Pol Community Care Ltd

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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

We carried out this inspection on 24 and 25 April 2017 and it was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. This was the first inspection for the service since registering in March 2016.

Pol Community Care is a Domiciliary Care Agency that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in the Par, Lostwithiel, Liskeard, Looe and Polperro areas of Cornwall. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals. Longer visits for a 'sitting' service are provided for some people.

At the time of our inspection 28 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of 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 and associated Regulations about how the service is run.

People told us they felt safe using the service. Relatives also said they thought the service was safe. Comments included, "I am very happy with the service", "I am very satisfied with the service", "It's fantastic" and "No complaints at all."

Staff treated people respectfully and asked people how they wanted their care and support to be provided. People and their relatives spoke well of staff, commenting, "Wonderful carers, there isn't a thing they wouldn't do for me", "They are very kind and friendly", "They do everything I ask" and "I am made to feel comfortable about having help."

People had a team of regular, reliable staff, they had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "They let me know if

carers are going to be late", "Visits are a bit late sometimes, but they always turn up" and "Always come, may be late because of staff sickness but they let me know."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People had a care plans that provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.

Staff were recruited safely, which meant they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. Staff received appropriate training and supervision. New staff received an induction, which incorporated the care certificate. There were sufficient numbers of suitably qualified staff available to meet the needs of people who used the service.

Staff and management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered and deputy managers were clearly committed to providing a good service for people. Comments from staff included, "The office is well organised", "Rotas are well managed" and "The manager listens to feedback and takes it on board."

People and relatives all described the management of the service as open and approachable. Comments from people included, "The manager is wonderful, you can always speak to her" and "I think they are well managed."

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received.

People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to. Where people had raised concerns these had been investigated and resolved to the complainant's satisfaction.

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 was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff liaised with other healthcare professionals, as required, if they had concerns about a person's health.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People, and their relatives, were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care

and support they received.

People knew how to raise a complaint about the service and reported that any concerns they raised had been resolved appropriately.

Is the service well-led?

Good

The service was well-led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People were asked for their views on the service. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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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 inspection took place on 24 and 25 April 2017 and the provider was given 48 hours notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector.

Before the inspection we looked at the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the service's office and spoke with the registered manager, the deputy manager and four care workers. We visited three people in their own homes and met one relative. We looked at three records relating to the care of individuals, staff records and records relating to the running of the service. After the visit to the service's office we spoke with four people, one relative and one care worker.

Good

Our findings

People told us they felt safe using the service. Relatives also said they thought the service was safe. Comments included, "I am very happy with the service", "I am very satisfied with the service", "It's fantastic" and "No complaints at all."

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately.

There were enough staff employed by the service to cover the visits and keep people safe. Staffing levels were determined by total number of hours provided to people using the service. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. Staff mostly had regular 'runs' of visits in specific geographical areas and when gaps in 'runs' occurred these were identified. This meant the service knew the location and times where new packages could be accepted.

A staff rota was produced each week to record details of the times people required their visits and which staff were allocated to go to each visit. Staff accessed details of their rotas, including useful information about the people they were booked to visit, through an electronic application on their mobile phones. The use of this application meant the service could send messages to staff's mobiles to make changes to their rotas and any updates about people's care needs.

Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. Some people lived in locations where it could be difficult to park and this increased the time taken to arrive at a person's home. Staff were paid for the exact amount of their travel time, including time taken to park and walk a distance from a person's home. If staff were delayed, because of traffic, parking or needing to stay longer at their previous visit, management would always let people know or find a replacement care worker if necessary.

People told us they had a team of regular, reliable staff and were kept informed of any changes. No one reported ever having had any missed visits. People commented, "They let me know if carers are going to be late", "Visits are a bit late sometimes, but they always turn up" and "Always come, may be late because of staff sickness but they let me know."

The registered manager or the deputy manager were on call outside of office hours and could access details of the rota, telephone numbers of people using the service and staff. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of the hours the office was open.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, directions of how to find people's homes and entry instructions. Staff told us information about any potential risks, associated with the environment or the tasks to be undertaken, were messaged to them through the electronic rota application.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. At the time of the inspection there had not been any incidents or accidents.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help. Where staff supported people with their medicines they completed Medicines Administration Record (MAR) charts to record when each specific medicine had been given to the person. All staff had received training in the administration of medicines.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Good

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People told us they thought staff had been appropriately trained for their role.

New staff completed an induction when they started their employment that consisted of a mixture of training and working alongside more experienced staff. Staff told us they had visited most people who used the service, during their induction, so they had met people before they started to work on their own. On average staff's induction period lasted for two weeks. However, staff were able to shadow other workers for longer if they wanted to. For example, one worker told us, "I shadowed for three weeks until I felt ready. There was no problem with me doing that." The induction process included the Care Certificate, a national qualification designed to give those working in the care sector a broad knowledge of good working practices.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Staff had completed, or were working towards, a Diploma in Health and Social Care. All staff had received training relevant for their role such as, Mental Capacity Act, safeguarding of adults, infection control, manual handling, first aid and food safety. Staff received other specialist training to enable them to effectively support and meet people's individual needs. For example, training in dementia care and hydration and nutrition.

