

Pattom Limited

Pattom 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Pattom Ltd is a care service providing personal care to adults, children and young adults, who live with learning and sensory impairments, mental health and autistic spectrum disorder in their own homes. At the time of the inspection the service was supporting six people 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

Pattom Ltd had an excellent manager who provided clear leadership and direction, creating a strong person centred culture which achieved good outcomes for people. Relatives spoke very highly of the service and the positive difference it had made to theirs, and their loved ones' lives. Person centred support plans took account of people's learning and visual impairments to help them maintain independence. The registered manager had developed excellent links with local community groups and sporting organisations which provided wider opportunities for people to participate in their community, improve physical wellbeing and reduce isolation. People's support plans reflected their assessed needs and included their likes, dislikes, preferences and wishes. Relatives had no complaints but where there had been any minor issues they had felt listened to and issues had been resolved promptly.

The registered manager had encouraged an open and transparent culture which enabled people, relatives and staff to contribute with honest feedback and share ideas which helped to develop the service and drive improvement. Staff told us they felt well supported and genuinely valued by the management team who were hands on and approachable.

Relatives told us they thought their loved ones were safe in the care of their support staff. Where there were risks to people's health and wellbeing, these had been assessed and action had been taken to mitigate these risks. Robust recruitment processes were in place which enabled the provider to make safer recruitment decisions. Staff understood how to identify and report abuse appropriately. Where people required assistance with their medicines, this was well managed.

Staff received supervision and training which enabled them to deliver effective care. People's needs were assessed before their care package commenced to identify and agree the care they required which promoted maximum choice and control of their lives. People and/or their relatives were asked for their consent for day to day care. People were supported by staff to eat and drink where required.

Relatives told us they very happy with the care their loved ones received. Staff treated people with dignity and respect, involved them in decisions about their care and promoted their independence.

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

Rating at last inspection

The last rating for this service was good (Published 16/6/2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

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 extremely responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Pattom Limited

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 an 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

This inspection was announced.

We gave the service two days notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 25 October 2019 and ended on 13 November 2019. We visited the office location on 25 October 2019.

What we did before inspection

Before the inspection, we reviewed all the information we held about the service including previous

inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. The provider had completed a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives on the telephone so they could tell us their experiences of Pattom Ltd, and the way staff provided care and support to their loved ones. We spoke with the registered manager and a team leader.

We reviewed a range of records relating to the management and monitoring of the quality of the service such as audits and surveys. We reviewed two people's care records and pathway tracked their care. This means we checked to ensure people had received all the care they required. We looked at three staff files in relation to staff recruitment, supervision and training.

After the inspection

We contacted two health and social care professionals who were involved with the service and four staff members by telephone.

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 good. At this inspection this key question has remained rated as good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had been assessed for individual risks, such as de-hydration and seizures, and guidance was in place for staff in how to manage the risks. For example, one person experienced seizures. Their guidance stated staff should note the start and end time of the seizure, ensure the area around them was clear during the seizure to reduce the risk of injury, how to care for the person afterwards and what to look for which may indicate the need to call an ambulance.
- Environmental risk assessments were completed in each person's home and for each activity to ensure everyone's safety. For example, lighting and flooring were suitable and sufficient space was available for required tasks, such as using the hoist.

Staffing and recruitment

- Robust recruitment procedures were in place which ensured only staff suitable to work in a social care setting were appointed. Staff had provided a full employment history, proof of identity and employment references. The provider had received a criminal record check for all staff from the Disclosure and Barring Service (DBS). A DBS check helps employers to make safer recruitment decisions. A social care professional told us, "They seem to recruit really well."
- There were enough staff deployed to meet people's needs and keep them safe. Staff received their weekly rotas in advance through their mobile phones. Rotas ensured people's visits were carried out in line with their assessed requirements, for example, supporting them to attend their day centre, having a meal or receiving their evening personal care. Staff told us they had ample time to provide people's care and support and were not rushed.
- Relatives told us the service was reliable. One relative said, "Calls have always been covered. Timekeeping is good. If they ever get stuck in traffic they let us know."

