

Pivot Care Group Limited

# Pivot Care Group Limited

## 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

Pivot Care Group provides personal care and support to people in their own home. At the time of our inspection one person was receiving support with personal care. 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

Staff were kind and caring and knew people well. People and their relatives spoke highly of the service. A relative told us, "The carer is respectful, and I know that my loved one is safe." People's views about their care were listened to and acted upon. People knew how to complain and felt able to raise concerns if they were dissatisfied. 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 care was planned and risks to their safety and wellbeing were assessed. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice. Procedures were in place to reduce the risk of infections and staff had enough personal protective equipment. The provider carried out pre-employment checks to ensure staff were suitable for the work they did.

The registered manager was aware of their requirements in line with their CQC registration. They had processes in place to monitor and improve the quality of service delivery, and regularly liaised with the person, relatives and staff to obtain their views and experiences of service delivery. The registered manager attended the local authority's provider forum to enable them to stay up to date with best practice guidance.

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

This service was registered with us on 4 February 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## 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 ●

# Pivot Care Group Limited

## Detailed findings

### Background to this 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 and video or phone calls to engage with people using the service and staff.

#### Inspection team

This inspection was undertaken 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

In line with our new approach we gave short period notice of this inspection and explained what was involved under the new methodology.

Inspection activity took place on 12 and 20 July 2022

#### What we did before the inspection

We looked at all the information we held about the provider, which included information they provided us when they were registered. On this occasion, 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 used all 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 such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with one person's relative, one staff member and the registered manager. The person using the service was unable to speak with us due to their care needs. We reviewed records relating to the care provided, staffing and the management of the service.

# 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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse or avoidable harm.
- A relative told us that their loved one was safe when receiving care from Pivot Care Group. They told us, "100% they are safe."
- There were safeguarding policies and procedures in place to help keep people safe. Staff had received safeguarding training and were aware of their responsibilities to report and respond to concerns. One staff member told us, "Safeguarding signs could be that the client is not their usual self. They may be withdrawn. Abuse also includes financial abuse, emotional abuse, physical and self-neglect."
- The provider had only been in operation a few months and the registered manager had not yet been required to raise any safeguarding incidents. However, systems were in place to oversee any learning from safeguarding concerns.

Assessing risk, safety monitoring and management

- People had regular care staff and felt safe with them. Arrangements to enter the person's home were clear to ensure safety. Staff understood the importance of leaving a person's home safe and secure following a care call.
- The person's care plans included robust and clear guidance for staff on their individual risks. This included risks related to personal care, mobility and falls. Risk assessments considered whether the risk was historical, whether it placed staff at risk and measures required to mitigate the risk.
- Environmental risks were assessed, monitored and recorded. These considered risks associated with potential trip hazards, fire safety and risks associated with the external environment of the person's property. Guidance was also available on the steps required in the event of an emergency. For example, whether the person could evacuate their property independently.

Staffing and recruitment

- Safe recruitment practices were in place to ensure people were supported by suitable individuals. The provider carried out recruitment checks on care staff to ensure they were suitable to work in people's homes. This included Disclosure and Barring Service (DBS) and identity checks along with references to confirm they were of good character. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were sufficient staff to meet people's needs. The provider currently employed one staff member but was also completing a large recruitment drive to ensure that they had sufficient staff numbers to safely provide care and support. In the event of the staff member being unable to cover the care call, contingency plans were in place to ensure the person continued receiving their care call. This included the registered

manager providing cover when required.

- A relative confirmed that staff arrived on time and stayed the allocated time. They told us that in the event of the staff member running late they were also informed.

Using medicines safely

- At the time of our inspection staff were not administering any medicines. However, medication policies were in place and staff had received medicines training.

Preventing and controlling infection

- There were systems to help prevent and control infection. These included policies, procedures and training for staff. A relative spoke highly of how the provider was managing the risks associated with COVID-19.
- The registered manager carried out checks which included observations to help make sure staff were following infection prevention and control procedures. The provider also made sure staff were following government guidance regarding COVID-19 testing.
- Infection control audits were completed on a regular basis to ensure best practice was maintained and followed.

Learning lessons when things go wrong

- There had been no incidents, accidents or safeguarding concerns since the provider started providing support to people. However, the registered manager explained to us how they would ensure any lessons learnt from such adverse events were identified and actioned, so people's experience would be made safer and better.
- The provider's policies clearly explained how incidents, accidents or safeguarding concerns would be investigated and analysed to ensure any lessons learnt were implemented.

# 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 for this newly registered service. This key question has been rated 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

- Needs assessments were undertaken in line with national good practice guidance. Prior to people receiving a service the registered manager met with the person and their relatives to assess their needs and identify the level of support they required.
- People's diverse needs were assessed and supported. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexual orientation and race.
- People were empowered to express their wishes, preferences and needs and be involved as much as possible in the assessment process. The registered manager told us, "When carrying out the initial assessment, I use a strength based approach and also explain to the person that they are an expert in their care and it's important that their wishes and preferences are respected and captured."

Staff support: induction, training, skills and experience

- Staff told us that they felt well supported within their role. One staff member told us, "The manager is marvellous and very supportive. Working for Pivot Care Group has been eye opening and taught me the importance of training."
- Staff undertook training in key areas to promote people's safety and health and well-being, which was regularly updated to ensure they had the appropriate knowledge.
- Staff were regularly supervised, and their practice reviewed through 'spot checks' where their interactions with the person were observed by the registered manager. One staff member told us, "The manager is always doing spot checks and providing training."
- A relative told us that they felt staff were competent, skilled and had the training required to provide safe care.

