

Personal Care Specialists Ltd

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Inspection report

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Date of inspection visit:
28 November 2017

Date of publication:
09 March 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

Personal Care Specialists Ltd is a domiciliary care agency and provides personal care to a range of people living in their own houses and flats in the community of north Leeds. It provides a service to older people, including those living with dementia and mental health needs, sensory impairments, physical disabilities and younger adults. The service is managed from its premises in the suburb of Oakwood.

This inspection took place on 28 November 2017 and was announced.

At our last inspection in September 2015 we rated the service as 'Good'. Since the last inspection the service had grown in size and was delivering personal care to more people than it had been previously. At the time of the inspection the service was providing support to 60 older people.

At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. We have changed the rating in the well led domain to 'Requires Improvement', because we found improvements were needed to ensure people received their calls in a timelier manner, although the provider had plans to address this issue.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager for the service. 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.

People who used the service were supported by staff who helped protect them from potential abuse. Staff had been safely recruited to ensure they did not pose an identified risk to people. Training had been provided to care staff to ensure they knew how to administer medicines safely. Assessments about potential risks had been completed to ensure staff knew how to keep people safe from harm. The service was actively recruiting additional staff to ensure there were always enough staff available to meet people's needs in a timely way. People told us they had a largely consistent set of staff for support who did not rush.

People were involved and consulted about decisions and their consent was obtained by staff to ensure their support met their wishes and preferences. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had developed positive relationships with people and treated them with consideration and kindness.

Staff encouraged people to maintain a healthy diet and upheld their personal dignity. People told us staff respected their wishes for privacy and supported them to be as independent as possible and reduce risks of potential social isolation. People's support plans contained evidence of assistance provided to ensure their health and wellbeing was maintained with involvement from medical professionals when this was required. People told us they knew how to raise a complaint.

Systems were in place to ensure the quality of the service could be monitored. Audits and checks were carried out to enable potential trends and patterns to be analysed and positive action to be taken when required to help the service to learn and develop, although we found this had not always occurred in a planned and timely way. The service welcomed people's feedback and suggestions to help it improve. People told us that management were approachable and worked in partnership with them. Staff told us they enjoyed working for the service and that management were supportive of them.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service had deteriorated to Requires Improvement	Requires Improvement ●

Personal Care Specialists

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 28 November 2017 and was announced. The provider was given 48 hours' notice because we needed to make sure someone would be available to support with the inspection. The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using this type of care service.

Before the inspection we looked at details we held about the registered provider on our systems and looked at notifications submitted by them about significant issues affecting the people who used the service. This showed us how they had responded to incidents. We used information the provider sent us in the Provider Information Return. This is 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.

When planning the inspection we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group that gathers and represents the views of the public about health and social care services in England.

We also sent out questionnaires to people who used the service, their relatives, care staff and professionals in the community. Overall, the feedback from these parties was positive.

During the inspection we made a visit to the registered provider's office and spoke with the registered manager and staff who were based there. We spoke with two care staff who were visiting to collect their rotas and subsequently spoke with seven other care staff by phone. We visited the homes of two of the people who used the service to ask them about the quality of provision they received. The expert by experience contacted four people who used the service and six of their relatives by phone in order to obtain

their views.

We looked at the care files belonging to five people who used the service, staffing records and a selection of documentation relating to the management and running of the service, such as quality audits, minutes of meetings and performance reports.

Is the service safe?

Our findings

At our last inspection we found the service was safe. At this inspection we found the service continued to be safe.

People who used the service and their relatives said they felt safe using the service and trusted the staff, with whom they had generally developed strong relationships. People confirmed they were supported to make choices about their lives and take risks with support from staff, who ensured they were protected from potential abuse and neglect.

People's comments included, "Oh yes, I am very safe and comfortable with the staff", "Absolutely safe, they (staff) are gems" and "The staff are perfect, they are very good with me, I am always safe and comfortable." Relative's comments included, "Yes [Name] is comfortable and safe with the care workers" and "Yes my relative is very safe, they [Name] is very clued up, they would say straight away if they weren't."