Systems and processes to safeguard people from the risk of abuse

- Staff had access to the provider's safeguarding policies and guidance on their mobile phones and understood their responsibilities for reporting any concerns. The service had developed a safeguarding champion role which ensured guidance and procedures were reviewed, up to date and communicated to staff.
- Relatives told us they were confident their loved ones were safe when being supported by staff. One relative said, "I trust them with [my family member] completely." Another relative told us, "I've never felt anxious when they [staff] are looking after [my family member]." A social care professional told us, "We've never had any concerns, and have never had any concerns reported to us."
- The registered manager had made appropriate referrals to the local authority safeguarding team and to the commission when required.

Using medicines safely

- Some people received support from staff to manage their medicines. For example, by prompting people or by physically administering their medicines to them.
- Records were maintained of when people had taken their medicines.

Preventing and controlling infection

- Staff understood when to use personal protective equipment (PPE), such as gloves and aprons during visits to people. The management team carried out spot checks to ensure staff were maintaining expected standards, including the use of PPE.

Learning lessons when things go wrong

- Incidents and accidents were reported and recorded and any action taken to reduce the likelihood of reoccurrence. For example, following one incident action was taken to review the risk assessment and increase the staffing. Staff told us any information needed was shared with them via their mobile phone so they could be kept up to date promptly.

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 good. At this inspection this key question has remained the same; 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

- The registered manager carried out an initial assessment of people's care needs to ensure the service could meet all of their assessed needs before the care package was agreed. Assessments included people's mobility and nutrition needs, medical history and mental and physical health as well as the things that they enjoyed, such as swimming, music, food, family and pets. They also included people's preferences for the attributes of the staff they would like to support them. For example, one relative had stated they would like someone who was 'caring, will talk to [name] while with them and has knowledge of what they're doing.'
- People's care plans were person centred and included, for example, how they liked to communicate. One person had described, 'I will reach towards something to show you what I want. I can make definite choices if you show me objects. You will know when I don't want something.'

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

- People received support with preparing their meals and snacks and were given assistance to eat when required. People's food was prepared in a way which met their needs and preferences, for example, one person required their food to be mashed as this made it easier to chew and reduced the risk of choking.
- Staff understood people's eating and drinking needs and ensured people were supported appropriately. People's support plans were updated if their eating or drinking needs changed.
- A relative told us they were kept updated about their family member's nutrition and if there were any concerns. They told us, "If [my family member] won't eat they [staff] will phone me. They'll give me the run down when I get home, what he's eaten."
- A social care professional told us the team leader had attended a review and discussed support for a person with their eating and drinking needs. They told us, "[The team leader] attended a CHC [continuing health care] review about a year ago and also met with me more recently to discuss [person's] eating and drinking skills. On both occasions [the team leader] was very helpful and focused on the client and his needs. [The team leader] seemed very thoughtful, practical and keen to make things happen for the client. [The team leader] also mentioned that [Name] would always have an experienced member of staff with him (so someone who knew him well) to accompany anyone who was new to [Name] and might not fully appreciate his eating and drinking needs."

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

- Most people were supported by their families to manage their health conditions and request advice and treatment, such as GP appointments, when required. However, staff understood the procedures to follow in

the event of an emergency or who to contact if there was an urgent health concern.