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

- People's dietary needs were considered as part of the assessment process. Where people required support in the preparation and consumption of drinks and food this was detailed within their care plan. This included people's individual preferences for meals, snacks and refreshments. Information was also documented regarding any cultural preferences and allergies.

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

- People's care plans provided information as to their health care needs, which included any current health care support required.



- Staff liaised with medical professionals involved in people's care if they needed any advice or guidance, or if they were concerned about a person's health.

#### 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 MCA 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

- The registered manager followed the MCA process during the initial assessment to ensure people were able to make decisions about their health and welfare. Staff received training in the MCA. The person using the service at the time of the inspection was able to make their own decisions regarding their care and support.
- Staff understood their responsibilities in relation to the MCA.

# 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 for 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

- Staff understood and promoted equality and diversity amongst people. Care plans indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race were covered as part of their need's assessment. Where the person made a preference for staff based on gender or culture to meet their needs, this was accommodated.
- Staff and the registered manager told us how the person using the service at the time of the inspection attended church at the weekend. Staff told us how it was important to the person to look their best at church and therefore staff spent time with the person during their care call to help them prepare for attending church.
- People's care plans were written in a kind and caring manner. They included information on what was important to the person, their preferences and what was important to them.

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

- A relative told us that they and their loved one were fully involved in decisions about the care provided. They explained that the registered manager regularly sought their feedback and checked that they were happy with the care delivered.
- Staff understood the importance of supporting people to make day to day decisions about their care. This included decisions around what to wear and how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted their independence and treated them with dignity. Relatives also confirmed that their loved one's dignity and privacy was always respected.
- Staff told us how they promoted people's dignity by ensuring curtains and doors in the property were closed when providing personal care. One staff member told us, "You always encourage them to do what they can but when support is needed, always ensure their dignity is respected."

# 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 for this newly registered service. This key question has been rated Good. 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: 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's individual care needs were holistically planned, documented and delivered to meet their wishes.
- Care plans were robust, and person centred. They documented individuals' physical, emotional and mental health needs as well as things and relationships that were important to them. Social, cultural and religious preferences were documented, respected and supported by staff where required. Staff were knowledgeable about the person's diverse needs and how best to support them. Staff reviewed and maintained care records on a regular basis to ensure people received responsive care and support as agreed and planned for.
- People and their relatives were regularly asked for their opinion of the care provided during spot checks, telephone calls and reviews.
- Staff knew people well and recognised the importance of companionship and supporting people to minimise the risk of loneliness. Staff told us how they spent time chatting to the person during the care call and talking about their life history. One staff member told us, "Talking and getting to know the person is really important."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Any health conditions which impacted on people's ability to communicate were documented. The registered manager assessed each person's communication needs to ensure they were able to fully support them. Information was available within people's care plans on whether they required support with any communication aids. For example, support to wear their glasses or put their hearing aids on.
- Where required information was made available in alternative formats.

### Improving care quality in response to complaints or concerns

- No complaints had been received since the service started operating. Nevertheless, relatives knew how to make a complaint and felt should they need to make a complaint that these would be listened to and dealt with. A relative told us, "If we had any worries or concerns, we would approach the manager and we know they would listen to us,"

## End of life care and support

- At the time of our inspection the provider was not supporting anyone who required end of life support. However, the provider had policies in place and staff had received appropriate training in this area, to support them to provide compassionate and high-quality care.

# 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 for this newly registered service. This key question has been rated Good. 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: 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

- Relatives and staff spoke highly of the registered manager and how the service was run. A relative told us, "I would recommend the service, it is very well run." A staff member told us, "The manager is excellent. Our wellbeing is his priority."
- Since operating, the provider had received numerous compliments praising the quality and delivery of care. Compliments included, 'I am very pleased with the way my care is organised.'
- The registered manager and staff were motivated to provide the best possible person-centred care and support for people. The registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency during our inspection. The Duty of Candour is a regulation that all providers must adhere to.
- The registered manager had not needed to notify the CQC of events or incidents, but they were able to describe to us the type of incident that required reporting and the steps they would take to achieve this.
- The registered manager was actively involved in the day to day running of the service working with people to meet their needs. This promoted a well-led person-centred service.
- The registered manager held information sessions with people to help promote their confidence and independence. The registered manager told us, "As part of my information and communication strategy, I have been holding information sessions with my service user. We pick a topic that is based on their health care needs and I go over strategies with them to help improve their independence or knowledge on their health care condition." Relatives spoke highly of these information sessions and feedback to the registered manager had also been positive. Comments included, 'They found the information session to be a real eye opener.'

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

- The provider had effective quality monitoring systems, which helped ensure people received safe and effective care. Key areas of the service were audited regularly, and spot checks were carried out to ensure staff were providing good quality care. Whilst the agency was quite small these systems were being undertaken manually by the registered manager. However, as the service was in the process of expanding, the registered manager had sourced an electronic management system which would enable them to monitor in live time if staff members were running late to care calls or if any care calls had been missed.
- Various support systems had been implemented to help staff's knowledge and understanding. These

included spot checks, supervisions, staff meetings and regular check ins with staff. One staff member told us, "The manager really values us."

- The registered manager attended the local authority's support forum for managers of care at home services for peer support and continuous learning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The registered manager actively engaged relatives, people and staff in the running of the service. Feedback was regularly sought on how people and their relatives found the delivery of care and if any improvements could be made. Staff meetings were held on a regular basis and staff told us that the registered manager was approachable and welcomed their ideas.
- Satisfaction surveys were used a forum to gain feedback and improve service delivery. The recent satisfaction survey included comments such as, 'I am very happy with the service that I receive.'
- People's and staff diverse needs were met. Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious needs. COVID-19 risk assessments for staff were completed which considered risk factors and what support was required.