

Professional Care Support Services Ltd

# Professional Care Support Services Ltd

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Professional Care Support Services Ltd is a domiciliary care agency providing personal care to people aged 65 and over. At the time of the inspection 31 people were receiving care from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

At the time of inspection we found that some improvements were needed to ensure staff recruitment files reflected their employment history. The provider took immediate action to remedy this following our inspection. Staff knew how to report potential safeguarding concerns. People received their medicines safely and suitable risk assessments were in place to mitigate risks to people. Effective measures continued to prevent the spread of infection.

People and relatives felt that the care delivered was responsive to their needs. We recommend the provider ensure that people's care records fully reflect their preferences. The provider took appropriate steps to support people requiring end of life care. No complaints had been received at the time of our inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access other healthcare professionals, as well as staff taking steps to support their eating and drinking needs. Staff were supported through regular training, supervision and appraisal.

Staff ensured they were kind, caring and respectful towards the people they visited. People were supported to be as independent as they were able to, and staff respected their privacy and dignity. People and relatives were consulted in relation to their care needs.

The registered manager was thought of positively, and ensured they were accessible to people, relatives and staff. Quality assurance systems were in place to review service provision and drive improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 10 May 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Professional Care Support Services Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

Inspection activity started on 23 September 2019 and ended on 24 September 2019. We visited the office location on the first day of inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with the registered manager, a senior supervisor and three care workers. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Following the inspection we spoke with one person using the service and three relatives. The provider also sent us additional evidence of the improvements they had made.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At the time of inspection we found that staff employment records did not always include a full employment history or suitable references. We raised this with the provider who told us that this was due to most staff not always having previous work experience in the United Kingdom.
- Following our inspection the provider conducted a full audit of all staff files to review any gaps in their recruitment records and update them. Furthermore, they amended their application form so that this information would be clearly provided by future applicants. We were satisfied with the prompt action the provider took to make improvements following our inspection.
- Staff were subject to a Disclosure and Barring Service check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- People and relatives told us that staff were always on time to visit them, or contacted them if running late. Staff also told us they had enough time to travel between visits.

### Systems and processes to safeguard people from the risk of abuse

- People were suitably protected from the potential risk of abuse, with the provider having suitable policies in place for staff to follow.
- Staff understood their responsibilities in safeguarding people. Comments included, "I'd straight away tell the office. I can go to the CQC, I can go through the council as well. If I don't get a response from here I can go somewhere else. It's team work, everyone has to be on the same page" and "We can call the emergency services if it's not safe."
- At the time of our inspection there had been no safeguarding concerns raised.

### Assessing risk, safety monitoring and management

- Potential risks to people were assessed to ensure that both people and staff caring for them were safe.
- Any environmental risks within people's homes were reviewed to ensure that staff could support people to be safe during their visit.
- Risk assessments covered a range of needs such as moving and handling, nutrition and toileting needs. The guidance in place was clear so that staff could support people with their individual needs.

### Using medicines safely

- Most of the people using the service administered their own medicines or received support from family

members.

- Where staff supported people with their medicines there was a full list of their prescribed medicines and frequency requirements within their care plan.
- We reviewed two people's medicines administration records and saw that staff accurately completed these to ensure they confirmed they had given people their medicines on time.

#### Preventing and controlling infection

- Staff were regularly provided with personal protective equipment so that they could practice good infection control when supporting people.
- A staff member told us, "We have to wash our hands all the time and change the gloves for different tasks."

#### Learning lessons when things go wrong

- The provider had a suitable policy and procedure in place so that staff were able to report any incidents as they occurred. Staff we spoke with were clear on how to report any concerns.
- At the time of our inspection there had not been any incidents or accidents across the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed prior to them commencing the service, with relatives recalling a full consultation at the time of initial assessment.
- Where people had been placed by the local authority, people's care records also included evidence of their initial support needs.

Staff support: induction, training, skills and experience

- Training records showed that staff were fully up to date with a range of training areas to meet the needs of the people they supported.
- Staff were enthusiastic about the training they received, telling us they were all delivered as face to face sessions. A relative told us, "They are [well trained], when [family member] came up from the hospital after a fall they were very good in moving and handling, toileting."
- The management team regularly supported staff through one to one supervision and annual appraisal meetings. Staff told us these were supportive sessions and enabled them to reflect on their practice.

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

- People were supported with their nutritional needs, and staff supported people with eating where necessary. A staff member said, "We give it to them the way they like. Say 'I'm going to give you breakfast now', explain what it is and how I'm going to help give it to them."
- A relative told us how the provider ensured that staff were able to provide cultural foods of their family member's choosing, so that their meal preferences were met.

