

The Private Care Company Limited

The Private Care Company

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

The Private Care Company Limited is a domiciliary care service which provides personal care and support services for a range of people living in their own homes, who want to remain independent. These included older people, people with learning disabilities and people living with dementia. At the time of our inspection 112 people were receiving a care service. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

People were protected from avoidable harm. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. People told us they felt safe and knew who to contact if they had any concerns. The registered manager continued to ensure there was enough staff to support people safely and they followed safe recruitment processes. One person told us, "She never rushes me, it's absolutely all at my timescale."

People continued to receive their medicines safely and on time and staff were trained in administering medicines. People knew what their medication was for and told us they felt reassured by the support with their medicines. People were protected by the prevention and control of infection and staff wore gloves and aprons when supporting people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain their health and had support to access health care services when they needed to and people were supported to maintain a balanced diet. One person told us, "They get my breakfast for me, tea and toast, prepare a sandwich for lunch and a salad sometimes for my evening meal. They make what I like. I wouldn't eat if it wasn't good."

People continued to receive kind and compassionate care. People told us staff were kind and caring. One person told us, "The way the staff speak to me makes me feel they want to do their best for me."

People continued to receive personalised care that was responsive to their needs. One person told us, "It's been only a week and she's read the care plan and notes thoroughly. Very aware of my condition and has lots of experience in caring for others with the same condition." People and relatives knew how to make a complaint and told us they felt listened to and had confidence that the manager and staff would act.

People and staff spoke positively about the culture of The Private Care Company. There were clear lines of accountability and the provider continued to have effective quality assurance processes in place. People told us they thought the service was well managed.

More information is in Detailed Findings below.

Rating at last inspection: Good (report published 29 July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service continues to be rated Good overall.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

The Private Care Company

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out on one day by two inspectors and an expert by experience, who had experience of supporting older people. 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: The Private Care Company Limited is a domiciliary care service, which provides personal care and support services for a range of 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: This was an announced inspection. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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, we spoke with 11 people who used the service and five relatives to ask about their experience of the care provided.

We spoke with eight members of staff including the registered manager, service delivery manager, training manager, senior care workers and care workers.

We reviewed a range of records. This included six people's care records and medication records. We also looked at six staff files in relation to recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- The provider continued to have safe systems, processes and practices in place to protect people from abuse. Staff had access to guidance to help them identify abuse and raise concerns in line with the providers policies and procedures to the local authority. One member of staff told us, "I would check for marks and note if the person was withdrawn or unusually quiet. I would encourage the person to talk and speak to the manager if I had any concerns. If the person was in immediate danger I would call the police." Staff received safeguarding training and knew the potential signs of abuse.
- People told us they felt safe and were supported to understand what keeping safe means. One person told us, "I feel safe in my home and on my bed when they come in and If I didn't feel safe I'd go back to the care company and tell them." A relative told us, "The carer who is helping my relative is the perfect match for her. My relative is completely safe from the way the carer is with her. Everything is done the way she would want."

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and their safety was monitored and managed, to support people to stay safe. Risks to people were clearly recorded in people's care plans with guidance for staff on how to support the person. Staff completed daily notes to ensure information was shared between staff. One relative told us, "The two regular carers know him very well and respond very quickly to his needs."
- Risk assessments identified the level of people's risks and the support needed to minimise risk. These covered a range of possible risks. Staff gave examples such as, checking and monitoring pressure sores and contacting the district nurse for advice. Writing in the daily log to keep other staff up to date with any changes in people's care and support needs and ensuring that information is passed onto the manager. Staff also talked about how they check the person's environment and how they check for anything 'out of the ordinary'. For example, turning heaters of at night, making sure doors and windows are locked and that the persons house is secure.

Staffing levels

- The service continued to have sufficient numbers of suitable staff to support people to stay safe and meet their needs. One member of staff told us, "I receive a call, email or text from the office about changes to the rota, this is then updated onto a mobile app which I sign to say I have received. I phone the office if I have issues with my rota, which is quickly resolved. I don't feel rushed between visits and get lots of travel time between calls."
- Recruitment practices remained safe. Staff files included previous work history and written references from

previous employers. Records included photos to confirm staff members identity and checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. New staff completed an induction and this included a period of shadowing experienced staff before being assessed as competent to work with people.

Using medicines safely

- The provider ensured the proper and safe use of medicines by staff who were trained and competent to do so. Staff followed policies and procedures to support the safe storage, administration and disposal of medicines. Staff received regular training to ensure their practice remained safe.
- There was guidance for administering medications 'as and when'. We checked the Medicine Administration Records in a person's home and found these were correctly recorded. One person told us, "The staff help me with medication and I know what it's all for."

