

Pleasant Home Healthcare Limited

# Pleasant Home Healthcare Limited

## Inspection report

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Date of inspection visit:  
09 January 2019

Date of publication:  
25 January 2019

## 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

We carried out an announced inspection of Pleasant Home Healthcare Limited on 9 January 2019. Pleasant Home Healthcare Limited is registered to provide personal care to people in their own homes. The 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. At the time of our inspection, the service provided personal care to 30 people in their homes. At the last inspection on 7 June 2016 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The service had 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Most risks had been identified and assessed, which provided information to staff on how to reduce these risks to keep people safe. However, for some people with specific health conditions, there was lack of robust risk assessments in place to ensure they were safe at all times. We made a recommendation in this area. Medicines were being managed safely. There were sufficient staffing levels to support people. Staff had been trained in safeguarding vulnerable adults and knew how to keep people safe. There was a safe recruitment process in place to ensure staff were suitable to support people.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles. People had choices during meal times and were supported with meals when required. Staff knew what to do if people were not feeling well. People's needs and choices were being assessed regularly through review meetings to achieve effective outcomes.

People and relatives told us that staff were friendly and caring. People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights. People had been involved with making decisions about their care.

Care plans were person centred and included clear information on how to support people. People and relatives were aware of how to make complaints if they wanted to and staff knew how to manage complaints.

Staff felt well supported by the management team. Some quality assurance and monitoring systems were in place to make continuous improvements. However, there was not an effective audit system in place to ensure medicines were managed safely at all times. We made a recommendation in this area.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Pleasant Home Healthcare Limited

## **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.

The inspection was carried out on 9 January 2018 and was announced. We gave the provider 48 hours notice. We announced the inspection because we wanted to ensure someone would be available to support us during the inspection. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events which the provider is required to tell us about by law. We also received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We sought feedback from professionals that the service was involved with.

During the inspection we spoke with the registered manager and deputy manager.

We reviewed documents and records that related to people's care and the management of the service. We reviewed five people's care plans, which included risk assessments, and five staff files, which included pre-employment checks. We looked at other documents such as medicine, training and quality assurance records.

After the inspection, we spoke to eight people, six relatives and four staff.

## Is the service safe?

### Our findings

People and relatives told us that people were safe. One person told us, "I feel that I am very safe with my carers and the staff know what they are doing and are kind and respectful." Staff had been trained in safeguarding people. Staff were able to explain how to recognise abuse and knew who to report abuse to such as the management team or the local authority. Pre-employment checks had been carried out, which ensured that staff were suitable to support people safely. We checked records of five staff. Three staff had been recruited since the last inspection and these showed that relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Most risk assessments were carried out and were specific to people's individual needs. A person told us, "The carers who come are brilliant. They are very careful. I use my Zimmer frame because I do like to try and do things for myself, like getting washed but they [carers] are always standing by ready to hold me if they think I'm getting unsteady." There were risk assessments in place for moving and handling, falls and the environment. These risk assessments provided information to staff about how to lessen risks and keep people safe.

However, risk assessments had not been created in relation to people's specific health conditions. Records showed some people had specific health concerns such as diabetes and a history of strokes. Risk assessments were not completed to demonstrate the appropriate management of these risks in order to minimise them leading to serious health complications. For example, for people with diabetes, there was no information on how to prevent hyperglycaemia (high blood sugar levels) or hypoglycaemia (low blood sugar levels) or the symptoms that may lead to a stroke.

We recommend the service follows best practice guidance on risk management.

People received medicines as prescribed. The service supported people with administering medicines. Medicine records were completed accurately. Staff received appropriate training in medicine management and told us they were confident with managing medicines.

The registered manager told us that there had been no incidents since the last inspection. The registered manager and staff were aware of what to do if accidents or incidents occurred. There was an incidents form in place that could be used to record them. In addition, the registered manager told us that if incidents were to occur, then this would be analysed and used to learn from lessons. This would ensure the risk of re-occurrence was minimised.

Systems were in place to reduce the risk and spread of infection. Staff had been trained on infection control and confirmed they had access to Personal Protective Equipment (PPE).

Staffing levels were appropriate. A staff member told us, "The service users are happy with the times we support them." A relative told us, "My relative has never complained that the carers are late coming. I know my relative has said that sometimes they stay a little bit longer to have a chat with her which she

appreciates. I don't think they rush through the work." Systems were in place to monitor staff time-keeping and attendance to ensure staff were not late and missed calls were minimised. Rotas were sent in advance to staff to ensure they had adequate time to plan travel.

## Is the service effective?

### Our findings

Staff had received training to perform their roles effectively. People and relatives confirmed this. A person told us, "I've never worried that they don't know what they're doing." A relative commented, "I think all the staff are very well trained."

Staff participated in training and refresher courses that reflected the needs of the people living at the service. A staff member told us, "The training is really good." Staff had received an induction, which involved shadowing experienced care staff and meeting people. Supervision were carried out regularly included discussions on objectives, and staff development. Staff told us they were supported in their roles. A staff member told us, "[Registered manager] is supportive."

Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support people. Using this information and the person's level of dependency, care plans were developed. A person told us, "I had an interview with them at the beginning and we talked about everything that I might need. I was able to think about things without any pressure." The service assessed people's needs and choices through regular reviews with them. Where changes had been identified, this was then reflected on the care plan. This meant that people's needs and choices were being assessed to achieve effective outcomes for their care.

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. We checked whether the service was working within the principles of the MCA.

