

People Matter IW

Personal Assistant Recruitment and Employment Service (PARES)

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

Personal Assistant Recruitment and Employment Service (PARES) is a domiciliary care service providing personal care for people with a range of needs including people with dementia, learning or physical disabilities and autism.

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. At the time of the inspection the service was providing a personal care service for approximately ten people living on the Isle of Wight.

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

People and their relatives were happy with the care provided and felt staff were caring and compassionate. Care staff were skilled in delivering people's care in the way they preferred. They knew people well, which ensured their preferred routines were met. People and their relatives were involved with planning and reviewing their care.

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.

People told us they received safe care. Risk assessments were completed for people which identified any risks and how these should be managed. Staff had completed training in the safe administration of medicines.

Care staff understood the importance of safeguarding people they supported, and they knew how to report any signs of abuse, or any accidents and incidents.

Appropriate recruitment procedures were in place to help ensure only suitable staff were employed. Staff received an induction into their role and had received appropriate training that equipped them to support people.

A complaints procedure was in place, which people confirmed they were aware of. Concerns and complaints were listened to, addressed in a timely manner and resolved quickly.

Staff, people and relatives told us they had a good relationship with the management team and could seek support and assistance easily when needed. There were effective systems in place to monitor the safety and quality of the service.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 21 July 2017).

Why we inspected This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

Personal Assistant Recruitment and Employment Service (PARES)

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 completed by one inspector

Service and service type

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

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 January 2020 and ended on 30 January 2020. We visited the office location on 27 January 2020.

What we did before the inspection

We reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information from the provider information return completed in June 2019. 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. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the provider's nominated individual, registered manager and an office staff member. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment and staff supervision and 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 spoke with six relatives of people receiving a service and five care staff members. We viewed additional information the provider sent to us and contacted two professionals who regularly involvement 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

- Systems were in place to protect people from the potential risk of abuse.
- Relative's told us they felt the service provided safe care. One relative said, "Yes I think [my relative] is safe. I wouldn't let them [staff] take him out if I didn't."
- Staff had received safeguarding training and had a good understanding about the ways they could raise concerns. One staff member said, "I would call the office immediately and tell them my concerns. I'm confident they would take action, but I could also contact the safeguarding team if I needed to." Another staff member told us "I would raise a safeguarding concern if I felt something was wrong."
- There was a policy in connection with accepting gifts and any specific additional charges, such as refreshments, which people may be expected to pay for if on outings with care staff. This protected people from the risk of financial abuse.
- Copies of car insurance and MOT's were held if staff were to use their own cars for transporting people when enjoying outings and activities in the community.
- There were processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team. The registered manager was aware of their responsibilities and took appropriate action.
- Where safeguarding concerns had been raised records showed these had been responded to appropriately.

Assessing risk, safety monitoring and management

- Risks to people's personal safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.
- People or their relatives were involved in identifying and managing risks associated with care needs. Where people had specific health or personal care needs that could pose a risk to themselves clear information was available for the staff who supported them. This meant that risks were minimised.
- Staff were able to describe how they supported people whilst managing risks. For example, one staff member described how they ensured the person's road safety when out in the community.
- Environmental risks within people's homes had been assessed to keep people and staff safe.
- Business continuity plans were in place to ensure that people were prioritised in terms of risk during crisis situations such as severe adverse weather.

Staffing and recruitment

- Safe recruitment practices were followed before new staff were employed to work with people.
- The relevant checks were made to ensure staff were of good character and suitable for their role. This included disclosure and barring service (DBS) checks, obtaining up to date information from previous employers and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- There were enough staff to meet people's needs at all times. The agency's purpose was to provide individual staff (personal assistants) to meet people's specific needs. People were fully involved in the selection process of their allocated staff member.
- People and relatives said discussions had been held about their wishes if their staff member was unavailable. All said they had told the agency they did not want substitute workers and relatives would provide the care should, for example, their staff member be unwell or on planned leave.

