

PCM Homecare 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 well-led?

Good ●

Summary of findings

Overall summary

PCM Homecare is a domiciliary care service providing personal care to people living in their own homes. The service was supporting nine people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives told us they felt safe and well cared for by staff and the management. We received positive feedback about the quality of care provided.

Staff were recruited safely. People were safeguarded against the risk of abuse and were supported by a consistent team of staff who understood their needs well. Risks to people's safety had been identified, assessed and monitored.

Systems were in place for the safe management of medicines. People were supported to take their medicines as prescribed and checks were completed of staff competency to administer medicines.

Infection prevention and control procedures followed government guidance including COVID-19 rules. Staff used personal protective equipment appropriately to keep people safe. Lessons had been learnt and improvements made as a result.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Quality assurance systems were in place to monitor the quality and safety of the service people received. Staff felt supported by the registered manager and received on-going training, spot checks and supervision. There was an open culture within the service and staff worked together as a team. The registered manager worked in partnership with other health and social care professionals to ensure people's care and support needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection. The last rating for this service was good (published 31 March 2020).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding and staffing. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for PCM Homecare on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken 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

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

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

This inspection was announced. Due to the pandemic, we gave a period of notice of the inspection to enable us to collate as much information as possible and to gather the details of people to talk with. The time spent at the provider's office was kept to a minimum.

Inspection activity started on 9 August 2021 and ended on 19 August 2021. We visited the office location on 13 August 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with five people and two relatives about their experience of the care provided. We spoke with the provider, registered manager, care coordinator and two members of staff.

We reviewed a range of records. This included two people's care records and three staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with two professionals who had contact with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place.
- Staff understood and told us about their responsibilities to report and escalate safeguarding concerns. One staff member said, "If something wasn't right, I wouldn't wait, I would report it to the manager."
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC and completed these in a timely way.
- People, and their relatives, told us they felt safe using the service. One person said, "I do feel safe, yes." Another told us, "I definitely feel safe and looked after." A relative said "Oh yes, the staff are very good."

Assessing risk, safety monitoring and management

- Risks to people's safety, for example in relation to personal care, mobility, health conditions and their home environment, had been identified, assessed, monitored and were reviewed. Reviews were dependent on people's changing needs and care plans updated with changes. One person told us, "In January, I couldn't walk but within a couple of weeks I could, they [staff] came and helped me to walk every time". Another person said, "With them [staff], I'm coping".
- Systems were in place to monitor safety. These included staff logging in and out when doing their calls, medicines administration, call times and competency checks of staff skills and abilities.
- There was an on-call system available to people and staff. This meant should an incident occur out of hours, management could be contacted for advice and support. One person said, "I fell and couldn't reach my buzzer, so I phoned the staff, they asked if I wanted an ambulance but I didn't. They helped me and told me what to do". One staff member told us, "I can always get [the registered manager], they always pick up quickly and that is really important when you need help."

Staffing and recruitment

- People were supported by a consistent team of staff to enable continuity of care. Despite staffing levels changing during the pandemic, people told us they had not really been affected. One person said, "I get a few different ones, three or four, who come, and I know their names". Another person told us, "I know them, and they know me" A third person said, "I couldn't manage without them". A relative said "They say if there's a new staff member or they come with a regular staff member to introduce them" Another relative told us, "The majority of the time it's the same ones, it's a rotation so usually same half a dozen". A professional said, "I am very happy with the staff, they take [person's name] out and do things with them, support to appointments, and they get their full amount of time."
- Staff told us they felt part of a nice staff team but there could be a couple more staff as they were working quite long hours. They had been assured by the care coordinator that recruitment was underway. One staff member said, "I do understand, and I know that a new staff member is starting next week so that is good."

The registered manager assured us there had been no missed or late care call visits and they were managing well. The care coordinator and registered manager did some hours of caring also so could see first-hand how the service was running. This was confirmed to us by the people we spoke with.