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 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 told us people they supported all had the capacity to make day to day choices and give their consent for care. However, we noted where people had reached the legal age of consent at 18, relatives had still been asked for their consent to care. We saw in one case a relative had legal authority to give their consent, although the registered manager could not confirm this was always the case. They started to follow this up with relatives at the inspection.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported with on-going training in key topics such as safeguarding, fire safety and medicines administration. This ensured staff were up to date with their knowledge and skills and enabled them to provide safe and effective care. A staff member said, "We're always doing monthly rolling training on-line. [The registered manager] prompts us. I've also been offered the next grade up in [qualification]. They're pro-active. We had training yesterday in choking and practiced the Heimlich procedures, chest compressions, the defibrillator, we covered everything."
- The registered manager adapted training to meet people's specific health needs. For example, one person, who had diabetes, had started to receive a service so key staff had received training in diabetes. A staff member had undertaken 'train the trainer' training in diabetes and was now able to deliver this training in house. Staff had also completed specific training such as the virtual dementia training. The registered manager was receptive to staff sharing their ideas about training. One staff member said they were looking into lone working which they had requested. A social care professional told us, "They seem really well trained and pro-active."
- All new staff received an induction when they started working at Pattom Ltd. One staff member said, "I had a thorough induction; first aid training, epilepsy, meds [medicines], how to fill in paperwork. Shadowing whenever I needed. I was introduced gradually, could take on more as I got more confident. They don't push you in the deep end." Staff also completed the Care Certificate as part of their induction. This is a nationally recognised standard which all care staff should meet.
- Staff received regular supervision and observed practice sessions which helped the management team to monitor care practice. Staff confirmed this and told us they received regular feedback so they knew where they were doing well and if anything needed to improve.

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.

At the last inspection this key question was rated as good. At this inspection this key question remains rated as 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

- We received positive feedback from the relatives we spoke with about the way staff treated their family members. One relative told us, "I can't fault the care. They are the most brilliant carers. It's all about [my family member]. Another relative said, "They treat [my family member] very nicely. They're very kind. They're very responsible, very attentive and take good care. They're very mindful they are there to care for [my family member]. They are all good. They really care." They went on to say, "They [staff] have made an enormous amount of difference. They give another dimension to [my family member's] life. They're not friends but they're there for him. We can relax and step back for that time."
- A social care professional told us, "They [staff] are very friendly, very engaging."

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

- Relatives told us they felt involved with their family members' care and support.
- Staff held regular reviews with people and their relatives which provided opportunities to discuss if the support was still relevant, or if any changes needed to be made.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us they and their family members were treated with dignity and respect. One relative told us, "They [staff] are a lovely crowd. They make something that could be quite difficult, people coming in and out of your home, work very well. They enable [my family member] to have a bit of control, to be himself. It illustrates he has the ability to that, to choose how he is with people. They [staff] seem to understand him, they get him. They're all singing from the same hymn sheet."
- Staff told us they had time to support people at their own pace. One staff member told us, "I have enough time. I'm not on the rush all the time."
- Staff told us how they made sure people retained their dignity, for example, providing personal care in a private space and ensuring they were clean. One staff member said, "No one is left with food around their mouth or a dirty jumper."
- People were encouraged to maintain their independence as much as possible. One relative told us, "They [staff] try to get him to walk as much as possible otherwise he would just be in his wheelchair." People's support plans described how they could maintain their independence and recorded where people may not wish to engage in activities.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has been rated as outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There was an exceptional focus on person centred support which met the needs and preferences of people. For example, people were involved in choosing the staff who would support them. Support staff had provided a 'staff profile' which was shared with people who started to use the service so they could read about them before their first meeting. These were written by the staff themselves. The registered manager valued the staff and how they wanted to describe themselves. They told us, "They have their name, photo [so people will know who will be arriving]. They're written by the employee, their likes, age and how long they've worked for the company." One person was very anxious so they met up with them at a coffee shop and looked at four staff profiles. They arranged for the person to meet each staff member but realised they weren't right so introduced them to more staff until they felt comfortable.
- The registered manager and staff strived for excellence and continuous improvement in the experiences for people through consultation and reflective practice. This ensured staff had an opportunity to think about how they had provided support and whether they could have done anything differently to achieve a better outcome for people. The registered manager told us, "It was only implemented six months ago but it has been very positive. We are seeing changes already."
- A social care professional told us the staff were always thinking about person centred support. They said, "They [staff] are always happy to make changes, bespoke to each individual, encourage to try different activities. They're pro-active and very positive." A senior staff member told us, "We want to help people live as freely and happily as they can. Living a normal life under their own steam, building confidence to have a better quality of life. It's a joy for us to work with them."
- Support plans were agreed with people and their relatives when they started to use the service. Plans were person centred and included things that were important to people, such as making choices and preferences for their care.
- Staff told us how they encouraged people to make decisions for themselves where possible. One staff member said, "I will give them [people] options. They will communicate what they want or not. At lunch if they say no to something I'll ask them again. If they say no twice then it's not what they want. They can make choices and informed decisions."
- A social care professional told us they had recently met with the provider to discuss a person's nutrition needs. They told us, "From what I could discern [the provider] took [name's] eating and drinking needs very seriously and recognized the need for staff to be up to date with the care plan. [The provider] was clearly thinking about where best to keep and share the information so that staff could have access to it."
- One of the recent improvements implemented by the registered manager was an electronic care system which provided a number of benefits. It worked through an app on staff mobile phones and provided