The registered and deputy managers met with staff regularly for either an office based one-to-one meeting or an observation of their working practices. Yearly appraisals were completed with staff. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us they felt supported by the registered and deputy managers. They confirmed they had regular one-to-one meetings and an annual appraisal to discuss their work and training needs. Staff said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed visits.

Pol Community Care worked with healthcare services to ensure people's health care needs were met. Staff supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records showed

staff shared information effectively with professionals and involved them appropriately.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People confirmed staff asked for their agreement before they provided any care or support and respected their wishes if they declined care. Care records showed that people, or their advocates, signed to give their consent to the care and support provided.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records showed the service recorded whether people had the capacity to make specific decisions about their care. For example, care records described how people might have capacity to make some daily decisions like choosing their clothes or what they wanted to eat or drink. Where the person may not have the capacity to make certain decisions records detailed who should be involved in making decisions on the person's behalf.

Good

Our findings

Staff treated people respectfully and asked people how they wanted their care and support to be provided. People and their relatives spoke well of staff, commenting, "Wonderful carers, there isn't a thing they wouldn't do for me", "They are very kind and friendly", "They do everything I ask" and "I am made to feel comfortable about having help."

When we visited people's homes we observed staff providing kind and considerate help, appropriate to each person's care and support needs. For example, one person had some hearing difficulties and wanted to chat and socialise with staff during the visit. Staff used a white board to write down what they were saying and this enabled the person to reply and join in the conversations. It was clear that this method of communication worked for the person and enhanced their well-being. Staff were friendly, patient and discreet when providing care for people. People told us staff did not rush them and staff always stayed longer than the booked visit if they needed extra time.

The service had only been operating for a few months and as a result of this many staff were new to the service. However, it was clear that staff were committed to their role and had come together as a team. We observed that staff were motivated and passionate about making a difference to people's lives. Staff said, "I am really enjoying the work", "We are a good team" and "I love the job."

Care plans contained enough detailed information so staff were able to understand people's needs, likes and dislikes. Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes.

People told us they knew about their care plans and a manager regularly asked them to ask about their views on the service provided. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. A relative told us, "Staff always ask how I am and check if there is anything I need."

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Good

Our findings

Before people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. People told us a manager had visited them to give them information about Pol Community Care and agree the care and support they needed before their care package started.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were completing. People's care plans were regularly reviewed and any changes in people's needs were communicated to staff. Staff told us care plans contained the information they needed to provide care and support for people. Staff were informed verbally, and via their mobile phones, about any changes to people's needs as these occurred. People told us they were aware of their care plans and staff reviewed their care plan with them to ensure it was up to date.

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were encouraged to update the management team as people's needs changed and also at regular staff meetings.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, providing extra visits if people were unwell and needed more support, or responding in an emergency situation. During our visit to the service's office we heard one person ring and ask if staff could pick up a urine sample and deliver it to their GP surgery for them. The deputy manager checked the rotas and identified a member of staff who was working nearby and had a gap to call in take the sample to the GP surgery. The registered manager explained that they often carried out this sort of help for people, especially where they had no family living close by, at no extra

charge.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. Before the inspection we were made aware of two complaints people had made about the service. We found the service had thoroughly investigated the concerns raised in these complaints and taken appropriate action to resolve them. For example, to resolve one of the complaints a member of staff had been disciplined and a replacement piece of equipment had been provided by the service.

People told us they were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request.

Good

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who was also the owner of the service, had overall responsibility for the running of service. They were supported in the day-to-day running of the service by a deputy manager.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff received regular support and advice from managers via phone calls, messages on their mobile phones, and face to face individual and group meetings. Staff were complimentary about the management team and how they were supported to carry out their work. The registered and deputy manager were also clearly committed to providing a good service for people. Comments from staff included, "The office is well organised", "Rotas are well managed" and "The manager listens to feedback and takes it on board."

People and relatives all described the management of the service as open and approachable. Comments from people included, "The manager is wonderful, you can always speak to her" and "I think they are well managed."

The registered manager/owner told us they had made the decision to grow the business slowly. They had also decided to remain at a size that meant they would know all the people using the service. They always personally interviewed staff and this helped them to match staff skills to people's needs and provide a consistent and reliable service. People told us they felt their staff had been matched to meet their needs and were complimentary about the service's recruitment practices. They also commented that when they had replacement staff they were of the same high standard. One person told us, "All the carers are very good. I don't know how the manager finds them."

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided.

The registered and deputy managers monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. The registered and deputy managers worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.

People and their families told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. One person told us, "The manager rings up to

see how I am and how things are going." The service also gave people, their families and health and social care professionals questionnaires to complete regularly. We looked at the results of the most recent survey and found everyone had given positive feedback about the service.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.