PCT Care Services Limited

PCT Care Services Ltd Head Office

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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: PCT Care Services Ltd Head Office is a domiciliary care service. They provide personal care and support to people living in their own homes. At the time of our inspection 73 people were using the service and it employed 35 care staff.

People's experience of using this service:
●Risk assessments and associated care plans, including those relating to people's medicines, required some improvements.
●Potential safeguarding incidents had been robustly responded to but had not always been discussed and referred to the local authority adult safeguarding team.
●We have made a recommendation that the service reviews relevant guidance regarding MCA and deprivation of liberty in community settings.
●People received timely and responsive support from consistent staff who were kind, caring, and supportive of people's dignity and independence.
●Staff supported people with their healthcare needs and ensured people had enough to eat and drink.
●Staff had a good knowledge of people's individual needs, wishes, and preferences. This was supported by life story work that staff undertook with people.
●Staff supported people in achieving goals and wishes for the future, this included accessing community resources and helping them to participate in activities and hobbies.
●The service was well run, it engaged in learning opportunities and strove to develop high quality person centred care. There was a clear ethos and wish to improve people's overall quality of life.
●People, relatives, and staff were happy with the service and the quality of care provided.
Rating at last inspection: At our last inspection, the service was rated "good". Our last report was published on 21 July 2016.
Why we inspected: We inspected this service in line with our inspection schedule for services currently rated as Good.
Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any information is received that we need to follow up we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below	**Good**

PCT Care Services Ltd Head Office

Detailed findings

Background to this inspection

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

Inspection team:
One Inspector, one assistant inspector, and two experts by experience carried out this inspection. 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 homes. The service provided care to people with a diverse range of needs, this included older people, people living with dementia, people with mental health needs, and people with a physical disability. Not everyone using [service name] receives 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. The service is required to have a registered manager. 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. At the time of our inspection, a manager was registered with us.

Notice of inspection:

We gave the service 48 working hours' notice of the inspection site visit because we needed to arrange to speak to people using the service and ensure we could access the service's office.

What we did:
We reviewed information we had received about the service since they were registered. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with 16 people and 16 relatives to ask about their experience of the care provided. We spoke with 14 members of care staff. This included; nine care staff workers, two senior care staff, one care coordinator, the registered manager and the director.

We reviewed a range of records. This included seven people's care records and three people's medicine records. We also looked at three staff files which included training and supervision records. We looked at records relating to complaints and records relating to the management of the service.

Requires Improvement

Our findings

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

RI: Some aspects of the service were not always safe, this meant there was potential that people could be placed at risk of harm.

Systems and processes to safeguard people from the risk of abuse

- When potential safeguarding incidents had occurred, the service had taken suitable action in response to the immediate risks, however the registered manager had not always correctly identified that they should discuss these incidents with the local safeguarding team and seek guidance on whether a formal referral was required. Following our inspection, the registered manager contacted the safeguarding team and referred one of these incidents formally.
- Staff did not always have a full understanding of what constituted adult safeguarding. Whilst staff knew how to report concerns within the service they did not always know where they could report concerns externally.
- There was guidance for staff in their staff handbook and in the services safeguarding policies and procedures. Staff we spoke with confirmed they could access this guidance if required.

Assessing risk, safety monitoring and management

- Risks had not always been fully identified and assessed. Risk assessments did not always contain detailed information for staff. For example, there was not always detailed guidance for staff on how to de-escalate situations where people could display behaviour that might challenge.
- Whilst there was a lack of robust written risk assessments and guidance for staff we found in practice risks were responded to and managed.
- Staff we spoke with understood the individual risks to people and how to manage these.
- People told us they felt safe. One person said, "[Staff] are all safety conscious, they do everything to the best of their abilities if not even better." A relative told us, "Very much so, they always reassure [name] and are concerned about them, care and look after them well."

Using medicines safely.

- Risk assessments and care plans regarding people's medications were not always detailed. For example, there was no detailed guidance for staff when administering 'as required' medicines. We found on a couple of occasions staff had not been clear on how medicines should be administered and this had increased the risk of a potential medicines error.