Preventing and controlling infection

- People continued to be protected by the prevention and control of infection. People told us that staff always used Personal Protective Equipment (PPE) such as gloves and aprons and we observed this in practice. One person told us, "They wear gloves and they cover their feet with shoe covers when they shower me. They change gloves and wash their hands."
- Staff had training in infection prevention and control and information was readily available in relation to cleaning products and processes.

Learning lessons when things go wrong

- Systems were in place to record and identify lessons learned and improvements were made when things went wrong. The registered manager recorded information from accidents and incidents and acted to prevent further accidents, as far as possible. The registered manager gave an example, involving a minor burn from a heat pad. The person did not need medical attention and their injuries were minor. The incident was shared with staff and the registered manager took action to review their policies around hot water bottles and heat pads. The policy was revised to state that staff could not support people with hot water bottles and heat pads, to lessen the risk to people.
- Staff understood their responsibilities to raise concerns, record incidents and near misses. Staff told us, they would contact the manager straight away and complete an incident report form.

Is the service effective?

Our findings

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

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

- The registered manager carried out a pre-assessment before people received care from the Private Care Company. This assessment helped to form the person's care plan and to understand their care and support needs, including their background, interests, hobbies and preferences.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these.

Staff skills, knowledge and experience

- People continued to be supported by staff who had the skills and knowledge to deliver effective care and support. One person told us, "They seem to know what they are doing. They do everything I ask, prepare food, make my bed, put the washing on and put things away and they're always on time."
- Staff had completed a comprehensive induction and training programme and staff who were new to care undertook the 'care certificate' training. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. The registered manager had good systems to monitor training to ensure staff training was up to date. Staff received regular supervision and annual appraisals and told us they felt supported.

Supporting people to eat and drink enough with choice in a balanced diet

- People continued to be supported to eat and drink enough to maintain a balanced diet. Where people needed support with eating and meal preparation, this was detailed in their care plan. One person told us, "I decide what to eat and the carers prepare it." One member of staff told us, "I encourage people to drink as much as possible to prevent infections and other illnesses."
- Food and fluid charts were found in people's care plans. Staff knew to report and record any risks to people's malnutrition and dehydration and seek appropriate advice from the GP to ensure staff supported people effectively.

Staff providing consistent, effective, timely care within and across organisations

- Staff worked effectively within the team and across the organisation. A staff member told us, "It's so important that we have good communication as a team and with a range of agencies as people are living independently." Staff's knowledge of people and their good working relationships with other professionals ensured they received treatment in a timely way, reducing the risk of any further complications to their

health.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, and had access to healthcare services and support to receive ongoing healthcare. One person told us, "The carer will accompany me on all health appointments and I will make the arrangements. She will assist in contacting my surgery so I can speak to a doctor."

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 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.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff had a good understanding of MCA and were aware of their responsibilities to enable person-centred care. The providers policies and systems in the service supported this practice.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People continued to be treated with kindness and were positive about the staffs' caring attitude. We received feedback from people and relatives which supported this. One person told us, "I get on with them very well and we have chats. They know all about me. They're very kind and I don't know what I would do without them, I tell them that. I have an easy relationship with them. They're like friends or granddaughters."
- Staff had developed positive relationships with people and we observed friendly and warm interactions at care visits between the staff and people.
- Staff spoke affectionally about the people they supported and knew people well which supported them to meet their needs. One member of staff told us, "Some people have memory books and photo albums and we look through them and the person tells me about their life."
- Staff knew people's preferences and used this knowledge to care for them in the way they liked. One person told us, "They know me and my preferences and my health background."

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

- People were able to express their views and were actively involved in making decisions about their care, support and treatment, as far as possible.
- People and relatives continued to be involved in developing their care plans and felt included in decisions about their care and support, involving other care professionals when required. One person told us, "I was put in touch with an advocacy service so a volunteer comes once a week and he's a friend now."
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed. One member of staff told us, "I write things down and use picture cards. I make sure I am looking at people so they can lip read and I speak clearly. I also make sure people have their hearing aids in."

Respecting and promoting people's privacy, dignity and independence

- Care plans continued to include people's preferences with regards to gender, religion and how people wanted to be supported to maintain their identity and personal appearance, in accordance with their own wishes.
- Staff had a good understanding of equality, diversity and human rights and people's differences were respected.
- People's privacy was protected and staff gave examples how they respect people's privacy by ensuring they close the door when supporting with personal care, using people's dressing gowns and towels to maintain

their dignity.

