

Person Centered Care Ltd

Person Centered Care Northants

Inspection report

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29 July 2019

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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

Person Centered Care Northants is a domiciliary care agency providing personal care to younger adults, living with physical disability or learning disabilities and autistic spectrum disorder. People are supported in their own houses. At the time of our inspection there were nine people using the service.

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

Recruitment procedures were under review at the time of our inspection. Following our inspection, the registered manager provided evidence that they would be completing more robust checks on the suitability of staff. We saw no evidence that people had been at risk of harm because staff had been reference checked and had current DBS checks in place.

Staff had received training in how to protect people from abuse and knew how to report concerns. Medicines were managed safely and people were protected from the risk of infection by the use of personal protective equipment (PPE) and good hygiene practices.

There were enough suitably trained staff available to meet people's needs and provide person centred care. People's choices and preferences were considered and respected in the assessment and care planning process. End of life decisions were not routinely discussed and we have recommended that the provider consider current guidance around this. However, staff were trained in supporting people at the end of their life and had access to professional guidance when needed.

People were supported to access health care services when they needed to. The staff and management team worked well in partnership with other professionals and feedback from professionals was positive.

The registered manager and provider had good oversight of the quality of the service. There was a culture of continued learning and improvement and we found the registered manager had been open and transparent when things had gone wrong. We also found they had a good understanding of their responsibilities and the regulatory requirements.

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

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 requires improvement (published 21 August 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our well-Led 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 ●

Person Centered Care Northants

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

This inspection was carried out by two inspectors and one assistant 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' 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 in the office to support the inspection.

Inspection activity started on 16 July 2019 and ended on 29 July 2019. We visited the office location on 16 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the NHS clinical commissioning group and Healthwatch. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including, the registered manager, the care coordinator and four care workers.

We reviewed a range of records. This included three people's care records and two care staff members records. We looked at records in relation to training and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, the recruitment policy and procedure and references for staff.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Recruitment required some further development. Prior to our inspection the registered manager had sought professional guidance to improve their recruitment process. This included an update to the recruitment policy and procedure and more robust methods of recording interview questions and answers to ensure suitability of staff. We also found application forms had not been fully completed to include work and education history in line with current guidance. Following our inspection the registered manager provided evidence of the progress of these improvements. This will need to be continued and embedded in practice.
- Disclosure and Barring Service (DBS) checks were completed prior to staff working with people. 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 enough available staff to meet people's needs. One person told us that staff are always on time. An electronic call monitoring system is in place to monitor staff attendance and time keeping, this ensures there are not missed visits.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Staff were trained and had a good understanding of how to recognise signs of abuse and how to report concerns. One staff member told us that the safeguarding policy and procedure was available for guidance in the office and on line. A copy of the whistle blower procedure was included in the staff handbook.
- Safeguarding concerns had been investigated by the registered manager and actioned appropriately.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and planned into care. Personalised risk assessments considered risks in the environment and in delivery of personal care. For example, where people were identified as at risk of choking, guidance was provided to staff on what action to take. People and staff that knew them well were involved in the risk assessment process.
- Personalised evacuation plans were in place to support staff and people to evacuate the persons home safely in the case of an emergency.

Using medicines safely

- Medicines were managed safely. Medicines charts were clear and easy for staff to follow and there were individualised plans for people using as and when required medicines. This ensured that people received

their medicines as per their prescription. Staff competency in giving medicines safely had been checked and the registered manager checked medicine records regularly for errors.

Preventing and controlling infection

- Staff understood the importance of using PPE and good hand washing techniques. This equipment included disposable gloves and aprons were available for staff to prevent the spread of infection.
- Where staff were responsible for cleaning people's homes cleaning schedules were in place to ensure all tasks were completed.

Learning lessons when things go wrong

- Staff understood their responsibility to report accidents and incidents. One staff member told us following an accident or incident they would complete a form and body map and hand this over to the office.
- An electronic system was in use for recording and analysing accidents and incidents to identify learning. The registered manager told us that learning would be shared at team meetings.

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.

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

- People's care needs were assessed prior to the service starting. This ensured that suitable staff were available to meet people's needs.
- People were asked about their lifestyle choices, religion, relationships, culture, likes and dislikes. These were included in the planned care.

Staff support: induction, training, skills and experience

- Staff had received an induction and regular training that ensured they had the skills and knowledge they needed to do their job. Where required specialist training had been provided to ensure that staff could meet people's individual health and care needs. One person told us, "They [staff] are trained and know what they are doing."
- Staff received regular spot-checks, supervisions and appraisals, they told us they felt well supported in their role. One staff member told us that the registered manager was "friendly and approachable."

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

- People were supported to maintain a balanced diet. The registered manager and staff had worked in partnership with dietitians to support people's individual needs and had followed guidance including, good nutrition and providing food supplements. Where people had specific dietary needs, records were kept to monitor food and drink intake.
- People were given choice around food and drinks. One person said, "I like certain things to eat and drink and they do that for me."

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

- Staff supported people to access healthcare services and worked in partnership with other professionals such as GP's, occupational therapists and speech and language specialists. One person was being closely monitored for deterioration in their condition. Staff were in regular contact with the appropriate professionals to ensure continued effective support.
- The staff and management team had worked closely with other professionals to ensure timely admissions for people into the service. A professional told us, "It has been a pleasure working with Person Centered Care Northants." They told us the service had responded immediately to an emergency referral, completed a thorough assessment of the persons needs and ensured support was in place the following day.