●When medicine errors had occurred, the registered manager had carried out a detailed investigation and taken sufficient actions to mitigate against the risk of a repeat incident.
● Staff had received training in medicine administration and told us they received regular spot checks.
●Medicine records had been filled out correctly.

Staffing and recruitment
●People and relatives told us they were happy with staffing levels in the service. People were cared for by consistent and regular staff, who in many instances had worked for the service for a long time.
● Staff were given regular and consistent times and people to support. A care coordinator told us they factored in journey time and where people lived to ensure staff had enough time to carry out the support required.
●A staff member confirmed this. They told us on one occasion they found they did not always have enough time and when they raised this with office staff they took immediate action. They said, "Straight away they changed my travel time."
●Staff we spoke with told us they knew when, and who, they would be supporting in advance. They told us they supported the same people on a regular basis and had plenty of time to carry out the support needed. One staff member told us, "Plenty of time, you're not rushing from one job to the next, you're not cutting corners, you have plenty of time to make sure what needs doing is done."
●There had been no missed calls to people. The registered manger told us they were currently exploring the use of a technological system that would allow them to monitor and track staff call times. This would also alert them to any missed calls and add an additional layer of security in relation to people who would be unable to alert the office themselves if a member of staff had not arrived.
●The service had followed safe recruitment practices, which included seeking references and carrying out other character checks.

Preventing and controlling infection
●People and relatives told us staff followed infection control procedures. One person said, "They always have their gloves on and aprons." A relative told us, "They are careful in everything they do."
●Staff had received training in infection control and were able to tell us about associated practices and procedures. One staff member said, "Make sure everything is clean, clean hands, gloves, aprons." Another staff member told us how staff carried hand sanitisers.

Learning lessons when things go wrong
●Staff understood what incidents to report and how to do this.
●There was a system in place to record incidents, such as falls or missed medicines, and any actions taken. Individual incidents were reviewed and appropriate, thorough actions were taken in response to them.
●There was no formal system in place to analyse incidents that occurred in the service overall, for example in relation to any patterns or themes. However, we saw that only ten incidents had occurred in the last year. The registered manager had a good knowledge and understanding of the individual incidents that had occurred.

Good

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

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

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.
- Staff knowledge regarding the MCA was variable, however staff did understand its basic principles, which included respecting people's rights to make decisions and how to support people in making decisions regarding their care. One staff member said, "You should always assume capacity and then help them make decisions."
- People we spoke with also confirmed staff sought their consent when supporting them. One person told us, "They are very polite and courteous, they don't impose or dictate."
- The registered manager told us all the people they supported were able to make decisions about their care and support. People's care plans did not clearly detail people's ability to make decisions. The registered manager had recognised this was an area that required further work.
- The registered manager did not fully understand how people might be deprived of their liberty in the community and the process this might require.
- We recommend the service reviews relevant guidance regarding the MCA and deprivation of liberty in community settings.

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

- People and relatives were very happy with the support provided. One person told us, "[Staff] show understanding of my difficulties." Whilst a relative said, "They are very capable in what they do."
- Staff involved people, relatives, and other relevant professionals in the assessment of their needs and how best to support these. These were regularly reviewed.
- People and relatives felt staff understood how to support their individual needs. One person told us," I have never had a carer who has not known what to do. If they haven't been before it may take us a bit longer

to do things but I am never rushed and I feel confident in their ability."
●Staff said changes to people's needs, guidance, and legislation was communicated to them.

Staff support: induction, training, skills and experience
●Staff spoke positively about the support and training they received. One of the care co-ordinators had received additional training to be able to train staff. This meant most staff training was face to face. They told us they liked to make sure training was interactive and engaged staff. One staff member told us, training was, "Not the mundane boring stuff."
●Staff knowledge and expertise were considered when allocating staff to support people. For example, people with mental health needs were supported by people with experience and additional training in this area.
●A staff member told us, "They [management] are always open to suggestions if there is anything we think we might like some training on." Records showed staff received a range of training and their training was up to date. Staff also confirmed they received regular supervisions and appraisals, which considered any additional support needs or qualifications they would like to obtain.
●New staff undertook an induction which involved training, shadowing staff, and competency checks. People and relatives confirmed new staff were normally introduced to the people they would be supporting in advance.