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

- The provider worked alongside other healthcare professionals to ensure that people's presenting needs were met in a timely manner. This included liaising with district nurses or people's GP's if a change in their health needs was identified.
- People's care records indicated other agencies involved in their health needs to ensure continuity of care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- Staff understood the principles of the MCA telling us, "If the person has the capacity to understand what you are saying to them or if they can make decisions on their own. If they are not [able to] you have the social workers and family involvement."
- Staff knew to seek consent from people when supporting them. Comments included, "Someone might say no to something, and then change their mind - you have to be patient."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the way staff treated them, with one person telling us "Yes, they are [caring]. So, so kind, they make me happy. Sometimes they give me more time." Relatives said, "Oh yes, they're very courteous" and "I can't praise them enough, they're lovely."
- The provider took steps to ensure people's diverse needs were met. A relative said, "[Registered manager] sends people that can speak our language so [family member] can tell them what she wants."
- Staff told us why they entered the care sector and the passion they brought to their roles. Comments included, "There are plenty of people out there who need help, and if I can help them then I will do" and "I love this job because it makes you feel like you are doing something good for somebody."

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

- Records showed that people were consulted through regular care reviews, and were given the opportunity to sign and agree to their care plan agreements.
- The provider made contact with people and relatives on a regular basis to ensure they were satisfied with the care they received, and had the opportunity to discuss any changes they wished to make.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, especially when receiving personal care. Staff told us, "We talk to them, say we're here to help them and make them clean. We cover their private parts to make them comfortable. Ask how they are, make conversation. Ask people about themselves, where they like to sit or receive care. Let them make the decision."
- Staff took opportunities to support people to do things for themselves. A staff member said, "We encourage them to do things. Like when giving a bath we can see if they can wash their face or arms, encourage them to try and do it for themselves."

# Is the service responsive?

## Our findings

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

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

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

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

- On reviewing care plan records we found that they could provide more detail in relation to people's preferences in how they received their care. Despite this, staff were able to tell us about people's individual needs. We recommend the provider review people's care records to ensure these details are reflected.
- Relatives felt that the care people received was personalised. Comments included, "Yes, they do absolutely [respond]. Depending what her legs are like, they help her try to walk with her Zimmer frame. We're happy with that" and "Our requirements were the language, and the carers are always very personalised, they follow the care plan."

Meeting people's communication needs

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

- The provider had a suitable communications policy in place. This policy set out the requirement to ensure that people were able to receive information in a format that was accessible to them.

Improving care quality in response to complaints or concerns

- At the time of our inspection, no complaints had been received. A suitable complaints policy and form was in place for people, relatives and staff to refer to.
- A relative told us, "Oh yes, we know who to contact, the care agency number and we have regular calls to see if we have any problems."

End of life care and support

- At the time of our inspection one person was entering end of life care. The registered manager had arranged to meet with the palliative care team to ensure that sufficient measures were in place for staff to support them effectively.
- Staff understood the importance of being sensitive to people's end of life wishes. A staff member said, "When you go you have to talk to them, talk with their family. We respect any religion and work with them."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff were positive about the registered manager and the support they offered. Relatives told us, "I like them, always been very open" and "I like her, I like the positive attitude, very friendly and very helpful." One person said, "They are good, they visit me."
- Staff told us, "It's really good, we don't have any problems. If there are any problems we report to the office, have a meeting and they do something" and "They are approachable all the time, out of hours numbers as well. They are there all the time, available on the weekend."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. During the inspection, feedback was taken on board and the provider was prompt to make improvements; such as ensuring staff recruitment history was suitably recorded.

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

- The registered manager understood their responsibilities in managing the service, including the importance of notifying the CQC of important incidents as they occurred.
- Regular quality checks were in place to review service provision and drive improvement. People and relatives were contacted for a telephone review fortnightly, as well as regular spot checks of staff competency when supporting people.
- The registered manager conducted regular quality assurance checks to ensure people's care files were up to date and reflected current needs.

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

- People and relatives were invited to provide feedback about the service through annual questionnaires. We reviewed the most recent responses and found these to be positive.
- Staff felt involved and rewarded when they succeeded in their roles. A staff member said, "We get a Christmas party and dinner, certificates, gifts for doing a very good job. We get rewarded a lot."

Continuous learning and improving care; Working in partnership with others

- The provider worked alongside the local authority to ensure that they were able to meet people's needs.
- In order to improve recruitment the provider made contact with local job centres and the town hall recruitment fair to encourage individuals to work in the care sector.