Staff were aware of their responsibilities to ensure people who used the service were protected from abuse. Safeguarding policies were available that were aligned with the local authority's guidance on this. Training in relation to the protection of vulnerable adults was provided to ensure staff knew how to recognise and report potential safeguarding concerns. Staff were aware of their duties to 'blow the whistle' about concerns or incidents of poor practice. They told us they would report issues of potential concern and that action was taken by the registered manager, including implementation of disciplinary procedures when required. The registered manager told us safeguarding issues were discussed with staff to enable learning to be gained and improvements made when things go wrong.

People and their relatives told us that overall they were pleased with the quality of the service they received. They said support was delivered by a generally consistent and reliable set of staff. Some people and their relatives told us timekeeping could be improved but that they were usually contacted by the office if staff were likely to be delayed. One person told us, "They are more or less on time, but if they are late it is due to traffic." Another commented, "They come when they can, if they are late it is due to traffic or due to other calls." Another told us, "The care workers are good but sometimes my relative helps herself to get into bed at 7.00pm because the call should be at 5.00pm."

People were assessed at the start of their use of the service, to ensure their needs could be met. Information was maintained to enable the quality of the service to be monitored and ensure this was delivered by appropriate numbers of staff. We found the service was actively in the process of recruiting additional staff at the time of our inspection. The registered manager told us, "We are constantly reviewing the number of competent staff required to meet people's needs." They advised they had recently handed back additional work which the local authority had asked them to carry out. They confirmed they would not take on further work if they were unable to undertake this and that they were looking at rescheduling work at busy times, and introducing a call monitoring system, to ensure staff could cover their calls to people in a timelier manner.

Safe recruitment practices were followed to ensure potential employees were appropriately checked before offers of employment were made. This included checks of personal identity and past work experience, together with references being followed up and clearance from the Disclosure and Barring Service (DBS). The DBS complete background checks on prospective staff (such as criminal records checks) to enable organisations to make safer recruitment decisions. Staff confirmed they were not allowed to start work until their references and DBS check had been received. They told us they worked alongside experienced staff before working alone, to enable them to get to know people's needs and learn about what was expected of them.

A positive approach to the management of risks was adopted by the service, whilst enabling people to stay safe from potential harm. Incidents and accidents were monitored by the provider and action taken to minimise them from reoccurring. A range of assessments about known risks were completed with people before the service commenced, to ensure staff knew how to support and minimise restrictions on their personal freedoms. We found people's risk assessments were monitored on an on-going basis and reviewed every six months or more frequently if required, to ensure they were up to date.

Systems for the proper and safe use of people's medicines were in place. People told us they were happy with their medicines support arrangements. One person told us, "The care workers come and give me medication; I have no issue with this." Another commented, "My tablets are given on time." We found people were encouraged to take responsibility for managing their own medicines and that staff provided assistance or prompts when required. Staff confirmed they undertook medication training and had their competencies checked, to ensure their practice was safe. Medication administration records (MARs) were completed where people were supported to take their medicines to ensure they received these as prescribed. Monthly audits of people's MARs were carried out and where medication errors were identified, investigations were undertaken to support learning from this, and to minimise the risk of re-occurrence.

Contingency arrangements were in place to enable people to make contact with the provider in case of emergencies, including an on call system to ensure people and staff were supported should such a situation occur. Policies and procedures were available to ensure staff were safe when lone working out of office hours. Staff were issued with identity badges and uniforms for use when attending people's homes, together with personal protective equipment to enable them to positively promote infection control.

Is the service effective?

Our findings

At our last inspection we found the service was effective. At this inspection we found the service remained effective.

People who used the service and their relatives told us they were supported to live their lives in the way they chose and that their use of the service helped improve their quality of life. They told us staff communicated well and ensured they were happy with the way their support was delivered. One person said, "They (staff) are brilliant, they cannot do enough for me, they are always smiling."

People felt overall staff were well trained and had the skills needed to perform their work. One person told us "Yes they (staff) do know what they are doing." Another commented, "I couldn't ask for better carers, they know what they are doing." Relative's comments about staff skills included, "They are skilled and trained, they would do anything for my relative" and "Yes no issues, they certainly do know what to do."

We found the service fitted around people's lifestyles and respected their wishes and choices. People told us staff were patient and involved them in decisions about their support. One person said, "They chat to you and don't rush, they don't make you feel they're in a hurry." A relative commented, "They are flexible, it works really well, they always involve us in making choices."