Supporting people to eat and drink enough to maintain a balanced diet;
●People who received support to eat and drink were happy with the support provided. They also told us staff would encourage them to think about healthy meal options. One person told us, "[Staff] make things, I get a choice and they try to encourage me to make healthy food choices, I need a lot of prompting." Whilst relatives said, "They offer a choice, they will ask, [name] doesn't want to eat, they have no appetite, they have to be creative and think on their feet, they watch [name] eat a little bit."
●People and relatives also told us staff encouraged plenty of fluids. One person told us, "Even though I can make a cuppa the girls insist on making me a drink before they leave I think they worry about me." A staff member said, "I always make sure they have a cup of tea [and] a glass of water left."
●Staff had received training in nutrition and fluids. They were able to tell us how they promoted healthy eating whilst being mindful of people's rights to make unhealthy decisions. Several staff told us how they checked the people they supported had enough food. For example, one staff member told us how they might pick up extra food for one person they supported as they sometimes struggled with their food shopping.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
●People and relatives told us staff supported them to access health care services and advocated for them when necessary. One person told us, "[Staff] go to the doctors and mental health consultant with me, sometimes I need them to speak up for me." A family member said, "They keep an eye on anything that is amiss."
●People also told us the service worked with other professionals if needed, for example some people told us the service involved their social workers in reviewing their support needs.

Good

Our findings

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

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

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

●We received many positive comments about the service and staff. One person told us, "I have never had a carer come who doesn't care I can just tell they do by the way they treat me." Another person said, "I do feel they are kind and patient, they let you do things at your own pace, I don't feel I am rushed." A relative told us, "Everybody who comes are always very nice, treat [name] very nice and they are always really good to me as well and speak to me and don't make me feel uncomfortable in my own home." Another relative said, "The ladies that they employ are very caring, they all add a personal touch, they have a chat with [name], they get friendly with them and that is really nice and that is why regular carers are important, at Christmas [name] had presents from the carers and lots of cards, that was very much appreciated which shows a really good level of care."

●People were supported by a regular and mostly stable group of staff who knew them well. This meant good relationships had been established and people felt comfortable with the staff that supported them.

●Staff spoke about people in a kind and caring way. It was clear they enjoyed their job and working with the people they supported. One staff member told us, "[People] welcome you in to their house so you do get attached to them."

●The service had a clear ethos regarding how to support people. This included looking at people's overall holistic needs and how people's overall quality of life could be improved.

●They had taken additional extra steps to ensure people and relatives had the support they needed. For example, we saw one person had been unable to leave their home to access some respite care. The service had purchased transportable ramps so the person, and other people they supported, could use these to help them get out of their homes. We saw the service had told the person's relative, 'If [name] needs to go into respite again we will take the ramps and wheelchair vehicle round and drive [name] ourselves.' They also offered the use of this equipment to help the person attend any medical appointments needed.

●A relative told us how staff, in their own time, would when needed, visit their relative to assist them to attend a nearby social event. They told us, "[Staff] loved [name]" and this had given them much reassurance.

●The service was mindful of people's needs in respect to equality and diversity. For example, they had

ensured one person who did not speak English was supported by a staff member who spoke the same language as the person. The person's family member told us this was very helpful. The registered manager told us they were also in the process of getting their service user's handbook translated to the person's native language.