Staff had received training on the MCA and were aware of the principles of the act. Consent forms had been completed by people and their relatives to consent to care and treatment. Staff told us that they always requested people's consent before doing any tasks. A person commented, "They ask me about everything. Even if it's something they do every day, they still say, 'is it okay?'"

Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency. The registered manager told us that staff had recently found signs of a serious health condition when supporting a person. The person was referred to hospital and was now receiving treatment. Due to the intervention of staff, the person was able to receive early treatment.

Care plans included the level of support people would require with meals or drinks. People were given choices by staff when supporting them with meals. A person told us, "I have freezer meals at lunchtime and they will fetch a selection out for me to look at to decide what I fancy." A staff member told us, "I will always ask what they want."

## Is the service caring?

### Our findings

People and relatives told us staff were caring. A person told us, "I can't fault the carers in terms of kindness. It doesn't matter how busy they are, they will always make time to have a little chat and listen to me." Another person commented, "They [staff] are brilliant."

Staff told us they had positive relationships with people and this was developed by spending time with people and talking about their interests and building trust. People confirmed this. One person told us, "They make my day really. When you live on your own it can get a bit lonely and sometimes I do feel very low. Every single one [carer] comes in with a smile and I end up having a laugh with them. It makes all the difference to me."

Staff ensured people's privacy and dignity were respected. Staff told us that when providing support with personal care, it was done in private. A staff member told us, "If they have a shower, then you make sure they are covered properly and doors and windows are shut." A person told us, "They are very careful about privacy. They make sure curtains are shut if they need to help me get dressed or undressed."

Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.

Records showed that, where possible, people and their relatives were involved in making decisions about the care and support people. People had agreed with the methods for the delivery of the care plan. A relative told us, "If I've got any worries about my relative in terms of their needs changing, the manager will always arrange to come and see us to discuss things. They are very good like that."

People and relatives told us that people were encouraged to be independent. Records confirmed that people were to be prompted to complete certain tasks with the support of staff. A person told us, "One of the carers who comes definitely needs some kind of award. She is just brilliant. I think she is the very best they've got. I'm not too good with my eyesight so I need a bit of extra help with things I like to do. I do some colouring when I'm at home and they will make sure I've got things where I can find them easily."

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse and had been trained in equality and diversity. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

## Is the service responsive?

### Our findings

Each person had an individual care plan, which contained clear information about the support they needed. Care plans included people's personal information, hobbies, background and how to support people in a person-centred way. Information on one person's care plan included that a person's blood pressure drops when they wake up in the morning therefore a staff member should be with the person. Care plans were up to date and reviews took place regularly with people. A staff member told us, "Care plans are really good. It is very helpful for you to support service users."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. A person told us, "They are just amazing. Brilliant. They will always wash my hair because I can't do it myself and they make sure I'm properly dried afterwards."

The staff team worked together to deliver effective care and support. There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that people received continuity of care.

People had access to information that was accessible. People's ability to communicate was recorded in their care plans. In one care plan, information included that a person had impaired hearing but could lip read. Staff were able to tell us how they communicated with people they supported that may have difficulty with communicating.

No complaints had been received since the last inspection. A complaints policy was in place. Staff were aware of how to manage complaints. People and relatives told us that they had no concerns about the service but knew how to raise complaints. A person told us, "If anything was going wrong or bothering me, I'd talk to the main carer who comes here first because she's really good. I feel really comfortable talking to her."

Records showed that a number of compliments had been received from people and their relatives. Comments included, 'Pleasant care provide excellent service. The management team are active in the care they provide', 'Overall [person] receives an excellent service from all the carers that attend', 'Marvellous. Very efficient service.'

## Is the service well-led?

### Our findings

There were systems in place for quality assurance of the service. The management team carried out spot checks on staff to observe their performance on service delivery. The findings of the spot checks were recorded and communicated to staff. The service had requested feedback from people and relatives to identify ways to improve the service. The results of the feedback were positive and analysed to make improvements. Comments from the survey included, 'Excellent service, very happy', 'Manager is very kind and happy' and 'Excellent service. Good time-keeping.' A person told us, "We have had surveys from time to time, but I don't really bother because they are very good, and any queries are dealt with straight away."

Staff survey had also been completed. This focused on person centred care, training and decision-making. The results were positive. Comment from one staff member included, 'Pleasant care was very good because they are very caring team and I am really enjoy working with Pleasant.'

The registered manager told us that she and staff did visual audits on medicines management. However, the findings and the areas that had been covered in the audits had not been recorded. This meant that if gaps were identified it would be difficult to identify if this was a record keeping error or if medicines had not been administered. Therefore, it required prompt action to ensure this did not affect people's health. This was important to ensure that any identified actions can be monitored and implemented. This would ensure there was a culture of continuous improvement in the service.

We recommend that robust medicine audit systems are in place to ensure the safe management of medicines at all times.

We saw awards that the service had received. The service was awarded as one of the top 20 homecare providers in 2018 from a homecare website, following positive reviews from people.

Staff told us the service was well-led. One staff member told us, "[Registered manager] is really good. I could call her when I need to. She really is a good manager." Another staff member commented, "I am quite happy here. I have not got any complaints."

People and relatives were positive about the management. A person told us, "The manager is really good. Very responsive and very kind." Another person told us, "I feel very well looked after and very safe. The people in the office are always very nice too." A relative commented, "This is a really good service. I have absolutely nothing to worry about and my family are very reassured that I'm well cared for."

Staff meetings were held regularly. At these meetings staff spoke about people's feedback, risks, medicine management and training. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. This meant that staff were able to discuss any ideas or areas for improvement as a team to ensure people received high quality support and care.