Paula Integrated Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Paula Integrated Care is a domiciliary care service registered to support children and adults, including older people, people with a physical disability and people living with dementia. 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, the service supported 29 people with personal care.

People's experience of using this service and what we found
We found improvements were required with training documentation, supervision completion, topical medicines process, review process for accidents and incidents, care planning and the audit and governance process.

Staff supervision had not been provided in line with guidance, as not all staff had completed supervision sessions over the last 12 months. Staff told us they received enough training to carry out their roles, however, the documenting of training completion was disjointed. 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.

The majority of people, relatives and staff spoke positively about the management of the service and support provided. Although some audits had been used to monitor the quality and effectiveness of the service, there was not a clear schedule in place. Actions plans had been used to help drive improvement, however issues had either not been addressed timely or improvements sustained.

Care files contained mainly task based information about each person and how they wished to be supported, with limited information about people's likes, dislikes and interests. Most of the people and relatives we spoke with had been involved in discussions around care planning. The complaints process was provided to people at the beginning of their care package. Each person or relative we spoke with knew how to formally raise concerns but had not needed to. Communication care plans explained people's communication needs; however, we saw no evidence information was available in different formats.
We have made a recommendation around how information is provided to people.

People who received assistance to take their medicines, had no concerns with the support provided. From records viewed we could not be certain whether people required support with topical medicines and if so, if these had been applied. People confirmed staff wore PPE and staff told us specific COVID-19 training had been provided. However, recent guidance changes to the staff testing process had not been fully implemented.

We have made a recommendation about adhering to testing guidance.

People and relatives told us the service provided safe care and they felt comfortable in staff's presence. Staff had received training in safeguarding and knew how to report any concerns. Overall, care visits were completed timely. However, travel time was not always included on the call planning system, which could have led to late visits.

We have made a recommendation about the call scheduling process.

People and relatives spoke positively of the care provided, which they said was delivered by staff who were kind, friendly and helpful. We were also told staff respected people's privacy and dignity and offered them choice. People's views were sought through care reviews and annual surveys, to ensure the service continued to meet their needs.

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

Rating at last inspection
This service was registered with us on 19 November 2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of registration in order to provide an initial rating for the service.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our responsive findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

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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 and an Expert by Experience, who conducted telephone calls with people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. This means 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 36 hours' notice of the inspection. This was to ensure the registered manager was available to support the inspection and to ensure we had prior information to promote safety due to the COVID-19 pandemic. The notice period also allowed the provider time to start asking people using the service and their relatives, if they would be prepared to speak to us about their experiences. Inspection activity started on 14 February 2022 and ended on 11 March 2022, by which time we had sought the views of people, relatives and staff and reviewed all additional information sent following the visit. We conducted the office visit on 16 February 2022.

What we did before the inspection
We reviewed information we had received about the service since it was registered. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with registered manager in person and captured the views of four staff members via emailed questionnaires.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment, training and support. A variety of records relating to the management of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at audit and governance information, staff rotas, surveys, medicine records, training and supervision information.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Overall medicines were managed safely by staff who had received training and had their competency assessed. Most people we spoke with managed their own medicines. Those who received support reported no concerns.
- The service had recently started to use electronic medicine administration records (MAR), which were part of the electronic care planning system in place. Prior to this, paper-based MAR had been used. We identified some gaps in these charts including missed signatures and staff not recording the required code, when someone refused their medicines or family had administered them. We saw action had been taken to address this.
- We found 'as required' medicine (PRN) protocols, variable in the quality and quantity of information included. Some older versions in use did not include details about when the medicine was needed, if the person was able to request it and if not, signs staff should look for, so they would know to do so. Recently completed PRN protocols contained this information.
- We also found reference in some care plans to staff needing to apply topical creams to people where necessary. However, we found no mention of these creams within medicine records or within daily notes to confirm they had been applied.

Topical medicines had not been documented accurately or consistently in care plans and daily notes. As a result, it was not clear whether people required support in this area and if so, whether it had been provided. This is a breach or regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People and relatives told us staff were usually punctual and stayed for the allocated time. Staff confirmed rotas were manageable and they had enough time to meet people's needs.
- Enough staff were employed to provide planned support visits and wherever possible, ensure people had a set team of care staff to ensure consistency.
- The service had experienced some staffing issues during the COVID-19 pandemic, including issues with recruiting new staff to fill vacancies. This had been managed by office-based staff and the registered manager completing care visits and limiting the types of care packages they accepted.
- Contrary to the feedback provided from people and staff, rotas viewed indicated inconsistent travel time between calls. We noted numerous examples where no travel time had been scheduled between calls. The registered manager told us this was to do with how visits were inputted on the system. Staff reported no concerns with travel time when questioned.

We recommend the provider reviews the process for planning care visits, to ensure these accurately reflect time spent with people and in travelling between calls.

● Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers.

