

PTsmart Care

646B

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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

646B is a domiciliary care agency. It provides personal care to people living in their own homes. There were seven people using this service at the time of our inspection. 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

Since the last inspection the provider had made improvement to the service. The provider and registered manager had put in place audits to monitor the quality of the service and ensure they had oversight of the service. Staff and people using the service were asked for feedback and involved in the care and support provided. The provider was open and transparent.

People's communication needs had been assessed and recorded and staff knew how to communicate with people, however the provider had not made information available to different formats such as large print. People receiving End of Life care were looked after by the palliative care team. There were no specific end of life care plans in place. We addressed this with the provider who completed these straight away. People knew how to make a complaint and said any concerns were always dealt with promptly.

People's risks had been assessed and recorded. People said they felt safe and staff understood how to keep people safe from the risk of abuse. There were systems in place to record and investigate incidents and staff knew how to raise and report concerns. Staff had been recruited safely and in line with the company's recruitment policy. There were enough staff employed to meet people's needs. The service was not administering any medicines at the time of the inspection. Staff had received training and were following current infection control guidelines and had access to enough personal protective equipment [PPE].

Staff had received an induction and training suitable to their role and were having regular supervisions and spot checks which were recorded. People's needs and choices had been assessed and recorded. People told us they received effective care that was personalised to them. Staff worked with other professionals to ensure people received the care and support they needed. 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 April 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 10 March 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 646B on our website at www.cqc.org.uk.

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 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 ●

646B

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

The 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.

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. The registered manager was not available during this inspection.

Notice of inspection

We gave the service 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 three relatives about their experience of the care provided. We spoke with four members of

staff including the provider, senior care workers, and care workers.

We reviewed a range of records. This included four 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

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and knew how to recognise and report abuse.
- One staff member said, "I would report any abuse to the manager, if nothing was done, I would contact social services or CQC." Another staff member said, "I know how to recognise signs of abuse such as bruising or neglect."
- People told us they felt safe. One person said, "Yes [relative] is safe. When [relative] needed to be hoisted because they were getting uncomfortable, they [staff] came straight back."
- The provider was fully aware of their responsibility to keep people safe. Policies and procedures were in place to manage and report safeguarding concerns although none had been raised. The provider had arrangements in place to investigate any safeguarding concerns.

Assessing risk, safety monitoring and management

- At the last inspection we found people did not have adequate risk assessments in place to support staff with providing care.
- At this inspection we found people's needs and risks had been assessed and recorded. There were risk assessments in place to support staff with people's care such as managing pressure areas.
- Staff knew how to manage people's risks, one staff member said, "Risk assessments are in the persons folder, I have time to read them, they are very informative."
- Environmental risks such as hazards in people's homes had been assessed and recorded.

Staffing and recruitment

- At the last inspection recruitment processes were not robust. At this inspection recruitment process had improved. The provider had carried out Disclosure and Barring Service checks [DBS] and had obtained references from previous employers as per their recruitment policy. However more detail was needed about the interview questions and the providers decision to employ staff.
- There were enough staff to meet people's needs. One staff member said, "The company has enough staff, we can increase when people's needs change."
- People told us the same staff provided care and came when they were expected. The provider was able to accommodate people's preferences around call times. One person said, "They [staff] come about the same time each day. They [staff] did come too early in the evenings, so we changed that for a later call."
- The provider did not have a call monitoring system in place however, this was something they were looking to implement. People told us staff always contacted them if they were running late but this was very rare. The provider asked people for regular feedback around call times and visits. One person said, "We've never been let down, they always turn up."

Using medicines safely

- Staff were trained to give medicines. However, no one at the service was receiving support with medicines at the time of our inspection.

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Preventing and controlling infection

- Staff had been trained in infection prevention and kept people safe from the risk of infection by wearing personal protective equipment [PPE] and following hand washing and social distancing guidelines. A staff member said, "The training I had in infection control was hand hygiene, infections, virus's, COVID-19 and chain of infection. You prevent the spread of infections by washing your hands with soap and water regularly as well as the use of PPE."
- The provider had a contingency plan in place and had discussed infection control measures related to COVID-19 with staff and people using the service.
- The provider had a good supply of PPE that was readily available to staff.

Learning lessons when things go wrong

- Systems were in place to report and record accidents and incidents. There had not been any accidents or incidents at the time of the inspection, however the provider stated they would carry out an investigation and discuss lessons learned with staff.
- Staff knew how to report accidents and incidents.

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 requires improvement. At this inspection this key question has now improved to good. 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

- Peoples care plans were person centred and reflected their assessed needs and choices. For example, one person liked to wear specific clothes; this was detailed in their care plan.
- The provider carried out a pre-assessment of people's needs and used this along with assessments from the local authority and other health care professionals to write peoples care plans and risk assessments to ensure people received the care they needed.
- People told us they were happy with the care they received. One person said, "[Name of provider] came round and did an assessment. They asked about preferences for call times and showers."

