

PBL Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service 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:

PBL Care Limited is a domiciliary care service that provides personal care to people in their own homes. Not everyone using PBL Care Limited receives a regulated activity; CQC only inspects the service being 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. At the time of our inspection, 35 people were using the service.

People's experience of using this service:

- ☐ People were protected from harm and abuse by staff who received training and ongoing support from management to help them work safely.
- ☐ People received a consistent and reliable service, provided by staff they were familiar with.
- ☐ People had any support needed from staff to take their medicines safely.
- ☐ The provider took steps to protect people, staff and others from the risk of infections.
- ☐ The provider sought to learn from any accidents or incidents involving people or the staff supporting them.
- ☐ New staff received an effective induction to help them settle into their new roles.
- ☐ People's needs and wishes were assessed before their care started and kept under regular review.
- ☐ The provider worked with community health and social care professionals to ensure positive outcomes for people.
- ☐ Staff sought people's permission before carrying out their day-to-day care.
- ☐ Staff approached their work in a kind and compassionate manner, and treated people with dignity and respect.
- ☐ People's care and support was tailored to their individual needs and requirements.
- ☐ People and their relatives felt confident about raising any concerns or complaints with the provider.
- ☐ The provider promoted a positive and inclusive culture within the service, based upon open communication with others.
- ☐ Staff felt valued and well-supported by an approachable management team.
- ☐ The provider had effective systems and processes in place to monitor and improve the quality and safety of people's care.

We found the service met the requirements for 'Good' in all areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:

At the last comprehensive inspection, the service was rated Requires improvement (inspection published on 15 March 2018). At this inspection, the overall rating of the service was Good.

Why we inspected:

This was a planned inspection based on the service's previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

PBL Care Limited

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: This inspection was conducted by one 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.

Service and service type: PBL Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

The service is required to have a manager registered with the Care Quality Commission, and there was a registered manager in post at the time of our inspection. The registered manager 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 provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch.

Prior to our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during the planning of our inspection of the service.

During the inspection, we visited the provider's main office to review documentation and speak with staff and management. Following this office-based inspection visit, the Expert by Experience contacted people and their relatives by telephone to obtain their feedback on the service.

We spoke with three people, three people's relatives, three community health and social care professionals, the registered manager and the provider's quality assurance manager. We also spoke with the provider's care coordinator, three senior care staff and two care staff.

We reviewed a range of records. These included five people's care files, accident and incident records, complaints records, medicines records and two staff recruitment records. We also looked at staff training records and records associated with the provider's quality assurance activities.

Is the service safe?

Our findings

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

At our last inspection on 18 December 2017, we rated this key question as 'Requires improvement'. We identified concerns in relation to the punctuality and duration of people's care calls, and staff not being given adequate travel time between these. At this inspection, we found the provider had made improvements in the service.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff had received training in, and understood, how to identify and report abuse. They told us they would immediately report any witnessed or suspected abuse to the management team.
- ☐ The provider had procedures in place to ensure the appropriate external agencies, including the local Safeguarding Adults Team, were notified of any abuse concerns, in order that these were thoroughly investigated. They had delegated two staff members as 'safeguarding officers' to coordinate this process.

Assessing risk, safety monitoring and management

- ☐ People and their relatives had confidence in the safety of staff's working practices. One person told us, "I feel safe with them [staff] because they are careful with my meal preparation ... Yes, it is a safe service."
- ☐ The provider assessed, recorded and kept under review the risks associated with people's care and support needs. This included an assessment of people's home environment, their physical and mental health needs, their mobility needs and any risk of skin breakdown.
- ☐ Plans were in place to manage identified risks and keep people safe and well. For example, staff helped people maintain healthy skin through completing regular skin checks and applying their barrier creams.
- ☐ Staff confirmed they read and referred back to people's risk assessments as needed. They told us the provider kept them up to date with any changes in the risks to people or themselves through good communication.

Staffing and recruitment

- ☐ People and their relatives told us they received a consistent and reliable service, provided by consistent staff they knew well. One relative said, "The staff always turn up and are on time ... It is really important for [person's name] to have familiar staff, and they [provider] have been very good with this."
- ☐ The provider used an electronic call monitoring system to check staff were arriving punctually and staying with people for the agreed amount of time.
- ☐ The provider followed safe recruitment practices to ensure prospective staff were vetted appropriately.

Using medicines safely

- ☐ The provider had systems and procedures in place designed to ensure people had the support they needed to manage and take their medicines safely. A relative told us, "[Person's name] has [skin condition]

and they [staff] apply all their creams correctly and document it."

- ☐ Staff received training in the provider's medicines procedures, and felt confident supporting people with this aspect of their care needs.
- ☐ Staff maintained accurate and up-to-date records of the medicines they administered.