immediate access to information and communication. For example, staff checked in and checked out using codes and GPS which helped to monitor staff and people's safety and ensured all visits took place. All amendments to rotas automatically generated a notification to the staff members mobile phone meaning that visits would not be missed due to an error in communication. Staff now had immediate access to support plans and risk assessments, should they need them, while out supporting people. This ensured staff always had the latest, up to date information to hand. Any concerns or changes identified during a visit to a person's home could now be highlighted promptly by staff on their mobile phone. Staff had just started using the new system but were positive about it. One staff member said, "The new app tells us if a change has been made straight away. It will be a better system."

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.

- The service continuously strived to ensure people's communication needs were met in a way that ensured their independence and choice. People's support plans described how they communicated their choices and needs. For example, one person's support plan stated, ' [Name] communicates through touch, gesture and noises (laughter etc). Name will need staff to understand what these things mean...'
- Staff knew people well and understood how to communicate. For example, one staff member told us about a person they supported and said, "They can communicate. They will wave their hand in front to say no. When I shadowed they [other staff] told me the longer you spend with them you get to know them a lot." Another staff member said, "You get to know them, what they respond to. Some people respond to whistling, touch, sparkly things, making sounds, eye contact. I can tell by how they react."
- The service provided person centred support plans which met people's sensory and communication needs. For example, easy read and braille versions of personal support plans were developed for people with learning and visual impairments if required. Whilst no-one receiving personal care required a Braille support plan at the time of our inspection, these were available if needed. This enabled people to be as independent with their communication as possible.

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

- The registered manager had developed excellent links with local community groups and sporting organisations which provided wider opportunities for people to participate in their community, improve physical wellbeing and reduce isolation. Diverse support packages included community activities as well as personal care. Staff from Pattom Ltd supported people to access these activities. For example, day services, swimming, art and sensory activities.
- The service was an important part of its community and worked in partnership to develop additional opportunities for people. For example, the registered manager told us about a new project, the football team, they had established in partnership with others. Whilst no-one receiving personal care was in the team at the time of our inspection, this was accessible for anyone to join at any time. The registered manager told us, "We got a grant of £350 from the Surrey Disability Football Association. We purchased lots of kit, 10 footballs, bibs and cones. We have merged with Cobham Football Club. It promotes physical activity and new friendships. We've had good feedback from the FA. We had a match last Sunday. Mums were there to support, and staff came to watch and brought food and drink for everyone. We are looking at applying for another grant for a second team, one for people who are not so mobile, with another charity, The Chelsea Disability Team. It has a bigger network of friendship teams." It was clear they were extremely

passionate about this venture and were keen to extend it further to include diet and nutrition for footballers!

- A second project was the Christmas pantomime. The staff team had started their rehearsals for the show. Staff were giving up their time voluntarily in the evenings and family and friends will be invited to see the performance.

Improving care quality in response to complaints or concerns

- The provider had a formal complaints policy and relatives told us they knew how to raise a complaint if they needed to. When complaints were raised, the provider acted in a timely way to resolve them. A complaint had been received from a relative and been logged, investigated and responded to promptly, including a telephone call to the complainant to discuss how the service could be improved. Another relative told us they had "flagged up a couple of issues and have always been listened to and addressed. I would always feel able to tell them."