A range of training continued to be provided to enable staff to carry out their roles. An induction programme was in place for new staff that was aligned to the Care Certificate. This is a nationally recognised qualification that ensures workers have the introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care. Staff told us their induction included shadowing more experienced staff and completing workbooks. Staff files contained certificates for completed courses that included courses on moving and handling, health and safety, food hygiene, infection control and medication. On the day of the inspection two external assessors were making a visit to support staff to undertake additional qualifications. We saw facilities were available that were equipped with aids and adaptations to enable practical training sessions to be delivered. Staff confirmed they were able to request further training to help them develop their skills, although one member of staff said this had not yet happened.

The provider told us staff individual development needs were identified during formal supervision meetings and annual appraisals. They advised the staff supervision programme had not taken place as well as they had wished but they had plans to address this, together with increased 'spot check' observations of staff to ensure they were competent to carry out their roles. Staff told us they generally were happy with the support they received from the provider and said they could discuss any concerns with the registered manager in their weekly visits to the office to collect their time sheets.

People's right to make choices was included as part of the staff training. People told us staff worked in participation with them to ensure they consented to support that was delivered. Staff demonstrated a good understanding of their duties and responsibilities under the Mental Capacity Act 2005 (MCA). The 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedure for this in community settings is via application to the Court of Protection. We checked whether the service was working within the principles of the MCA. We were told that referrals had been made to professionals and external services involved in people's support, to ensure people's best interests were protected following concerns being raised by staff.

Records showed a range of assessments and support plans had been developed to address people's needs and medical conditions. People told us staff contacted health care professionals when there were concerns. Staff told us how they had reported concerns about people's needs to the office staff, to ensure additional support arrangements could be made.

Staff told us training on nutrition and food safety had been provided to them to ensure they were aware of safe food handling techniques. They told us that where it was an agreed part of people's care packages, they helped prepare people's meals and encouraged them to maintain a healthy diet to ensure their nutritional needs were met.

Is the service caring?

Our findings

At our last inspection we found the service was caring. At this inspection we found the service remained caring.

People who used the service were positive about the caring approach of staff. They told us staff were courteous and friendly and helped promote their independence. They said staff upheld their dignity and were considerate and kind and treated them with respect.

People's comments included, "The care staff are very thoughtful and go the extra mile to make sure I get the correct care", "They are angels, they are so caring. They are brilliant care workers and cannot do enough for me. They listen to me and respect my opinions" and "The staff are very kind, other care companies are not like that." One person did tell us they thought this aspect of practice could sometimes be improved because staff had not emptied their commode and they had been dressed in the same clothes for a few days. They said they had contacted the office about this and that it had not happened again.

Staff told us they enjoyed their work and generally provided support to the same group of people to enable continuity of care to be delivered. We found staff were familiar with people's preferences for how their support should be delivered. They said they always made sure people were appropriately covered when delivering personal care and told us about training that focussed on the importance of maintaining people's dignity and treating them with respect.

The registered manager told us their recruitment procedure's included looking for staff qualities of kindness; compassion, respect for others and empowerment. They advised they intended to extend the staff development programme with the introduction of the Social Care Institute of Excellence 'dignity challenge' and the identification of a member of staff to promote this and act as a dignity champion.

People confirmed information about the service was provided to them at the start of their use of the service to help them to know what to expect and who to contact if this was needed. Care staff demonstrated a good understanding about the importance of maintaining people's confidentiality and we saw information about people was securely held. We found the provider was making arrangements for the introduction of the new General Data Protection Regulation (GDPR) that comes into force in May 2018.

People told us they participated in reviews of their support to ensure it was delivered in a way they were happy with. We saw people's care records contained individual plans of care that focussed on their individual strengths and needs, together with details of how their support was to be provided. People's care records contained evidence of liaison and referrals to external agencies for support and equipment, to help maximise their independence.

Speaking about the staff approach one person told us, "They always ask me what I want and offer choices about this and if I need anything more."

Is the service responsive?

Our findings

At our last inspection of the service we found the service was responsive. At this inspection we found the service remained responsive.

People who used the service confirmed they received a service that was personalised to meet their needs. They confirmed they were listened to and staff involved them in decisions about how their support was provided. People and their relatives told us they felt the service worked with them well and recognised their individual needs.

People told us they knew how to raise a complaint and had confidence any concerns would be appropriately addressed. One person commented, "I am very happy with the service and know how to make a complaint and know they would do something about it if needed."

