

## Personal Care Specialists Ltd

## Personal Care Specialists

## 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 

## Overall summary

Personal Care Specialists Ltd provides home care service in the Leeds area from premises in Oakwood North Yorkshire. At the time of the inspection the service was providing care and support to 9 people and employed ten members of staff.

We inspected the office premises on 22 September 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. Our last inspection of the service took place on the 15 August 2013 and at that time we found the agency was meeting the regulations we looked at.

There was a registered manager in post. 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.

We found the organisation's staff recruitment and selection procedures were robust which helped to ensure people were supported by staff suitable to work in the caring profession. We also saw all staff had received mandatory training and that one to one supervision

# Summary of findings

meetings took place which helped staff to carry out their roles effectively. We found the staff disciplinary procedures designed to protect people who used the service from poor work practices were being followed.

The support plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information and were fit for purpose.

The staff we spoke with were able to describe how people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. People who used the service and their relatives told us staff were very caring and always provided care and support in line with their agreed support plan.

The registered manager told us they were looking at the feasibility of introducing a call monitoring system which would identify if staff had been held up and were running late.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities.

There was a complaints procedure available which enabled people to raise concerns or complaints about the care or treatment they received. The people we spoke with told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided.

We saw the management of the service had a robust quality assurance monitoring system that continually monitored and identified shortfalls in service provision.

# Summary of findings

## 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

The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

Staff knew how to recognise and respond to allegations of possible abuse correctly and were aware of the organisation's whistleblowing policy.

Good



### Is the service effective?

The service was effective.

All new staff completed induction training on employment and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised.

Staff respected people's rights to make choices and decisions about the way they wanted their care and support to be delivered and always acted in line with their wishes.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

Good



### Is the service caring?

The service was caring.

People who used the service and their relatives told us staff were very caring and always provided care and support in line with their agreed support plan.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes.

Good



### Is the service responsive?

The service was responsive.

People who used the service and/or their relatives told us they were involved in planning their care and support and were pleased with the standard of care they received.

Peoples support plans provided staff with the information they required to make sure people received appropriate care and support.

The provider had a complaints procedure which highlighted how a complaint would be dealt with and by whom.

Good



### Is the service well-led?

The service was well led.

The provider had a quality assurance monitoring system which continually monitor and identify shortfalls in service provision.

Good



# Summary of findings

Audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was some evidence that learning from incidents/ investigations took place and appropriate changes were implemented.

People who used the service were asked about their views and opinions of the service and knew who to contact if they had a problem.

# 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 carried out 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.

The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in the office.

The inspection was carried by an adult social care inspector. On the first day of inspection we visited the office premises and spoke with the registered manager. We

looked at four people's support plans and risk assessments and other records relating to the management of the service such as training records, staff recruitment records, quality assurance audits and policies and procedures.

In a two week period following the inspection we spoke with three people who used the service, three relatives and four staff by telephone to ask them about their views and opinions of the service provided.

We reviewed the information we held about the service. This included information from the provider and from the local authority contracts and commissioning service in Leeds.

Before our inspections we usually ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR on this occasion.

# Is the service safe?

## Our findings

People who used the service told us they were supported by a regular care worker or team. One person told us “I like to see regular faces.” Another person said, “It’s much better I now have the same staff on a regular basis.” Both people told us they were pleased with the quality and standard of care provided. The registered manager who told us the service tried hard to provide people with continuity of care but acknowledged this was not always possible due to staff sickness and leave and the operational needs of the service.

We reviewed the recruitment and selection process for five staff members to ensure appropriate checks had been made to establish the suitability of each candidate. We found the recruitment practices were safe and relevant checks had been completed before staff had started work unsupervised for the agency. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two satisfactory written references were obtained before new employees started work. This helped to ensure people who used the service were protected from individuals who had been identified as unsuitable to work with vulnerable people. In addition, we saw the registered manager was exploring any gaps in people’s employment history, ensuring they provided proof of identity and were of good character. We spoke with two recently employed members of staff who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately.

The registered manager told us that sufficient staff were employed to meet the needs of the people they supported. They said staffing levels would be adjusted according to the needs of people who used the service and staff recruitment was on going.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how

to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern and the registered manager told us they operated an open door policy and people could contact them at any time if they had concerns.

The staff we spoke with told us they were aware of how to recognise signs of abuse and were aware of external agencies they could contact to report their concerns. They told us they knew how to contact the local authority Safeguarding Team and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously. Risk assessments were also in place where areas of potential risks to people’s general health and welfare had been identified. These included assessments relating to people’s mobility, nutrition, medication and the environment. These safety measures meant the likelihood of people been unsafe were reduced.