Using medicines safely

- Where care staff were involved in the administration of medicines systems were in place to ensure this was managed in a safe way.
- Care plans included information about medicines people were prescribed and who was responsible for their administration. This included the use of "rescue" medicines should a person require these in an emergency.
- Staff received training in safe administration of medicines. Where specific medicines training was required for individual staff this was provided. The medicines policy covered all aspects of medicines administration including the application of topical creams, as required medicines and people's rights to refuse medicines.
- Staff recorded when support had been given to people to administer their medicines and these records were monitored monthly by the nominated individual on return to the office. Where gaps or other concerns were identified the relevant staff member was contacted, and an explanation sought. We were told that if necessary additional training or supervision would be provided.

Preventing and controlling infection

- Systems were in place to reduce the risk of infections for people and staff.
- Staff completed training in infection control and had access to aprons and gloves to wear when supporting people with personal care or preparing food. These helped minimise the spread of infection.
- The management team and care staff understood the actions they should take should a person have a specific infection risk.

Learning lessons when things go wrong

- Should an incident or accident occur, there were robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- The management team knew how to seek support from external professionals when they required additional guidance. Staff recorded and informed the management team of any incidents when things might have gone wrong.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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's needs were assessed prior to the service agreeing to support them. The assessment considered all aspects of people's needs and the information was used to develop people's care plans and risk assessments. Viewed assessments demonstrated people's protected characteristics under the Equality Act had been considered. The Equality Act 2010 outlines people's rights in relation to their protected characteristics including; age, disability, gender reassignment, sex, marital status, pregnancy, race, religion or belief and sexual orientation.
- People were encouraged to express their wishes and make choices about the support they received. This was confirmed by relatives and staff.
- People's needs had been regularly reviewed to ensure care plans were up to date. Information had been sought from the person, their relatives and other professionals involved in their care.
- Relatives told us they were involved in reviews of people's care and support and felt listened to. One relative said, "We have a review at least every year, and if anything changes we can contact the office."
- Staff considered care plans to be clear and informative about people's needs. They confirmed they were consulted about any changes required to care plans during regular supervision with the management team.
- The provider had an equality and diversity policy and staff understood how to ensure people's individual needs and wishes were met.

Staff support: induction, training, skills and experience

- Staff received an induction into their role, which included the provider's mandatory training. One new staff member said, "Even though I had known [person] from a previous job, I had an induction and worked with another staff member until I felt confident."
- We identified one staff member who had not completed all their training as per the provider's policy. The management team took immediate action to ensure this was completed by the staff member.
- Staff were able to demonstrate they were knowledgeable and skilled. Staff told us their training was regularly updated and relevant to their roles. One staff member said, "The training is good and if we need anything specific then they [management team] will arrange it."
- Staff had regular supervision and an annual appraisal, which had enabled the management team to monitor and support them in their role and to identify any training opportunities.
- Staff told us they felt supported in their roles by the management team. One said, "I get supervision, we have the opportunity to identify any training needs and talk about our work."

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

- People's nutritional needs were assessed and met by the service where this was an identified need.
- Relatives told us staff always asked their family member what they wanted in respect of food and drinks where this was included as part of the care plan. A relative said, "They always ask [name of person] what they would like and look in the freezer and cupboards to help them choose." A staff told us, "We always ask the person what they want to eat or drink." Another staff member said, "I always check with the person and offer choices when available."
- Where people had specific dietary needs relating to their health conditions, they were supported by staff to understand risks and make healthy food choices.
- Where staff had provided food or drink they recorded this within the daily notes made at the end of their visit.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- Detailed information was recorded about people's health conditions and any allergies they may have. This information helped to guide staff and ensured effective support was provided.
- People's care and support needs were known and understood by staff and were monitored to ensure people remained in good health. Support plans provided guidance about the assistance people required to ensure they received consistent care.
- Where people required specific guidance about how staff should meet their needs, this was provided by external professionals and staff followed this. For example, some people had health needs which may require specific interventions. Guidelines had been put in place by health professionals which staff confirmed they were aware of and followed.
- Information about people's personal and health needs was included within their care plans, copies of which were kept at the person's home and could go with the person to hospital, to help ensure their needs could be consistently met.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Relatives said staff always asked for consent before care was provided. One relative said, "They ask before doing anything and check that it's okay". Staff said they gained people's consent before providing care. One staff member said, "I always ask and tell them what I am doing, if they say no I wouldn't continue and let [name office staff] know".
- People and relatives all told us they had been involved in discussions about care planning and were

included in reviews of their care plans. This involvement was recorded in care plans viewed.