Preventing and controlling infection

- ☐ The provider trained staff in good infection control practices.
- ☐ Staff were provided with and used personal protective equipment (e.g. disposable gloves and aprons) and hand sanitiser gel to reduce the risk of cross-infection.

Learning lessons when things go wrong

- ☐ The provider had systems and procedures in place to enable staff to record and report any accidents or incidents involving the people who used the service.
- ☐ We saw the management team monitored these reports in order to take action to prevent things from happening again. For example, advice had been sought from an occupational therapist, once it had been identified an individual needed alternative care equipment to carry out their transfers safely.

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 our last inspection on 18 December 2017, we rated this key question as 'Good'. At this inspection, we found people continued to receive effective care and support that achieved positive outcomes for them.

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

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

- ☐ People and their relatives commented positively on the standard of care provided. One relative told us, "They [staff] help [person's name] to shower and the care standard is very high. They deliver an excellent standard of care in everything they do for them."
- ☐ Before people's care started, the management team met with them and, where appropriate, their relatives to assess their needs and wishes. A relative explained, "When we first started with them [provider], we had a 'meet and greet' with the manager and a carer. The plan of care was agreed and we were fully included in agreeing it."
- ☐ The provider organised regular unannounced 'spot checks' on staff, to ensure they were delivering care in line with the provider's expected standards. Following these checks, staff were given any feedback on potential areas of improvement.

Staff support: induction, training, skills and experience

- ☐ People and their relatives had confidence in the competence of staff. One relative told us, "They [staff] seem to be very well trained and everyone knows what they are doing."
- ☐ New staff completed the provider's induction programme to help them settle into their new roles, as part of which they had initial training and worked alongside ('shadowed') more experienced staff. Staff spoke positively about their induction experience. One staff member said, "The shadowing week helped a lot. We were prepared for what to expect. Afterwards, they [management team] asked if we were happy to work alone."
- ☐ Following induction, staff received ongoing training to enable them to work safely and effectively. Staff praised the provider's responsiveness to any training needs they may have.
- ☐ Staff had regular one-to-one meetings with the registered manager, during which they could raise any work-related issues and receive constructive feedback on their work. One staff member said, "They [registered manager] will always ask if we have any problems, and they will keep it confidential. We can come in and discuss anything in between our supervisions."

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

- ☐ The provider assessed, and kept under review, the level of support people needed to prepare their meals and any associated individual dietary requirements. We saw one person was supported by staff to follow a specialist diet which reflected their current health needs and religious beliefs.
- ☐ Where appropriate, staff maintained records of what people ate to assist community healthcare

professionals in monitoring their nutritional intake.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management sought to maintain effective working relationships with community health and social care professionals to ensure people received joined-up care. This included working with people's GPs and the local district nursing team.

Adapting service, design, decoration to meet people's needs

- People and their relatives confirmed the provider adapted the service to meet individual needs. One relative explained, "The call time is very important to [person's name] and they [provider] have honoured this, respecting their wishes."

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

- Staff monitored people's general health and helped them to access professional medical advice or treatment in the event of an emergency or significant deterioration in their health. One person told us, "If I ever needed anything or was unwell then I would have complete confidence that they [staff] would make the necessary arrangements."

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- The provider had systems and procedures in place to obtain people's consent to care and recorded decision made by others in their best interests.
- Staff had received training in, and showed insight into, people's rights under the MCA.
- We discussed with the registered manager the need to ensure formal mental capacity assessments and best-interests records were clear recorded and decision-specific. They assured us they would address this as a matter of priority.

Is the service caring?

Our findings

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

At our last inspection on 18 December 2017, we rated this key question as 'Good'. At this inspection, we found staff and management continued to treat people with kindness, respect and compassion.

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

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

- ☐ People and their relatives praised the kind and caring approach staff and management adopted to their work, and their willingness to 'go the extra mile' for people. One person told us, "All of the staff are very courteous. In fact, I find everyone connected to PBL to be extremely kind throughout the organisation. There is never any rudeness, rushing or abruptness. Everyone makes time for me." Another person said, "They [provider] do absolutely everything that I need them to and they even invite me out for little walks when they can, which is very kind. They hold a Christmas party too! They are just very kind."
- ☐ The staff we spoke with talked about the people they supported with affection and respect, and had taken the time to understand people's individual needs well.
- ☐ Staff spoke positively about the provider's approach towards promoting people's equality and diversity, and their willingness to adjust the service to reflect individual needs. This included adjustments made to support individual staff members learning and development. The registered manager described how, where necessary, they adjusted the timing of people's care calls over the course of the year to accommodate Islamic prayer times.

