

Personal Assistant Care Agency Ltd (PACA)

The Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Office (AKA Personal Assistant Care Agency Ltd PACA) is a domiciliary care service registered to provide personal care to people living in their own homes. 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.

At the time of our inspection four people were using the service. Of these, two were receiving 24-hour personal care in their own homes and had a range of care needs including learning and physical disabilities.

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

We (CQC) expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the safe, effective and well-led key questions, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

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's rights were respected, and staff supported them to be as independent as possible.

Everyone told us the care and support provided by staff was kind, compassionate and personalised. One person described regular care staff as, "The best carers they had ever had," and "Just brilliant." Recruitment was ongoing to ensure there were always enough staff to cover leave and absence.

Staff understood how to respond to concerns about abuse and harm. Staff had been trained to support people with their medicines in a safe way and they understood the importance of good hygiene and the prevention and control of infection.

Staff had the right training and skills to carry out their roles and meet people's needs. They made sure people had enough to eat and drink, and if anyone became unwell, staff knew how to access health care services to support people's health and wellbeing.

There was positive feedback about the registered manager, who people described as approachable and helpful. The registered manager had worked hard and invested in a new electronic records system, to make

a number of improvements across the service since the last inspection.

However, we found some of these improvements were only recent, and more time was needed to implement them fully. This included the completion of a new monitoring audit that would allow the registered manager to check the quality of the service in all the areas that we (CQC) look at when we inspect registered services.

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 21 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since April 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer in breach of regulations or rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

However, the service remains rated requires improvement. This is based on the findings at this inspection. We could not improve the overall rating on this occasion because to do so requires consistent good practice over time. We will check this again at our next planned comprehensive inspection. This means the services has been rated requires improvement for the last four consecutive inspections.

Why we inspected

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 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.

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, plus phone calls and emails to engage with people using the service as part of this performance review and assessment.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Office

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing, emails and phone calls to engage with people using the service and staff.

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 homes.

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 a short period of notice for the inspection. This was because we needed to be sure the registered manager would be available to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 all of this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 6 January 2022 and ended on 28 January 2022.

We spoke with one person using the service and one relative about their experience of the care provided. We also spoke with one professional who works with the service and the registered manager. In addition, we received written feedback from three care staff, known as personal assistants and another professional.

We reviewed a range of records. This included two people's care records, medication records, two staff files in relation to recruitment checks and a variety of records relating to the management of the service, including quality monitoring audits, meeting minutes and policies and procedures; so we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

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 inadequate. 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

At our last inspection people were not adequately protected from abuse and discrimination. Staff, alongside relatives, made decisions about people without having the appropriate legal framework in place. We were also concerned that staff did not report poor practice when it was witnessed.

This was a breach of regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager confirmed all staff had received recent training, or refresher training, to recognise and protect people from the risk of abuse. This was confirmed by records and staff feedback. One staff member told us, 'I have had training which I update as and when required...I would initially report any concerns to my manager who then has a duty to act upon the information given'.
- A relative spoke to us about how staff helped one person with their finances and described staff as, "Totally trustworthy." A professional who worked closely with the service, confirmed they were not aware of any reportable incidents since the last inspection.
- Records provided clear evidence that people were consistently treated with dignity, respect and protected from potential discrimination. There was no evidence of decisions being made on behalf of people, or without their involvement.

Assessing risk, safety monitoring and management

At our last inspection people's individual risks were not always identified, or measures taken to reduce those risks. In addition, care plans had not been developed for people that placed themselves and staff at risk of harm. This was a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection the registered manager had invested in an electronic records system, which prompted staff to consider areas of risk as an integral part of people's care planning. There was a significant improvement in the number of risks now being identified, such as health conditions, the use of medicines and equipment. Clear mitigating actions had been recorded for staff to follow; in order to keep people safe.

Staff confirmed they received training to use equipment. One staff member told us, 'We have the (name of equipment), which are excellent for moving and handling in the workplace and as a team we refresh on them'.

- Care plans also provided personalised guidance for staff on how best to support people if they were anxious or expressed emotional distress. There was a strong emphasis on supporting people in a positive and proactive way, which focused on their individual likes and interests.

Staffing and recruitment

At our last inspection we found recruitment procedures were not robust and did not ensure the staff employed were suitable to work with adults at risk. Concerns were also raised about staffing levels. This was a breach of regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People consistently praised the staff team for their dedication and hard work. One person told us, "The current carers are excellent, and always go the extra mile." However, they also said it had been difficult recruiting new staff, particularly during the peak of the COVID-19 pandemic. This had meant existing staff needing to cover sickness and leave between themselves. New staff had recently been recruited and the registered manager confirmed there was now only one relief staff vacancy. Recruitment processes were underway to fill this post; to ensure adequate cover during staff absence and to enable staff to take proper breaks.
- Required checks had been undertaken for a new member of staff, which showed recruitment processes had been strengthened since the last inspection.
- Systems were also in place to ensure staff received supervision and appraisals. The registered manager had additional regular contact with staff through face to face meetings, such as spot checks and telephone / video calls.

Using medicines safely

At our last inspection medicines were not always managed safely. There were concerns about medicine records, administration processes and a lack of clear guidance for staff to know when PRN (as required) medicines should be administered. This was a breach of regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff had received training to administer medicines safely.
- Since the last inspection medicine recording systems had been replaced by the new electronic records system. This showed people were receiving their medicines as prescribed. Staff had experienced some occasional problems with the new system, but these were decreasing. The registered manager was clear if there was a problem with the electronic administration records, to always check medicines had been given exactly as prescribed, and to keep an alternative record, if required.
- Care plans now included clear information about the purpose of each medicine, and guidance for staff on when to administer PRN medicines.