- Staff recruitment processes were in place to ensure staff had the right skills and experience and were suitable to work with people who used the service. This included identification, satisfactory references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- Most people administered their own medicines, with or without assistance, or this task was completed by family members. Where people required support with administration and management of their prescribed medicines, this was detailed in their care plan. One person said, "They prompt or remind me" Another person said, "They give me my tablets every day, morning and night and I always get it on time".
- Staff were trained to administer medicine safely and had regular competency checks to ensure ongoing safe practice.
- The registered manager carried out regular checks and audits of the medicine systems to ensure medicines were being managed safely.

Preventing and controlling infection

- People told us personal protective equipment (PPE) was worn by staff. One person said, "They wear all the gear and it is strictly adhered to." A relative told us, "They [staff] are suitably masked and aproned".
- The provider's infection prevention and control policy was up to date and included clear guidance in relation to COVID-19. The provider was following government guidance and information to support people and staff members safety.
- Staff completed training on how to prevent and control the spread of infection control and had access to PPE such as gloves, aprons and masks. One staff member told us the process they followed when providing care and travelling between visits.
- The provider was accessing testing for staff to ensure they were COVID-19 negative and all staff had been double vaccinated.

Learning lessons when things go wrong

- Systems were in place to record, investigate and analyse any accidents and incidents. This ensured any trends could be identified. The registered manager told us, "We have learnt that we cannot provide a quality service if we don't have enough staff available. Making hard decisions to give back some of the care packages we could not meet, has ensured our existing people still get the same level of care and this is not compromised."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were very positive about the way the service was delivered. They told us the care staff and managers were approachable and responded to their queries and concerns. Comments included, "They listen to me" and, "They're a friendly bunch, really nice". Relatives told us, "They've all been in the care sector, the office staff too, it's good" and, "They pass messages on and are approachable."
- The registered manager was committed to delivering high quality care and support which promoted a positive culture. They valued the staff team and recognised individual skills, abilities and values. "I can trust all of my staff to do their job to the best of their ability and know they are giving their very best."
- Staff told us the team worked well together and were supportive of each other. They felt able to contact the registered manager at any time. One staff said, "We will do all we can to make sure people are well and happy. I can speak for all of us, not just myself."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- Systems were in place to monitor and investigate incidents, accidents, safeguarding's and complaints as part of the service's ongoing development and improvement.
- The registered manager was aware of their responsibilities to report notifiable events to CQC.

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

- The registered manager and staff were clear about their roles and responsibility to provide care and support. One person said, "You don't often need to remind them as to what needs doing".
- Quality assurance systems and checks were in place to monitor the quality and safety of the service.
- Policies and procedures were being reviewed to ensure they were all up to date for the effective management of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they were involved in planning and discussing their care. One person said, "The manager came around not long ago, every little while they do come." Another said, "I tell them about things when

they come out from the office". A third said, "The manager comes as a staff member sometimes and we chat then". A relative said, "They've [staff] got to know me as well as [name of person]".

- The registered manager told us people's views were captured and any actions taken were recorded as part of their plan of care. However, this information was not always used as evidence to show how the service was performing. The provider told us they were planning to develop a survey to send to people and staff to gather their views about the service. The findings would be used to consider any improvements.
- Staff told us communication was good and they felt engaged in their work. Information was relayed to them in a timely way to ensure people received safe and effective care. One staff member said, "I know I will get a message or call about changes to any person's care before I go out, they are good like that."
- Alternative ways of supporting and monitoring staff due to COVID-19 restrictions had been put in place. Weekly emails were sent to staff to keep them updated about people, the service and management, Face to face training, run by an external trainer, had been held recently which gave staff the opportunity to be together and share learning.

Working in partnership with others

- Staff worked well in communicating with a range of health and social care professionals and their families so that people were referred for and received specialist support in a timely way. One professional said, "I have found [registered manager] responds really quickly to any enquiry I make." Another said, "Good communication and professional staff and management."