The people we spoke with told us they felt confident that the staff were trustworthy and had no concerns about their safety. One person said, “I am confident the manager would not employ people who should not be in the caring profession and I very pleased with the care and support I receive.” Another person told us “All the staff are lovely and make you feel at ease and safe.”

People told us they had a telephone number for the service which they could use both during and out of normal office hours if they required assistance or needed to cancel or rearrange a visit.

The provider had policies and procedures relating to the safe administration of medication in people’s own homes which gave guidance to staff on their roles and responsibilities. The policy we looked at made it clear to staff they must seek people’s consent before they assisted them to take their medicines. The registered manager told us staff were not allowed to assist people with their medicines until they had completed appropriate training and only assisted people to take their medicines from a monitored dosage system once they had received training.

# Is the service effective?

## Our findings

We looked at staff training and the support they received to undertake their role. We saw the provider had a spacious office with enough space for practical training to take place. For example, the room was equipped with a hospital bed, hoist and slings. The provider also had incontinence pads and personal protective equipment which staff were able to familiarise themselves with during training.

We saw documentary evidence that showed all new staff completed induction training on employment and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. We looked at the staff rota and saw two recently employed staff had been through this process.

We looked at staff training records, which showed staff had completed a range of training sessions. These included food safety, infection control, equality and diversity, first aid, bereavement, moving and handling and medication. The registered manager showed us the service training matrix for 2015 which was up to date. Staff personal development needs were identified during formal one to one supervision meetings which were held every three months. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

The staff we spoke with told us the training provided by the service was good and provided them with the skills, knowledge and understanding to carry out their roles effectively. Staff told us they were also able to request specific training to be provided if they required it to meet a person's needs. One care worker said, "Having an equipped training room is excellent and provides people who have never done the job before with the opportunity to use specialist equipment and aids before being starting work."

The staff we spoke with told us they sometimes prepared meals for people. We saw care plans gave staff guidance on

people's dietary needs and indicated if people required specific assistance to eat their food. For example, the care plan for one person showed they needed to have their food cut up into small pieces for them to eat and described their likes and dislikes.

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves.

We asked the staff what they did to make sure people were in agreement with any care and support they provided on a day to day basis. They told us they always asked people's consent before they provided any care or support and continued to talk to people while they assisted them so they understood what was happening. The staff told us they respected people's right to refuse care and support and never insisted they accepted assistance against their wishes. The people we spoke with confirmed this.

There was evidence within the care documentation we looked at which showed where people were unable to consent to care and support their preferences were discussed and reviewed and a best interest decision made. This demonstrated to us that before people received any care or support they were asked for their consent and the provider acted in line with people's wishes.

The relatives we spoke with told us the staff were very pro-active in calling other healthcare professionals such as general practitioners or the district nursing service if they felt people were unwell. One person told us, "On more than one occasion the staff have contacted a GP for my relative because they appeared unwell when they visited. This helps the family a great deal as we can only offer limited support during the day and constantly worry about them being alone" This demonstrated the policies and procedures in place to support people in such emergencies were effective and the service and staff acted in people's best interest .

# Is the service caring?

## Our findings

People who used the service and their relatives told us staff were very caring and always provided care and support in line with their support plan. People told us that the staff were always pleasant and cheerful when they visited and always made sure they were comfortable and safe before they left.

One person said, "All the staff are brilliant, they do whatever I ask and more besides. I cannot fault the service or the attitude of staff at all." The relative of another person said of the staff, "They are caring people in a caring profession. I am over the moon with the service; they cannot do enough to help you."

People told us the agency had a flexible approach to providing care and support and had acted on their request to change their support package at short notice. One person told us, "I have on more than one occasion asked for my care package to be changed at short notice and the manager and staff could not have been helpful which I really appreciate." Another person told us, "My relative has benefited so much from the support provided by the agency and is slowly regaining their confidence and independence. I am sure this is down to the way their care and support is being delivered."

People told us staff usually arrived on time but generally accepted that there were times when due to unforeseen circumstances they did arrive late. In the majority of cases people said they were kept informed if staff were running late. One person said, "I don't mind staff being a little late."

At the time of the inspection the service did not have a system in place which ensured staff had reached their destination on time and had to rely on people contacting them if staff did not arrive. However, the registered manager confirmed that they were looking at the feasibility of introducing a call monitoring system which would identify if staff had been held up and were running late. This information would then be used to keep people better informed.