- Care plans included information about people's ability to make decisions and support they may need to do this. Where capacity assessments had determined that the person was unable to understand and consent to care or medicines administration, appropriate discussions had been made with relevant people to determine how care should be provided in the person's best interests.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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

- People were cared for in a kind and compassionate way.
- Relatives told us that staff were kind and caring and knew people's preferences. A relative said, "They (care staff) are all lovely, all kind and really care about [person]." Another relative said, "[person] always looks forward to going out with [staff member], so I know they are treated well by them." Other relatives made similar very positive comments about the care staff.
- Staff had built up positive relationships with people. Staff were recruited to work with specific people, meaning they had the opportunity to get to know people and people had the chance to get to know them. Staff told us they enjoyed their work.
- Care staff told us they knew important information about the person such as any equality and diversity need or protected characteristics before supporting them and they were able to meet people's individual needs. This information was seen in care plans we viewed during the inspection.
- Care staff had completed equality and diversity training.

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

- People were encouraged to make their own day to day decisions wherever possible and staff understood the importance of people maintaining control over their own lives.
- Staff gave people time to process information, so they could make decisions. They described how they supported people to be involved in the support they received. A staff member told us, "I would talk to the person and ask them what they want. I've got to know them and how they communicate and make choices. I show them options such as clothes to choose from."
- Relatives of people told us that they were involved in decisions about their relative's care, where people had been assessed as unable to make some decisions.
- People and their relatives were fully involved in the care planning, recruitment of individual care staff and in reviews of their care plans. One family member described how potential staff had visited them at their home to meet with their relative, so she could have the final say on who would be employed to provide her care.
- Care staff understood people's rights to make decisions not only about their care but also about other aspects of their lives. Staff supported people in this by listening to people and when required taking action to ensure their views and opinions were known and met. For example, one person told their staff member they would prefer to live somewhere else. The staff member and management team supported the person

and contacted other relevant professionals to enable the persons choice to be met.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people were treated with dignity and respect. A relative said, "I can't fault the care staff, they are respectful of us all and of our home."
- Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed, curtains drawn, and people were covered up.
- Relatives and staff confirmed people were encouraged to be as independent as possible. One person's care plan detailed which parts of their morning care routine they could complete on their own. When staff were describing how they supported the person their information confirmed that the person was encouraged to undertake tasks they could complete and supported only where necessary.
- People's confidentiality was maintained in the way information was handled. Care plans were stored safely, and staff followed the confidentiality policy. Staff were aware not to share confidential information with people that were not authorised.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care that was responsive to their needs.
- Everyone we spoke with was very satisfied with the care provided and the way it was planned and delivered. A relative said, "They [office staff and care staff] are really helpful and when things change will arrange to change times of visits." A relative told us they would work directly with the allocated care staff member to change times when needed to accommodate activities or events.
- Care staff were flexible and willing to undertake additional support when required. For example, one person had been in hospital. The care staff member continued to visit them in hospital and realised they were to be discharged home without suitable support. They therefore accompanied the person home in the ambulance and provided handover information to the person's main carers. This ensured the person was supported during the journey and any changes in their needs would be known by those who were to provide ongoing care.
- On another occasion a care staff member had provided additional unscheduled support throughout the day when a person's main carer had required unplanned hospital care. The staff member had subsequently provided additional visits to provide personal care and informed relatives they would be available at short notice if required.
- Care plans reflected people's individual needs and were not task focussed. They included information as to how emergency situations should be managed. Staff confirmed they were aware of these plans and what to do should a person's needs change whilst they were providing care.
- Relatives confirmed copies of care plans were kept in their homes meaning they or staff could check any information if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had built a positive relationship with people using the service and supported them to maintain contact with others that were important to them.
- People had individual support each week, funded as part of their identified care needs, to meet their social requirements. People were able to choose how they used this time.
- People received support to pursue interests and hobbies and achieve personal goals and aspirations. Family members and staff told us about a range of physical and mentally stimulating activities people were supported to attend. This included activities to promote the self-esteem of the person. For example, one person helped to maintain flower boxes at the front of the services office. Another person did some

voluntary work with their allocated staff member.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The approach by the service met the principles of the Accessible Information Standards.
- Care records identified if a person had additional communication needs and what staff should do to support the person to understand.
- Staff members knew how to effectively communicate with people.
- Information for people was available in various formats including an 'easy read' format for people with a learning disability. The service had computer programmes which could be used to provide information in a range of formats suitable for most people.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place, which provided information on the action people or their representatives could take if they were not satisfied with the service being provided. The registered manager told us there had not been any formal complaints since the last inspection. They identified that due to frequent contact with people or their relatives any issues were resolved before the need to use the complaints process.
- A relative told us they could speak with staff or the management if they had concerns. Although they said they had no reason to complain. They told us, "I know who to contact if I have any worries or concerns. I'm sure that these would be dealt with."