People told us they were involved and participated in decisions concerning their support. They told us they felt the staff worked in partnership with them and recognised their needs to ensure their individual preferences were respected. A person told us, "They know my needs very well and know I like plenty of butter on my brioche for breakfast."

We found that assessments of people's needs had been carried out and saw that agreement had been sought for how their support was to be delivered. People's care plans covered details of their strengths and abilities to carry out a range of tasks of daily living, to help staff to maximise people's independence and reduce potential risks of social isolation. People's assessments covered areas of known risks such as skin integrity, mobility and falls in order to help staff keep them safe from harm and these were reviewed and updated. The registered manager told us they were aware of their duties under The Equality Act 2010 and worked to reduce barriers or obstacles in relation to people's needs and conditions. The registered manager told us they were looking at training and staff development needs relating to this and ensuring information for people was available in accessible formats.

People told us that health care professionals were contacted if this was needed. A relative told us how a case conference had been arranged following identified concerns for their member of family. They went on to tell us how following this the service had reviewed and made changes to the support arrangements, in conjunction with them to ensure this was appropriate and they were happy with this.

The service had a complaints policy to enable people to raise a concern and have these investigated and wherever possible resolved. One person told us, "Management are good, they went through the care plan with me. The care worker forgot to empty my commode. I contacted the company and the care worker had to come back and finish the job." Relatives told us, "The management are good, they do listen. They have been through the care plan with us and they also check the log book to check staff have completed their work." Speaking about how the service had resolved an issue for their family member, a relative told us, "They keep me in the loop, my only issue is that my relative cannot fill in forms. I spoke to management

about this and now they email these to me." We saw the registered manager had responded appropriately to formal complaints and provided people with an outcome of their investigation. We found complaints and concerns were monitored by the service to enable potential themes to be recognised and enable learning strategies to be implemented.

Is the service well-led?

Our findings

At our last inspection of the service we found the service was well led. At this inspection we found some improvements were needed.

We received mixed comments about how well the service was managed. Some people were very positive. One person said, "I can recommend the service, I am happy with the care workers, they accommodate me." Another told us, "Excellent, I would never change them, they always check that I am ok, great care workers in the company as well."

Other people expressed some concerns about the effectiveness of the scheduling arrangements of people's calls. One relative told us, "We feel the administrative systems are not brilliant, rotas are not thought through well." Another commented, "We have no issues with management, they provide reasonable care workers, but their consistency could be better and travel times considered when setting rotas." Another relative stated, "Management are fine but they need more regular care workers in the company." Office staff told us they had plans to reschedule work at busy times and introduce a call monitoring system to ensure staff were able to cover people's calls in a more timely way.

There was a registered manager in place who had a range of knowledge and experience of health and social care services. We found they were aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. The registered manager told us they maintained their knowledge and experience by undertaking training and attending meetings with care professionals. This helped them keep up to date with developments in the care sector. The registered manager was supported by a deputy manager and an office administrator.

There was evidence the service had an approach that listened to people and worked in partnership with them and staff. We found quality assurance surveys and 'spot check' visits were used to enable people to provide feedback about the service to help it improve. We saw results from the most recent survey were overall positive. However, these highlighted a need to improve the consistency of staff making visits and the timeliness of their calls.

The registered manager told us that since the last inspection the service had developed and taken on additional work from the local authority which had meant they had struggled to deliver people's calls in a planned and consistent manner. They told us they had consequently made a recent decision to hand back some of this work and were currently in the process of recruiting additional staff.

There were systems in place to monitor the quality of service and take action to address shortfalls that were noted. We found these included checks of people's medication administration records, daily care records and accidents and incidents. We saw audits of people's care plans, complaints, medicines support arrangements, staff training and supervision were carried out to enable potential trends to be analysed and help make improvements to the service. The registered manager acknowledged there was some work

needed to improve the service, but said they had developed action plans to address identified shortfalls including effectively rescheduling people's calls and improving staff development and supervision arrangements.

Staff told us they felt management were approachable and supportive. They told us they were able to speak with the registered manager about any concerns. Regular staff meetings were held to ensure staff were kept up to date and provided with leadership and direction. We found the provider encouraged staff to question their practice and ensure communication was constructive. A whistleblowing policy was in place that enabled and encouraged staff to highlight issues of poor practice or potential abuse.