People told us that staff never discussed confidential information about other people who used the service with them. They said that maintaining confidentiality at all times was very important part of establishing a trusting relationship with staff.

The staff we spoke with were able to describe how individual people preferred their care and support to be delivered and the importance of treating people with respect in their own homes. They told us they encouraged people to remain as independent as possible and always provided care and support in line with the agreed care plan. One member of staff made the following comment; "You are always mindful that you are working in someone's home and as such you are respectful of their wishes and treat people with the respect they deserve." Another member of staff told us, "I treat everyone as I would like to be treated if I were in their position."

# Is the service responsive?

## Our findings

The registered manager told us when a person was initially referred to the agency they were always visited by the registered manager or a senior member of the management team before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had. We saw evidence that care assessments were completed in the support plans looked at.

People who used the service and/or their relatives told us the assessment process was thorough and the registered manager listened to them regarding how they wanted their care and support to be delivered. People told us they were encouraged to ask questions during the initial assessment visit and this had helped them to make an informed decision about whether or not the agency could meet their needs. They also told us they were provided with information about the agency and the care and support it could provide. We saw in people's file evidence they had been provided with the service user guide.

People who used the service and/or their relatives told us they were involved in planning their care and support and were pleased with the standard of care they received. One relative said, "I was involved in the initial assessment process and I have also been involved with the on-going care plan reviews." Another person said, "I have been fully involved in all aspects of my care and support and I am very happy with the care I receive." This demonstrated to us that people had been involved in the care planning process and their support plan had been discussed and explained to them. We looked at four support plans and found they provided staff with the information they required to make sure people received appropriate care and support. We saw support plans were reviewed on a regular basis. We saw people had signed when a full review had taken place. We were told a copy of the support plan was kept both in the home of the person who used the service and agency's main office. People who used the service told us a copy of

their support plan was kept in their home. The staff we spoke with told us they used the support plans as working documents and had sufficient time to read them during their visit. Staff told us they completed and read the daily reports at each visit and if they had any issues or concerns, these were reported to the management team. Staff told us a manager was always on call outside of normal office hours to provide support in case of any unforeseeable events or emergencies. People who used the service and/or their relatives confirmed that staff always read the care documentation when they visited and completed the daily report sheets.

The provider had a complaints procedure in place and the registered manager told us all complaints were acknowledged and responded to within set timescales and a thorough investigation was always carried out. We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints were recorded together with the action taken to resolve them and the outcome. This showed people's concerns were listened to, taken seriously and responded to promptly.

The registered manager told us they had a proactive approach to managing complaints and they were always available to talk to people and deal with any concerns as soon as they arose. They also told us that as part of the annual review of the care package people who used the service and/or their relatives were always asked if they felt any part of the service provision was not working for the individual. This gave people the opportunity to discuss any concerns they might have without having to raise the matter as a formal complaint.

We spoke with six people who used the service and/or their relatives and they told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided. One person said, "I know how to make a complaint but thankfully I have never had to." Another person told us, "I am aware of the complaint procedure and would not hesitate to use it if I had any concerns."

# Is the service well-led?

## Our findings

We saw the registered manager audited people's support plans, risk assessments, the complaints records and the accident and incident log on a regular basis so that action could be taken quickly to address any areas of concern. We saw the registered manager also audited the staff files and checked the staff training matrix on a routine basis to make sure they provided accurate and up to date information.

The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/ investigations took place and appropriate changes were implemented.

The registered manager told us senior staff also carried out random spot checks on staff as they worked in people's homes to make sure care and support was being delivered in line with their agreed support plan. The registered manager confirmed the frequency of the spot checks were determined by several factors including the complexity of the service provided, potential issues with the working environment and people not having ready access to family.

The registered manager also told us they worked alongside the staff on a regular basis. This meant they were able to talk with people who used the service and/or their relatives and observe the standard of care and support being provided.

We saw that regular staff meetings were held. The registered manager told us this was to ensure staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received.

The staff we spoke with told us there were clear lines of communication and accountability within the agency and they were supported through a planned programme of supervision and training.

People who used the service told us they were contacted by the registered manager or a senior member of staff on a regular basis and some confirmed they had taken part in the last quality assurance survey March 2015 conducted by the service. We saw a selection of some of the returned. Comments which included, "I'm very happy with the contact from the office." "I'm happy with the reliability and actual care." and "Staff respect my privacy and dignity."