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

- ☐ People and their relatives referred to open communication with, and trust in, staff and management. They felt able to express their views about the service they received, and were confident these would be listened to. One person told us, "I wouldn't recommend any improvements, but I feel that if I called [provider] and asked for any changes, that they would listen and implement it without question. They have a very good relationship with me as a service user."
- ☐ People's communication needs had been assessed and guidance produced for staff on how to promote effective communication with each individual.
- ☐ Monthly 'telephone reviews' and quarterly face-to-face review meetings were organised with people and their relatives to check the service was still meeting their individual requirements.
- ☐ The management team understood where to direct people for independent support and advice on their care, and helped people to contact these services if needed.

Respecting and promoting people's privacy, dignity and independence

- ☐ People and their relatives told us staff always promoted people's rights to privacy and dignity. One relative said, "The staff are very respectful to [person's name] and they know them all by name already. [Person's name] is a very able person, and they all show them the utmost courtesy and respect."

- The provider placed a clear focus upon helping people to maintain and develop their independence, and agreed individual goals with people in this regard. The management team monitored progress made towards achieving these goals on a monthly basis. One relative explained, "They [staff] also work with a target sheet for [person's name] to encourage them to achieve things with their independence."
- The provider had systems and procedures in place to protect people's personal information and staff understood the need to follow these.

Is the service responsive?

Our findings

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

At our last inspection on 18 December 2017, we rated this key question as 'Good'. At this inspection, we found people continued to receive a service that was tailored to, and met, their individual needs.

Good: People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People and their relatives told us the service provided was shaped around their individual needs and requirements. One relative said, "The staff do everything [person's name] needs, the way they like it done and they all know what they are doing."
- ☐ People's care plans were individual to them and included information about what mattered most to the individual, to promote a person-centred approach. Care plans were reviewed on a regular basis to ensure they remained accurate and up to date, and staff understood the need to read and follow these.
- ☐ The management team were aware of the requirements of the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The registered manager confirmed the provider had the facility to produce information for people and their relatives in alternative, accessible formats upon request.

Improving care quality in response to complaints or concerns

- ☐ The people and relatives we spoke with knew how to raise any complaints or concerns with the provider, and felt comfortable doing so. One relative told us, "We have never needed to complain, but I don't doubt that they [provider] would listen and do all that they could to resolve any issues."
- ☐ The provider had a complaints procedure in place to ensure all complaints were handled fairly and consistently, a copy of which was included in the provider's 'service user guide'.

End of life care and support

- ☐ At the time of our inspection, the provider was providing care and support to one person who was approaching the end of their life. The registered manager assured us they worked with community healthcare professionals to ensure the individual's end-of-life care needs were being met in line with their wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection on 18 December 2017, we rated this key question as 'Requires improvement' and found the provider was in breach of Regulation 17 (Good governance). The provider had not operated effective systems and processes to monitor and improve the quality of people's care. At this inspection, we found the provider had made improvements in the service, and they were now meeting the requirements of Regulation 17.

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

- ☐ People and their relatives spoke highly about the overall quality of the service provided. They had confidence in the management team, who came out to see them, on a regular basis, to confirm the service was meeting their needs and requirements. One person told us, "It is a lovely, lovely company. [Staff member] is exceptional as are the two men who run it. I can't speak highly enough of them. [It is] ten out of ten and a gold star from me!" A relative said, "It is managed well and we do see the manager, as he comes out to visit. I would recommend them to others. In fact, I have already done so."
- ☐ Since our last inspection, the provider had reviewed and enhanced their quality assurance systems and processes to better enable them to monitor the quality and safety of people's care. This included the development and implementation of a new electronically quality monitoring 'dashboard'. Use of this new system enabled the provider to monitor and address key aspects of the service. These included the punctuality and duration of people's calls, the status of staff spot checks and progress towards people's personal targets.
- ☐ Staff spoke very positively about the management of the service. They felt valued, well-supported and listened to by an approachable and friendly management team. One staff member told us, "I definitely feel valued. We can be open and honest with them [management]. They treat us like friends." Another staff member said, "They [management team] always make us feel valued. They will always ask us how we are personally; they will go that extra mile."

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

- ☐ Staff were clear what was expected of them and work, and felt a clear sense of shared purpose with the management team.
- ☐ The registered manager understood their regulatory responsibilities under their registration with CQC. This included the need to submit 'statutory notifications' to inform us of certain events involving the people who lived at the home.
- ☐ The registered manager confirmed they had the support and resources they needed from the provider to

manage the service effectively and drive improvements in people's care.

- ☐ The registered manager received a monthly update from the provider's quality manager to ensure there was shared insight into any risks or quality performance issues. We saw the registered manager addressed any related issues with the staff team through staff meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- ☐ Regular reviews were arranged with people and their relatives, and an open approach towards communication promoted, to encourage their involvement in the service provided.
- ☐ Staff were motivated and enthusiastic about their work for the provider, and attended staff meeting where they could put forward their ideas and suggestions as a group.
- ☐ Community professionals told us they had positive working relationships with the provider. They described the management team using phrases such as 'easy to work with' and 'responsive to any concerns'.