End of life care and support

- The service was not currently supporting anyone on end of life care. However, four members of staff had previously worked with community nurses to support a person receiving end of life care. The registered manager told us, "It enabled her to stay at home. I was with her when she died."

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Governance was well embedded into the running of the service. The registered manager took accountability for monitoring performance and risk which led to quality improvements. The registered manager had a pro-active, 'can do' approach to the management and development of the service. Upon our announcement of the inspection they sent us an inspection 'Welcome pack' specifically to inform us of the developments they had implemented since the last inspection. This included, for example, what they had done to improve the safety, effectiveness, responsiveness and leadership of the service. The pack also included a pen portrait of each senior staff member, outlining their experience and qualifications, the service mission statement and values. This gave our inspector a helpful insight into the way the service was managed before starting the inspection and enabled them to identify additional areas to discuss.
- The registered manager had created a strong person centred culture within the service. Performance management processes were effective, reviewed regularly and involved people, their relatives and others in developing the quality and safety of care and to help drive improvement. These included support plan reviews and surveys. The most recent surveys showed relatives thought the support received was 'excellent' and they would recommend the service. Relatives we spoke with confirmed this and told us they were happy with the support provided for their family members and their visits were well organised. One relative told us, "It's so easy to speak to [the registered manager]. If he doesn't know he'll find out. He's so helpful." Another relative told us, "If they're going to be late they will call us. I can't think of anything to improve."
- Staff we spoke with were very happy and positive to be working at Pattom Ltd. They consistently spoke highly of the registered manager and management team and felt very well supported. One staff member told us, "I honestly think they're a cracking bunch, they really are! It's lovely to work for people like that. They're so good, and open, they make you feel welcome. If I had anything to say I could tell them. They've made it so easy right from the start." Another staff member said, "They really want to know how we're doing. They're always ahead of the game. They never let us go into anything we can't handle. They're very professional, very organised. We stand out as a team. I'm very proud to work for them." A third staff member told us, "I feel very well supported. I'm never not able to call someone if I need to. That's reassuring. They're friendly, easy to talk to. They involve us and take our opinion into account. All I want to do is the best job I can. It's so rewarding."
- Managers provided feedback to staff and there was clear evidence this led to improved staff morale and engagement. For example, an email to one member of staff said, "[Name] mentioned how well you have

been doing while supporting [name] and he really enjoys his time with you. We would like to thank you for your good work since joining Pattom, as we have had good feedback from several other service users [people] that you have supported. Keep up the good work...." The staff member replied, "...Working for Pattom and getting feedback like that makes me feel brilliant..." A senior staff member told us, "I'm very proud to work for the company as a whole. We're quite a close-knit group. It's not us and them. It's great to be part of."

- Staff told us how they had begun more team building activities. One staff member said, " We felt we didn't do much together and we're all working alone. We're doing team building, bouncing ideas off each other. It's going a lot better." The registered manager confirmed this telling us, "We have begun to hold staff socials in order to promote team cohesion and build relationships among staff. So far we have been to an assault course and crazy golf as well as booking Flight club and the Christmas party."

- The registered manager was very appreciative and proud of his staff team and told us, "I would like to further express how great I believe our staff to be. In all areas I believe that we have extremely passionate, caring and knowledgeable staff. The backbone of any care organisation are the people providing the care. I truly feel that you would have to search far and wide to find a more diverse, integrated and professional work force than ours."

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 understood their responsibility under the duty of candour and had procedures in place if things went wrong. They had a very good relationship with people and relatives and had open and honest day to day communication with them.

Continuous learning and improving care

- Pattom Ltd was a small service which meant the registered manager and staff got to know people very well. Where incidents happened, these were investigated and addressed promptly. Where any learning was identified, this could be shared with staff quickly through the new electronic system.