Preventing and controlling infection
● The service had an up to date IPC policy in place.
● Changes to testing guidance for care staff had not been implemented timely. Not all staff were completing LFD tests before each shift. As a result, staff were still completing some LFD tests along with weekly PCR tests. The registered manager told us this was because they were having trouble accessing the online portal to order LFD tests in bulk, which was confirmed via emailed correspondence they shared during inspection.
● Staff told us they had received specific training around COVID-19 and the safe use of PPE. Although we were provided with copies of training materials, training completion had not been documented on the matrix, so we were unable to confirm all staff had completed this. People confirmed staff wore PPE appropriately, one person told us, "They come in and wear their masks and gloves."

We recommend the provider ensures staff testing is completed in line with current guidance.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● A range of risk assessments had been completed, to ensure staff had the necessary information to keep people and themselves safe.
●However, not all assessments completed included a section for control measures. Falls risk assessments did not specify what action had been taken to minimise risks. The registered manager agreed to address this following the inspection.
● Accidents and incidents had been documented. However, this just detailed what had occurred, with no further information recorded, such as action taken, outcomes and lessons learned.

We recommend the provider reviews the process for documenting and analysing accidents and incidents in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives told us they felt safe using the service and in the company of staff. Comments included, "I feel safe with the staff" and "[Relative] is safe with them."
● Staff told us they had received training in safeguarding and knew how to identify and report concerns. One staff stated, "Abuse can be physical, mental, financial, verbal, sexual, emotional. I would report any concerns to the manager or whistle blow if needed."
● Up to date safeguarding policy and procedures were in place. Although the service had not made any safeguarding referrals, some concerns had been reported to the local authority directly, which had been investigated.
● We noted disciplinary action had been taken as a result of the investigations by safeguarding, however, the initial concerns reported, action taken, and outcomes had not been captured on a safeguarding log. The registered manager agreed to do this moving forwards.

Requires Improvement

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training completion had not been documented consistently on the service's training matrix. We identified discrepancies between the training staff told us they had done, with what was recorded on the matrix and with certificates in staff files. Following the inspection, we found this was due to some records being stored electronically.
- We also noted issues with the completion dates of some staff's training. At least three staff were recorded as having completed all eight training sessions on the same day, similarly staff were recorded as having completed all 16 areas of their induction training on the same day, which would not be possible. The registered manager told us this was a recording error.
- People and relatives provided mixed views on staff's competency and skills. Some felt staff were well trained, whereas others told us staff needed more training, to help them meet people's current and changing needs.
- Supervision was not being provided in line with the provider's policy, which stated supervision would take place every 3 months. Of the four staff files viewed only one had completed any supervision sessions. The registered manager told us 'lockdowns' had affected completion.

Staff had not received supervision in line with the providers policy, to support them in providing effective care and promote personal development. The provider's training records were also inconsistent, which meant we could not confirm the competency of staff. This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where people were supported with food and fluid, we found a lack of information or detail in care plans to inform staff about people's preferences or favourites. Where people were reluctant to eat or often stated they were not hungry, there was no guidance for staff around specific foods to try or best ways to encourage people.
- Similarly, more detail around people's nutritional support needs was needed. One person was reported to require 'support with meal and drink preparation'. However, their care plan did not specify what level of support they needed, for example prompting, assistance with certain tasks or for staff to do everything. This issues is covered in more detail within the well-led domain.
- Where necessary the service supported people to stay well and contact or access healthcare services or

professionals, such as the GP.

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.

● Staff told us they had received training in the MCA and knew how this impacted on their role. One told us, "Yes, had training. The MCA is designed to cover people who may lack the capacity to make certain decisions." Another stated, "The mental capacity act protects and empowers people who may not have the capacity to make decisions about their treatment or care."
● People's consent had been sought during the assessment process. Staff verbally sought consent during each support visit. One person told us, "They do ask for my permission and check I'm okay with what they want to do."
● Care files contained information regarding people's capacity to make decisions and choices for themselves.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Assessments had been completed with people and/or their relative prior to their support commencing, to discuss what support people wanted and ensure the service was suitable and could meet their needs.
● One person told us there had been, "Input from several people in helping set up my care plan."

Good

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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 and relatives spoke positively about the care and support received and the staff who provided this. Comments included, "They're kind, gentle and friendly and have a conversation with me" and "They are good, kind and helpful, I wouldn't let them in if they wasn't."
- People told us staff were willing to do anything asked of them. One person commented about how their confidence had increased through the support and encouragement they received.
- The service ensured people were treated equally and their protected characteristics under the Equality Act were respected and promoted. Discussion about any specific spiritual, religious, cultural, gender or sexuality needs was completed as part of the admission and care planning process.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff who knew them and how they wanted to be cared for. One person told, us, "Staff always ask my permission before providing any care and also let me do things for myself."
- Staff promoted people's independence by allowing them to complete tasks they could manage themselves. One person told us, "They do help me with my independence, they support me with this, which gives me confidence."
- Staff described the ways in which they ensured people's dignity was maintained. One told us, "You treat people with dignity and respect when you put them at the centre of decision making, protect their privacy, listen to their views and allow them to make their own choices." Another stated, "I always close the door or close the blinds/curtains when the person is in a vulnerable state such as using the toilet."