Preventing and controlling infection

- People were protected by the prevention and control of infection. They told us staff maintained good hygiene, using personal protective equipment (PPE) such as aprons and gloves before providing personal care. The registered manager had systems in place to ensure adequate stocks were always in place.
- Staff had received training regarding infection control and good hygiene.

Learning lessons when things go wrong

- At our last inspection there was little evidence of learning opportunities for staff. However, during this inspection it was clear that a number of lessons had been learnt from the previous inspection findings. Actions had been taken to improve the service and to cascade the learning to the whole staff team. As a result, a number of improvements have been highlighted during this inspection, and within this report.

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.

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 our last inspection we found people's capacity to make specific decisions was not assessed, some people were not enabled to make decisions and some staff lacked an understanding of the MCA principles. One person also had restrictions imposed on making day to day decisions. This was a breach of regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff had received training regarding the MCA, and it was evident there was an improved understanding of the MCA and related processes.
- Everyone agreed that people currently using the service had capacity to make their own day to day decisions and they were involved in making these. One person confirmed they were always consulted about decisions affecting them. It was clear staff treated people with respect, and collaborative working was a key part of any decision making.
- Staff supported another person to make decisions by providing information in an easy to understand format and giving them time to digest and respond.
- Records showed that more complex decisions, where people lacked capacity to make their own decisions, were being made in their best interests and in consultation with professionals and relatives.
- Where needed, arrangements had been made with the Court of Protection to appoint deputies to make

certain decisions, such as financial decisions.

- We found no evidence of anyone having unauthorised restrictions imposed on them.

Staff support: induction, training, skills and experience

At our last inspection we found concerns with training - including induction training for new staff, and inconsistencies regarding the support provided to staff. This was a breach of regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were completing a wider variety of training through an endorsed eLearning (electronic learning) provider. This included mandatory training such as safeguarding and infection control, as well as training related to people's assessed care needs.
- People confirmed induction training was planned for new staff, which included a mix of shadowing an experienced staff member and completing the new training courses.
- Staff told us they felt well supported. They had regular contact with the registered manager who provided ongoing guidance and direction through phone, video calls, visits, spot checks and supervisions. One staff member told us, "During the pandemic things were not easy especially covering shifts because of staff shortages, but we had so much support and everyone tried to make sure our clients were still well looked after."

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

- Records showed that regular reviews took place to ensure people using the service had their needs assessed in line with current legislation and guidance. The registered manager spoke with empathy and passion regarding equality, people's rights and ensuring they were not subject to discrimination in any form.

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

- People told us they were fully involved in decisions about what to eat and drink. One person told us staff helped them to plan meals in advance, to assist them with food shopping.
- Staff told us they encouraged people to eat a healthy, balanced diet. One staff member wrote, 'We do monitor (person's) diet closely with a healthy balance of protein, carbohydrates, fruit and vegetables... encouraging plenty of fluid throughout the day. But all meals are chosen by the individual'.
- Risks to people in relation to their eating and drinking were clearly recorded and monitored.

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

- Despite the challenges of the COVID-19 pandemic, people's healthcare needs - routine and otherwise, had been met through a mix of face to face and virtual appointments with healthcare professionals.
- The new electronic care planning system had resulted in improvements taking place regarding the detail of people's assessed healthcare needs and how staff should support these. A professional commented positively on how staff were good at keeping clear records to assist health care professionals who monitored and treated one person's epilepsy.

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. This meant the service management and leadership was inconsistent. At this inspection this key question has remained the same. Despite improvements since the last inspection, we could not improve the rating for Well-led on this occasion because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

- At our last inspection the leadership and operational oversight of the service was inconsistent. An action plan to improve the service lacked detail and did not fully reflect all the areas requiring improvement. Similarly, audits on the quality of service delivery were not effective and did not identify all the improvements that were needed. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, the registered manager (who was also the provider) had invested in a new records system. The new system included a quality monitoring audit tool linked to all the areas that we (CQC) look at when assessing registered care services. At the time of this inspection, the first audit was underway but not yet complete. However, the information we saw showed this to be a significant improvement from the last inspection and once complete, would assist the registered manager to more effectively monitor and improve the service.
- Action plans were an integral part of the new quality monitoring system, providing a clear improvement system that could be continuously reviewed and updated. We saw a small number of action plans for the areas already completed on the audit tool. This showed the registered manager was proactively identifying areas for improvement, rather than waiting for external monitoring processes to provide this feedback.
- Another advantage of the new system was the ability to monitor people's care records as they were written. The registered manager confirmed they were now checking people's care delivery remotely, and on a more regular basis.
- The registered manager told us they kept up to date with current guidance and legislation in a number of ways, to ensure their legal responsibilities were understood and met. For example, they understood when to report particular events and incidents to us (CQC) and the local authority, should the need arise. They understood too when it would be appropriate to share information with people and relatives, in an open and transparent way.
- Consideration had also been given to the continuity of the service, in the event of an emergency; with the

development of a written business contingency plan.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were asked for their feedback about the service through satisfaction surveys. We saw one completed survey completed recently, which recorded all positive answers.
- When we asked people for feedback, everyone consistently praised the registered manager and staff team for the quality of service provided. One person said, "The care is excellent, no concerns."
- People and relatives felt that communication had improved recently, and they were keen for this to continue.
- Staff and people said the registered manager was approachable and listened if they raised any concerns. One person told us, "[Name of registered manager] provides excellent support." A staff member added, 'I have a good working relationship with [Name of registered manager]. She is always there to listen and help with any concerns I may have'.

Working in partnership with others

- People and professionals confirmed staff from the service worked in partnership with key agencies and organisations, such as the local authority and health care professionals, to support care provision, service development and joined-up care. One professional told us, 'I do not have any concerns about the quality of care [Name of person] is receiving'.