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 and found that they were.

- People were being supported in the least restrictive way possible. People and their families or a representative had been involved in the assessment and planning process and care plans were signed to consent to care. An MCA checklist was completed for each person during the initial assessment process. This prompted staff to ensure they were considering people's understanding.
- Staff had received training in MCA and had a good understanding of the principles, they told us if people refused care or medicines they would not force them and would report back to the manager.

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 has remained the same.

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 were happy with the care they received and had developed good relationships with their staff. One person told us, [Staff are] really nice, get on really well with them." Another person told us how their care times and support had been adapted to support them to attend a celebration.
- Care plans detailed how people wished to be supported, what was important to them and what staff needed to know about the person. This provided the staff with the information they needed to deliver consistent care and support.
- The registered manager supported staff to have a good understanding of equality, diversity and human rights. For example, the staff handbook contained an equality, inclusion and diversity policy.

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

- People were supported with making their own choices and decisions, this was reflected throughout care plans and staff notes. For example, records showed that one person had made a particular choice around an element of their personal care, this had been respected and included in the care plan.
- We observed staff interactions and conversations for one person that evidenced the person was making their own choices and leading their care and support. For example, the person made decisions around what activities they would be doing that day, this was supported by staff.

Respecting and promoting people's privacy, dignity and independence

- People were respected. Staff preserved people's dignity by closing curtains and doors when delivering personal care records were stored securely in lockable cabinets. Staff understood the importance of confidentiality. We observed a staff member gain consent from a person before handing us their care file to look at.
- Independence was supported. One person told us how staff supported them to manage their finances ensuring they remained as independent as possible. Care plans included details on how to support people with in personal care, finances and relationships.

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 remained the same.

This meant people's needs were met through good organisation and delivery.

End of life care and support

- People's end of life decisions were not discussed and recorded during the assessment and care planning process. However, people who were receiving care at the end of their lives were supported by staff who had been trained in end of life care.
- The registered manager had included contact details for the relevant supporting hospice in people's care and support plans. This meant that staff could access advice and support from professionals when needed. Where there was a do not attempt cardiopulmonary resuscitation (DNACPR) order this was in the front of people's files so that staff and emergency services had quick access to the information.

We recommend the provider consider current guidance on discussing and recording people's end of life preferences and act to update their practice accordingly.

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

- Care and support plans were written with the person at the centre of their care and were reviewed regularly. They covered choice, religion, culture, eating, drinking, communication and health. Where people liked a specific routine, this was well detailed with how the person liked things done. One person told us that if they wanted to make any changes they met with the registered manager and together they found the best way forward.

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.

- People's communication needs were assessed and included in the care planning process. Information could be made available in easy read format and large print where required. For example, the service user guide was available for people in easy read format.

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 were supported to maintain relationships that were important to them. For example, one person was supported with regular visits to family members.

- People were supported to access the community to promote their independence and social interactions. One staff member told us of a person that was struggling with motivation. Staff had identified activities that the person was interested in and we saw that the person was partaking in these activities in the community.

Improving care quality in response to complaints or concerns

- Complaints were responded to in line with the providers policy and procedure. People had been given a service user guide when starting with the service, this included details on how to make a complaint and signposted people to other organisation if they weren't happy with the registered managers response. One person had made a complaint, they told us the registered manager had gone to visit them and it had been resolved to their satisfaction.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- The registered manager was friendly, approachable and focused on providing good quality person centred care. People were included in the planning of their care and were achieving positive outcomes. One person told us they found the registered manager easy to speak to and that care had been adjusted to meet their needs.

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 had a good understanding of their responsibility to be open and transparent when things went wrong. Where people had raised concerns or complaints they told us that they had been managed well and resolved quickly.

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

- Regular record and systems checks were in place to monitor the quality of the service and drive improvement. This ensured that the registered manager maintained good oversight of the service.
- The service notified CQC of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Questionnaires had been sent to people, these showed high levels of satisfaction with the service. The registered manager planned to collate the results and share any learning at the next staff team meeting.
- Some staff told us that communication could at times be better. However, one staff member told us they had raised this in their one-to-one meeting where they felt listened to and had seen an improvement. The registered manager had recently set up a team group via an app (application) that staff could access via their phones with the aim of providing good consistent communication to all staff. This would need to be continued and embedded in practice.

Continuous learning and improving care

- The registered manager and provider were committed to continuous learning. The registered manager had completed a care management qualification and continued to study for their degree in health and social care. Staff were also offered opportunities to increase their learning via national vocational qualifications (NVQ)
- The provider and registered manager had recently invested in technology to analyse complaints, safeguarding and falls. The registered manager told us this would identify trends and patterns and help to drive service improvements and maintain oversight.

Working in partnership with others

- The service had worked in partnership with other professionals including GP's, social workers and speech and language therapists to ensure people's needs were met and good outcomes achieved.
- The registered manager attended provider, legal and local authority forums, they told us this was helpful in gaining and sharing knowledge and experience. For example, a recent legal forum had prompted the registered manager to review their interview procedure.