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

- Relatives told us they felt their family members were well cared for and they were happy with the care provided. All said they would recommend the service to other people.
- The registered manager had developed a person-centred culture at the service. They and the nominated individual had a good understanding of their legal responsibilities towards the people they supported and were committed to delivering person-centred care.
- It was clear from our discussions with staff, that they enjoyed their work and were motivated to ensure each person enjoyed life to the full. Staff praised the support they received from the management team and told us how they felt invested in delivering good quality care to people. One staff member said, "I love working for PARES they [management team] are really good, and we support each other." Another staff member said, "I don't feel like I'm on my own. There is always someone we can contact in the office or on call." All staff said they would recommend working for the service.
- The management team were flexible and would undertake reviews at times to suit people or their relatives such as during weekends when they would not normally be working.
- The service's systems ensured people received care which met their needs and reflected their preferences. The management team led by example, treating people as individuals and encouraging people, relatives and staff to be involved in the service.

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 provider had a duty of candour policy that required staff to act in an open and transparent way when incidents occurred. The management team worked in accordance with this policy.
- The registered manager understood their responsibilities and knew when they were required notify CQC about incidents, safeguarding concerns and other events. They had informed the CQC about significant events within their service using the appropriate notifications.

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

- There was a clear management structure in place, consisting of the provider, the nominated individual and the registered manager and senior staff. The nominated individual is responsible for supervising the

management of the service on behalf of the provider. They and the registered manager were clear about their roles and responsibilities.

- There was a registered manager in place who was experienced and understood their role in meeting their regulatory requirements. Relatives told us the registered manager was open and listened to them. One relative said, "I can talk to her about anything, she always listens."
- There was small dedicated team of staff who understood their roles and communicated well with office-based staff. One staff member said, "I can discuss any concerns with the [registered] manager and know I will get listened to."
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and equality and diversity. Following a review of policies, the management team had identified further policies they required and had ensured these were in place.
- Quality assurance processes were in place, consisting of a range of regular audits completed by the registered manager and nominated individual. For example, people's care plans and daily records were reviewed when they were returned to the office each month to ensure appropriate care had been provided.
- The management team had considered all aspects of the service whilst collating information to demonstrate compliance with the Health and Social Care Act 2008 regulations. Where this had identified areas for improvement action had been taken or was planned. For example, more detailed risk assessments had been introduced.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's individual life choices and preferences were met. The nominated individual and registered manager were clear how they met people's human rights.
- People and families were involved in planning care and support and it was clear that the registered manager knew people well and had developed positive relationships.
- People's protected characteristics, including sexuality, religion, race and disability, were respected and supported.
- Effective communication between the management team and staff supported a well organised service for people.
- Staff told us they felt valued and appreciated by the management team. Individual supervision sessions took place to share information about people's changing needs, share learning and to discuss team issues. A team day including care staff, management and directors had been held to facilitate relationships and joint learning.

Continuous learning and improving care

- The registered manager and nominated individual were committed to learning and improving care. They had joined various local network groups and attended relevant training to their roles.
- The provider had a working action plan in place, to identify on-going monitoring and development of the service provided. For example, new computer systems meant staff were able to access a variety of information such as policy's on line. Additionally, staff recorded the time of commencing a visit and ending a visit meaning office staff could ensure staff spent the correct time with people. This system also helped ensure staff safety whilst working alone.

Working in partnership with others

- The management team were aware of the importance of partnership working with other health and social care professionals to promote good outcomes for people.
- Referrals were made to other health services when necessary and the management team ensured these

were appropriately followed up.

- The management team and care staff also understood the importance of working with family members who were the main carers for people. A relative said "They [management] listen to us [family] and always help us where they can."