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

- People told us they were involved in their care and provided with choices and options.
- The service sought people's views following the first care visit, with a questionnaire used to gather feedback on how the initial query was handled, how the initial visit had gone and how they had found the care staff.
- Annual surveys had also been circulated to capture people's views on the care and support provided, performance of care staff and how well managed the service was. We reviewed 12 completed surveys, each person had provided positive feedback and reported no concerns.

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives provided mixed feedback about their involvement in discussing the care package and what they wanted. Comments included, "I discussed [relatives] problems and developed a care plan around these", "There is a care plan but not looked at it for a while and not discussed it with anyone" and "We needed to have more discussions before they started. I haven't really spoken to the company."
- The provider used an electronic care planning system. Care plans viewed on inspection tended to be task orientated, and whilst they explained to staff the support people wanted, there was limited personalised information about people's likes, dislikes, interests, preferences, which would provide staff with talking points, whilst also help with providing care. The registered manager told us this type of information was collated over time as they developed relationships with people.
- We also found instances of contradictory information within care plans. For example, one care plan stated a person's family managed their medicines in one section, whilst in another section stated staff needed to support them with their medicines. Another person's said they carried out personal care independently in one section, only to later state they required support with personal care in another.

Care records were not always accurate or detailed people's preferences. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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.

- We found some examples where the service was meeting the requirements of AIS, with people's communication needs, any issues and preferences contained in care plans.
- However, we did not see or were provided with examples of information being available in different formats, such as large font, easy read or audio files to cater for varying needs.

We recommend the provider ensure information is available in a range of formats in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The complaints process was provided to people when they started to use the service.

● People and relatives told us they knew how to complain, however, were largely happy with the care provided and had not needed to make a formal complaint. One person told us they had spoken informally to the registered manager about a staff related matter which had been addressed.
● The service used a log to document concerns raised. The outcome section of the current log was very brief and did not explain action taken, outcomes and lessons learned. We viewed an older complaints log on inspection, which was more detailed. The registered manager agreed to use this format moving forwards.

End of life care and support
● The service was not providing palliative or end of life care at the time of inspection. However, we noted positive feedback had previously been provided in writing by a relative, when the service had supported their family member. The following was documented, 'Excellent care provided to [relative] at end of their life. Staff displayed a caring approach, were respectful and sensitive when providing pressure relief.'

Requires Improvement

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have a clear audit schedule in place, which detailed what areas were checked and how often. We noted some auditing had taken place, including care files, medicine records and accidents and incidents, but it was unclear what other aspects of the service were monitored and reviewed or how frequently audits were completed.
- Not all issues noted on inspection had been identified through the provider's audit and governance processes, for example, contradictory information within care plans, and issues with the recording of topical medicines.
- The lack of guidance around people's dietary needs and how staff could support people to eat and drink enough had also not been identified through audits or care plan reviews.
- The service used a continuous improvement plan, to log any action points and areas for development. We noted actions included ensuring care plans were more personalised and gaps on MAR charts addressed. However, these issues had been identified over nine months ago and were still being addressed, which indicated the provider was either not addressing issues timely or any improvements made had not been sustained.
- Due to the registered manager also being the nominated individual and owner of the company, there was no independent oversight of the service to ensure governance processes were robust. The registered manager told us they were looking into appointing a separate nominated individual to address this issue.

Systems and processes to monitor the safety and quality of service provision, identify issues and ensure actions were addressed timely, were not robust or fully embedded. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider and registered manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

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

- People were largely happy with the service and how it was managed. Comments included, "I think it's well managed. I would recommend them" and "They are doing their best, I would rate them 6 out of 10."

● Some of the relatives we spoke with did not think the service was meeting their family members changing needs. One had commenced discussions with the service to amend the care package, whilst another said they were considering alternative providers.
● Staff were complimentary about the service and said they enjoyed working there. One told us, "I enjoy working for this company, I know if I have any problems that I can always speak with [registered manager]." Another stated, "I enjoy my job. It's nice to help others and the office team are great and supportive."
● Staff confirmed regular meetings had been held and communication had also been maintained through a work based communication app on their phone, dedicated social media channel, and video calls.

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 registered manager was aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
● People and relatives were happy with the quality of communication with and from the office and management. Any issues or concerns had been responded to timely and addressed.

Working in partnership with others
● We noted some examples of the service working in partnership with stakeholders and other professionals, such as social workers and GP's, in support of people using the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Topical medicines had not been documented accurately or consistently in care plans and daily notes. As a result, it was not clear whether people required support in this area and if so, whether it had been provided. Care records were not always accurate or detailed people's preferences. Systems and processes to monitor the safety and quality of service provision, identify issues and ensure actions were addressed timely, were not robust or fully embedded

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received supervision in line with the providers policy, to support them in providing effective care and promote personal development. The provider's training records were also inconsistent, which meant we could not confirm the competency of staff.