- Care plans provided guidance to staff to promote people's independence and they had a good understanding of the importance of supporting people to remain independent. One member of staff told us, "I ask if the person wants to wash their face and encourage people to do as much as possible for themselves. When preparing sandwiches, I ask the person what they would like and bring the sandwich ingredients to them so that they can make their sandwich themselves, if they want to."
- People's private information remained secure. Care documentation was held confidentially and sensitive information was stored securely in the office which was locked when staff were not present.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care

- People continued to receive personalised care that was responsive to their needs. People, their relatives and healthcare professionals were involved in developing and reviewing care plans. Assessments were carried out before providing personal care and people's preferences, needs, goals and interests were recorded to ensure staff knew how to deliver person-centred care. One relative told us, "I was 100% involved. A year ago, my relative had been in hospital for 12 weeks and was in a poor state, so the company gave us a live-in carer for 2 weeks, this was absolutely vital for my relative's improvement and rehabilitation. They worked with me to get the best solution to get her to where she is now."
- Care continued to be person-centred and people's healthcare needs were met. Records of referrals to and visits from healthcare professionals were found in people's care files with detailed guidance for staff on how to provide care and support following advice from district nurses, physiotherapists, occupational therapists and GP's.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, people's communication needs related to their disability or sensory loss were recorded and known to staff as, required by the Accessible Information Standard.
- People told us that they felt staff knew them and their history. We observed one member of staff talking to a person about their experiences of working in the war. The person was engaged in the conversation and spoke to the member of staff with real enthusiasm.
- People were encouraged and supported to pursue their interests and hobbies and these were detailed in people's care plans. One person told us, "They never rush me, thank goodness, they do crosswords with me and chat." One member of staff told us how they supported one person with a visual impairment to attend a day centre once a week, by giving prompts for getting in and out of the car and explaining where the steps were.
- Some people had access to technology such tablets and mobile phones to keep in touch with friends, family and communicate with the service. Some people had other assistive technology such as a 'falls pendent' and a 'flood detector'.

Improving care quality in response to complaints or concerns

- People and their relatives concerns and complaints were used to improve the quality of care. People had access to a copy of the complaints procedure in their home. One person told us, "If I had a complaint I'd firstly raise it with the carer, and only if that could not be resolved would I take it to the manager." Another person told us, "Any problems I would call them, the phone number is in the book and I'm not scared to complain." Staff told us how they always encourage people to contact the office if they have any concerns.

End of life care and support

- There was no one using the service who was at the end stages of life, however staff had received end of life training to support people to have a comfortable, dignified and pain-free death. Staff told us that people's care plans were updated with specific information about how the person wanted to be supported and they worked closely with families and professionals where appropriate.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- People and staff continued to speak positively about the culture of The Private Care Company. Each person using the service received a 'service user guide' which detailed the company's statement of purpose, aims and objectives. This ensured people and relatives understood what they could expect from the service. One person told us, "Having the carers makes it possible for me to stay in my home which I love. They transform my life and enable me to stay here in my own little home with all my things around me." Another person told us, "I think it's well run and I'm very impressed that I have the same carers mornings and evenings."

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager gave an example where a person's cashmere jumper had accidentally been put into the wash, they quickly informed the person and their relatives to apologise.

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

- Staff understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles. They were held to account for their performance where required. Each staff member was given an 'employees manual' which included key information, policies and procedures to support staff in understanding their role and responsibilities. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

The registered manager understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.

- Quality assurance processes continued to be in place and included visits and phone calls to people and six-monthly reviews with people and relatives to help drive improvement within the service. We saw evidence of spot checks which identified areas for improvement. Audits were carried out and the registered manager told us, how they look for patterns and trends. For example, if a person was regularly falling they would involve the falls team to seek advice and ask for the person to be assessed.

Engaging and involving people using the service, the public and staff

- The service continued to involve people and their relatives in day to day discussions about their care in a meaningful way. Satisfaction surveys were carried out, providing a mechanism for monitoring satisfaction with the service provided. One relative told us, "We have a notebook and write messages to each other [carers] and phone calls if anything needs immediate action."

Continuous learning and improving care

- The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and had joined the local registered managers forum, to learn from others and share good practice.
- Systems were in place to continuously learn, improve, innovate and ensure sustainability. One member of staff told us, "The registered manager's door is always open and they are open to new ideas and suggestions to improve the service."

Working in partnership with others

- Staff continued to work in partnership with other agencies and had developed relationships with a variety of healthcare professionals to meet people's needs. One professional told us, "Usually I speak to manager and I find them informative and helpful."