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

- People and their relatives were able to express their views and were involved in decisions about their care. For example, we saw the service had introduced 'Person centred health and independence plans' which included goals and wishes that the person wanted support with. Staff were working with people to help them achieve these.
- People told us they were involved in decisions about their care. One person said, "Yes regularly, they make sure I have what I need."
- Records showed people had been given their care plans to read and sign their consent.
- There were additional systems in place to ensure people had an opportunity to make their views known. These included quality assurance questionnaires and meetings to review the care provided.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful and mindful of their dignity. One person told us, "Everything that needs to be covered is and the blinds are pulled down and door closed." Another person said, "I can be a bit slow doing things but I am never rushed by anyone it's as though the girls have all the time in the world and I am the only person they have to look after. It makes me feel special."
- Staff encouraged people to be independent. One person told us, "[Staff] always try to get me to do things myself, if I can't I ask for help." A family member said, "[Staff] assist [name] instead of doing everything for them, [name] makes their breakfast and they bring it over, [name] dresses their top half and they do the bottom half, they interact with [name] all of the time."

Good

Our findings

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

●Support provided to people was individual and met their specific needs and preferences. People were supported by staff who had specific experience or knowledge in their needs. One relative told us, "The company have tried to match up the carers with [name]."

●Staff knew the people they supported well which helped them deliver care that met individual needs and preferences. A staff member told us, "Normally every week I've got the same people so we know exactly what we're doing."

●People and relatives told us they were consulted and listened to regarding their preferences for the care provided. One person told us, "I have had no problems with getting the times I want for my calls, it must be a nightmare keeping everyone happy." A relative said, "If we need to change a time of the calls the manager does everything she can to try and do this and they haven't let us down yet. I am grateful as I know it must be a nightmare to re arrange staff."

●People's care plans did not always have sufficient detail or contain information about people's individual preferences and personal histories. However, the service had started to work with people to write life story books. These provided very detailed information about people's lives, including work history, family history, their hobbies and interests. It also included people's wishes for the care provided, such as anything they would like to change.

●Staff told us these life stories had been very helpful in helping them understand the people they were supporting and in establishing better relationships. One staff member told us, "When you go in you don't want to be really nosy but you want to get an understanding of the person so having it in the book is really useful, gives you more an understanding of the person." Another staff member told us, "I've got a relationship with [name] now. [It was] really nice and [name] opened up to me."

●The service had also started to introduce 'Person centred health and independence plans'. Staff wrote these with people and helped them develop ideas and goals for the future. These often included goals to access the community or social events. Staff then worked with the person to help them achieve these.

●We saw these had a positive impact for people. For example, one person had gone from having staff making their meals to making these themselves. Staff had helped another person celebrate a special occasion. Whilst for other people staff had supported them to re-engage with activities and interests.

●Staff told us that they were informed when people's needs changed. Care plans and records were updated with this information. A staff member said, "I was always told to read the care plan before I went anywhere."
●Staff regularly discussed and reviewed the support provided. A staff member said this was to, "Make sure the care you're giving is responsive to their needs."

Improving care quality in response to complaints or concerns
●None of the people and relatives we spoke with had felt the need to complain formally about the service. They all told us that they knew how to complain and would feel comfortable doing so. One person said, "I don't need to call the office much but when I do the phone is answered quickly and who ever answers directs my call to the person who can sort it. I have no complaints at all"
●Staff also told us they felt able to raise any complaints or concerns.
●The service had received several written compliments about the support provided. Only one complaint had been received and we saw the registered manager had undertaken a detailed and thorough investigation of the issues. The person had been involved and had been happy with the outcome of the investigation.

End of life care and support
●People's care plans did not cover end of life care and support; however, we saw that life stories were being introduced which covered people's wishes for the end of their life.
●The service had received compliments from relatives regarding how people had been supported at the end of their life. One relative had written, "Everyone was wonderful and caring and for that I will be forever grateful. You have a great team of people and I will miss them."
●One relative told us, "Care co-ordinator is absolutely excellent quite certain they made [name's] last few years considerably happier than they would have been."
●One of the care co-ordinators responsible for staff training had recently attended an end of life training course and was using this to put together a class based training session for staff on end of life care.

