trust and the service had created the care plan using the clinical assessments. Children's parents had been involved in this process. Care plans were regularly reviewed by the service and Oxford Health NHS Trust.

Children were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One parent said, "She [Staff member] takes care of the suction (specialist care) and she's very confident with this. She makes sure he's comfortable and safe on the sofa or in the wheelchair". Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, moving and handling, paediatric first aid and infection control. Staff also received child specific training from Oxford Health NHS Trust giving staff the detailed knowledge and skills to support the child. Staff who had not been trained were not allowed to support the child. Staff told us that specific training was reviewed and updated regularly.

Staff told us and records confirmed staff received support through regular supervision (a one to one meeting with their line manager). One staff member said, "I am well supported by both [registered manager] and social services. It's a great team effort". Another staff member said, "I have good support. [Registered manager] will always sort things".

Staff were also supported through regular 'home checks' performed by the registered manager. These 'home checks' allowed the registered manager to monitor staff's performance whilst working and fed into staff supervisions.

We discussed decision making and consent with the registered manager. They said, "The parents make the decisions but we try to involve the children where we can. Some are very young though". Care plans contained consent documents signed and dated by children's parents.

Most children did not require support with food and drink from staff as this was given by the parents. Where staff supported children, there was clear guidance on how the support was to be provided. For example, one child received food through an external tube. Oxford Health NHS had provided detailed guidance relating to the feeding regime which emphasised 'sterile protocols'. In another child's care plan it noted '[Child] can feed himself with finger foods'. Where children were at risk of choking, assessments and guidance had been provided by a speech and language therapist (SALT).

The service worked closely with other professionals and organisations to ensure children were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating children's care and treatment. These included Oxford Health NHS Trust, occupational therapists, GPs and the children's community nurse. One community worker who supported a family told us, "The carer [staff] gives wonderful support even though the family are very sensitive about outside care".

Good

Is the service caring?

Our findings

Parents told us their children benefitted from caring relationships with the staff. Comments included; "They [staff] massage him though which he finds comforting and gets rid of the air in his tummy. He likes the carers and has no anxiety when they're around", "My son and I get on really well with them", "This is the thing I love the most about her [staff]. She reads to him, sings to him and watches TV with him" and "He's [child] more settled with her now and smiles".

Staff spoke with us about positive relationships at the service. Comments included; "This is a good, friendly service. I think the children benefit from our friendly culture", "We are good with children, we care" and "I do care, we have contact, it's empathy. I am a mother so I am motherly to the children".

Children's' dignity and privacy were respected. One parent said, "They're [staff] kind and respectful, they really listen to me". When staff spoke about children to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. Staff used children's' preferred names. One staff member told us, "I make sure things stay confidential. With personal care I close doors and curtains to promote their dignity".

Children's' independence was promoted. Staff were guided to encourage children to do what they could for themselves. One staff member said, "I let them (children) do what they can and give them choices. I work closely with their parents as well".

Children's psychological and emotional support needs were assessed and incorporated into the care plans. For example, one child's support plan noted '[child] enjoys being tickled' whilst being supported which enhanced their well-being. One staff member said, "I try and explain things so they feel reassured and support both the child and their parents emotionally. It is most important".

Parents told us they were involved in their child's care. Comments included; "They [staff] always listen and we discuss things regularly. I ask for and get feedback on what they think he might need" and "They [staff] always write things down in the folder every day and keep me informed".

The service ensured children's' care plans and other personal information was kept confidential. Children's' information was stored securely at the office. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality and data protection policy was in place and gave staff information about keeping children's' information confidential.

Good

Is the service responsive?

Our findings

Children's' needs were assessed prior to accessing the service to ensure these could be met. Children and their families had been involved in their assessment. Care records contained details of children's' medical histories, likes, dislikes and preferences. Also included were interests and hobbies. For example, one child liked 'interacting with my carer [staff]'. Another child enjoyed 'sensory toys'. One parent said, "They support her [child] with social activities. The carer [staff] plays games with her, bingo and shares photos".

Children were treated as individuals. Care plans were person centred and clinical support plans were child specific. Children had allocated care staff, trained specifically to support that child. One staff member said, "These children are all individuals with individual wants and needs. The care plans support us to treat them as individuals".

The service responded to children's changing needs. Children's' conditions and support needs were regularly reviewed in conjunction with Oxford Health NHS Trust and any changes were incorporated into the care plans. For example, where a child's condition changes a medicine review was conducted and new medicines were prescribed. One staff member said, "Things are constantly reviewed, almost every other month or when there is an issue. My training is updated accordingly. We try to provide up to date care the best way we can".

The registered manager told us about one child who had made significant progress. They said, "[Child] had complex needs. We have cared for him for a year now and he has really progressed. He has improved so much I am delighted to say the Oxford Health and ourselves will no longer need to support him in a month or two. I am proud of that".

Children's' parents had access to information about their child's care. Parent's had access to children's' care plans and were fully involved in reviews. Where parents struggled to access information the service took action. For example, the parents of one child could not speak English. Records confirmed that during reviews or meetings about their child the service used 'language line' which provided an interpreter enabling the parents to take an informed and active part in the meetings.

Parents knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One parent said, "I've never needed to make any complaints, but they would listen". The service had received one formal complaint in 2018, which had been investigated and resolved in line with the provider's policy on complaints. The service had also received numerous compliments from parents thanking the service and staff for their care and support.

Parents opinions were sought. Surveys were conducted twice a year and the results we saw were very positive. The registered manager was analysing the latest results to look for and patterns or trends to enable them to improve the service. The registered manager also made phone calls to parents to ask their opinions. One parent told us, "I always feel listened to. If I raise any issue about the (specific care) arrangements they will always react and do more".

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

The majority of parents told us they knew the registered manager and felt the service was supportive and well managed. Parents comments included; "I hear from the manager regularly if there are any changes needed to the care regime, she's very responsive and has visited us twice. She listens and lets us give feedback", "I don't very often see the manager although she has been round a couple of times, she texts if there are any changes to the rota etc. She tends to leave things to the carers but will ring me if she thinks there are any problems" and "The manager has come here three or four times to discuss my son and bring me any forms I need to sign. She uses What's App or texts to keep me informed. They are very good people and take everything very seriously". A community worker who supported one family said, "It is well run, there are no complaints from me".

Staff told us they had confidence in the service and felt it was well managed. Comments included; "She [registered manager] is very supportive, we work well as a team. She is always available", "I'm not under any pressure at all from [registered manager], she's great" and "We are a small, well run service that provides very specific care. I think we are good at what we do".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. These included; medicine records, care plans, staff supervisions accidents and incidents and training. Information from these audits was used to improve the service. For example, following one audit, it was identified that certain staff had training needs. We saw that staff had received this training.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

The service worked in partnership with local authorities, GPs, occupational therapist's children's'

community nurses, and social services. The service also shared protocols with, and had very good relations with Oxford Health NHS Trust.