Staff support: induction, training, skills and experience

- People told us staff were well trained. One relative said, "Staff are competent, they hoist [relative], we have no concerns with training."
- Staff had received up to date training which was provided face to face and online including moving and handling and infection control. One staff member said, "I have completed specialist training for epilepsy."
- Staff had received an induction suitable for their role from the provider which included training and shadowing an experienced member of staff. One staff member said, "I had an induction when I started, and it covered everything, and I felt confident when starting to work unsupervised." A relative said, "The agency never sends a new person on their own."
- The provider carried out regular supervisions for staff which were documented in their supervision records along with relevant skills, training and experience. One staff member said, "The manager does supervisions and spot checks. We discuss about improvements and what we can do better."

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

- People were not being supported to eat and drink at the time of the inspection, this support was provided by relatives.
- Staff had received training in food hygiene.

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

- Staff worked closely with other healthcare professionals such as district nurses. One relative told us, "Staff are flexible and work around the district nursing team so [relative] can get their wounds dressed."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- At the last inspection, staff were not following the principles of the MCA as no capacity assessments were in place. At this inspection capacity assessments were in place and the provider had documented where family members had power of attorney. Staff were following the principles of the MCA.
- Staff had received mental capacity training. One staff member said, "I have a deep understanding on how to support the person by giving them the power to make decisions on what they want to do for example what clothes to wear."

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 requires improvement.

At this inspection this key question has now improved to. This meant people's needs were met through good organisation and delivery.

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.

- At the last inspection standard information was not available in different formats such as large print. At this inspection information was still not available in other formats. The provider said they would address this to make sure information was available as needed.
- Peoples care plans identified where people had communication aids such as glasses and there was information to support staff with communicating with people who used body language and facial expressions to express their needs.

End of life care and support

- Peoples care plans contained directions for staff to inform family and the palliative care team if the persons health started to decline. Assessments were in place from the palliative care team to support staff with end of life care. However, there were no specific end of life care plans or risk assessments for people. We discussed this with the provider who confirmed staff were not providing end of life care as this was managed by the palliative care team. The provider has now put in place end of life care plans and risk assessments where needed.
- Staff had received training in end of life care.

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

- At the last inspection, care plans were not personalised to include people's choices and preferences. At this inspection, care plans had been written to include people's choices and preferences, for example, when they would like to have a bath or shower.
- People told us staff knew them well. One relative said, "Staff know [relative] well and how to support them. They [staff] talk to [relative] and share information."
- The provider and staff were passionate about providing good care to people. People and their relatives were fully involved in decisions about their care. One relative said, "[Relatives] needs are regularly discussed." A staff member said, "We always read peoples care plan when they are reviewed every month and for new people, we read the care plan before attending them."

Improving care quality in response to complaints or concerns

- The provider had systems and policies in place to manage complaints. The provider and people we spoke with confirmed there had been no complaints raised.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection in March 2020, effective systems and processes were not in place to assess and monitor the service appropriately. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found enough improvement had been made and the service was no longer in breach of this regulation.

- The provider was clear about their role and wished to provide a quality service to people by recruiting well trained experienced staff who could deliver care high quality care.
- People using the service consistently told us they received good care that met their needs. One person said, "Staff are very helpful and friendly, they spend as much time as they need to. They [staff] are very flexible and will try to accommodate where they can. Staff are very good at communication."
- There were processes in place to monitor the quality of the service. Monthly audits had been carried out to ensure the service was providing quality care. Spot checks and staff supervision had taken place regularly and had been recorded.
- Policies and procedures were specific to the company and reflective of the service provided.
- Staff told us they were happy working at the company and enjoyed good teamwork and leadership. One staff member said, "Teamwork is good, they [provider] listen and discuss everything with me, they put people first."

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 duty of candour and the importance of being open and honest.
- The provider knew how to submit notifications to CQC and how to report incidents. Where concerns had been raised, these had been responded to by the provider. One person said, "If there is an issue, there is always someone to answer the phone and deal with it straight away."

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

- People had been asked to provide feedback about the service which was positive. Everyone we spoke with said the provider was approachable and responsive and could always be contacted.

- Staff told us, and records confirmed there were regular staff meetings. Staff felt they were listened to and their views taken on board. The provider told us, "Staff are the cog in the wheel of the organisation, and they take part in shaping the organisation by attending monthly meetings where we exchange ideas about improving the service. We recently promoted a staff member to a team leader role and another to an administrator because of their commitment and dedication."

Continuous learning and improving care

- The provider had made improvements to the service and had acted on the areas needing attention highlighted at the last inspection. Although there were still areas requiring improvement, the provider had shown they were invested in making improvements.
- The provider was passionate about providing high quality care to people and supporting staff to develop and improve. Where areas for improvement were highlighted at this inspection, the provider acknowledged these and provided evidence of the improvements after the inspection.

Working in partnership with others

- The provider worked with other stakeholders such as the Clinical Commissioning Group and had plans to become more involved with the local authority and increase engagement with council forums as a way to share ideas and improve the service.
- We received positive feedback from professionals we contacted who praised the provider for being able to offer people time specific calls that met their needs and for being flexible and adaptable.