Good

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

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

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

- All the people and relatives we spoke with were very happy with the quality of care provided. A person said, "I really do think that everyone works hard to make sure people are well looked after every day, all of the staff are so kind and nothing is a trouble to anyone." One relative told us, "'I just can't say enough good things about them, if ever I needed to be cared for that's the firm I would go for."
- All the staff we spoke with also felt people were getting a good quality service. One staff member told us, "Quite frankly I wouldn't think of working anywhere else."
- Some quality monitoring systems had been introduced by the provider to monitor the quality of the service. These included regular manager's reports which covered areas such as staff training, supervisions, care plan reviews, incidents, complaints, and overall amount of care hours.
- The registered manager also carried out regular audits of people's medicines and audits on staff support involving money. However, there was a lack of audits covering other areas of people's care such as care plans and other associated records.
- The director had recently carried out a detailed internal audit which looked at all aspects of the service. They had identified the same issues we had identified during our inspection, such as the need to improve people's care plans and risk assessments as well as the need to develop further audits. An action plan was in place to address this.
- We found that whilst some improvements were needed regarding the provider's governance systems this had not detracted from the quality of care provided overall. Informal oversight was such that both the director and registered manager had a good understanding of the service being provided and the actions required to drive forward quality.
- Both the director and registered manager were open, honest, and keen to develop the service so that it could provide the best possible person centred high quality care.
- Duty of candour requirements were met. This regulation requires safety incidents are managed

transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

Continuous learning and improving care

●The director for the service was closely involved in shaping its direction and aims. They told us that they wanted the service to enhance and support people's overall quality of life and wellbeing. They said, "For so many people tomorrow is the same as yesterday, we have to be careful we don't care people in to a chair. Often people get so isolated and lonely so they lose motivation."

●The director had set up a registered charity to run alongside the service so that they could fully support the wishes and goals people had identified in their personal independence plans.

●The service was a member of Community Action Norfolk which aims to improve the quality of life and encourage healthier, active lives for the people using services in Norfolk.

●The director for the service sat on a wide range of boards and had forums. These included groups such as the Norfolk and Waveney Healthy Ageing Steering group, Health and Social Care Consultative Forum, and Collaborative Care Pathway Partnership. This meant they were able to utilise the information and knowledge they gained from such involvement for the benefit of the service.

●Staff from the service also participated in additional training opportunities promoted by other stakeholders such as the local authority.

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

● A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

●People and relatives told us they felt the service was well run. One person said, "Yes I do because any changes they let me know what is going on, they are reliable." A relative told us, "They are fine, they are efficient, they are very good."

●There was a clear organisational structure, staff had clearly defined roles and responsibilities. When speaking with staff it was clear they understood these.

●The service had a positive person centred and 'can do' ethos and approach. We found this to be shared by staff when we talked with them.

●Staff were positive about the support they received from the director, registered manager, and office staff. One staff member said, "If someone is not happy about something they are always happy to change things to make it a better company." Another staff member said, "If you have got a problem you can talk to the management."

●The registered manager had regular contact and discussions with the director for the service.

●Regulatory requirements were met.

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

●Systems were in place to provide people, relatives, and staff opportunities to provide feedback on the service. These included regular contact through telephone calls or reviews, quality assurance questionnaires, and regular team meetings.

●Staff told us they felt they were listened to and consulted on the service. This included being able to contact the service's director to discuss any issues directly. One staff member said, "[Director] always gives you the impression he's got time for you."

●The service had also started to identify how they could involve the people they supported in the running of the service. For example, we saw one person had been involved in a training session for staff. They had visited the office and staff had supported them to write and give a presentation on what it was like to live

with a disability.

●The service had also started to identify local community resources and supported people to access these to enhance their quality of life. For example, we saw one person had expressed an interest in participating in a particular activity and staff had given the person a list of clubs in the person's local area where they could go do this.

●The director of the service was also working with local community resources to build up awareness of the service and help recruit volunteers to support people to achieve goals and wishes identified in their personal independence plans.