

PnS (Family Care Services) Limited

# PnS Domiciliary Services

## 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

PnS Domiciliary Services is a domiciliary care service which provides personal care support to people living in their own homes. 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. At the time of our inspection on 4 and 5 September 2019, there were 22 older people and younger adults using the personal care service.

### People's experience of using this service and what we found

The risks to people in their daily lives were assessed and mitigated, which reduced the risk of avoidable harm. Systems were in place which were designed to reduce the risks of abuse. There were sufficient numbers of care workers to ensure people's care visits were completed. Recruitment of care workers was done safely. Some people who used the service required assistance with their medicines, this was done safely. The service had systems to learn from incidents to reduce the risks of reoccurrence.

People received care and support from care workers who were trained to meet their needs. 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. Where people required support with their health and diet, these needs were assessed, planned for and met.

People received a caring service. People's rights to dignity, privacy and independence were promoted and respected. People's choices were listened to and acted upon.

People's individual needs were assessed, planned for and met. People's decisions about how they wanted to receive their care were listened to and used in the planning for their care, including their end of life decisions. There was a complaints procedure in place.

The service had systems to assess and monitor the service people received. This helped the provider and the registered manager identify shortfalls and address them quickly. People's views about the service provided were valued and used to drive improvement.

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 at last inspection and update

The last rating for this service was requires improvement (published 5 December 2018). There was a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to the safe management of medicines. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for PnS Domiciliary Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 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 ●

# PnS Domiciliary Services

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### 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 a short period 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.

#### 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 and professionals who work with the service. We used all of this information to plan our inspection.

The provider did not complete a Provider Information Return, because they had received a request to do this the morning of our inspection visit. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make.

#### During the inspection

We visited the service's office on the first day on 4 September 2019. We spoke with the managing director, the registered manager, the administrator and two care workers. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

On the second day on 5 September 2019, we spoke on the telephone with three people who used the service and three relatives about their experience of the care provided. We also spoke with three social care professionals.

After the inspection

We reviewed the training records which were provided to us on 4 September 2019.

# 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.

### Using medicines safely

At our last inspection the provider had failed to robustly manage the risks relating to people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and relatives told us they were satisfied for the arrangements, where support was needed with medicines as part of people's planned care. One person said, "They do my eye drops morning and night without fail, very good I can trust them with that."
- Records showed that where support was required, people received their medicines as prescribed.
- Regular checks on the support provided with people's medicines helped the registered manager to identify shortfalls and address them promptly.
- Care workers had received training in safe medicines management and had their competency checked by a senior member of staff. Guidance for care workers was also provided in the service's policies and procedures relating to the safe management of medicines.
- To ensure people received support in line with best practice, the National Institute for Health and Care Excellence (NICE) guidance for managing medicines for adults receiving social care in the community was used.

### Systems and processes to safeguard people from the risk of abuse

- Care workers had received training in safeguarding people from abuse. People told us they felt safe with their care workers. One person said, "They always shut up and lock the door before they leave."
- All of the staff, including care workers, spoken with understood they types of abuse that could occur and their roles and responsibilities if they were concerned that a person was being abused.
- Care workers were observed in their usual work duties as part of the provider's quality monitoring processes. During these 'spot checks' care worker's knowledge was checked relating to safeguarding.

### Assessing risk, safety monitoring and management

- People's care records included risk assessments, which guided care workers on how the risks in people's daily lives were mitigated. This included risks associated with mobility and in people's own homes.
- Where people were at risk of developing pressure ulcers, this and the equipment and medicines, including

creams, to reduce the risks were documented.

#### Staffing and recruitment

- There were enough care workers to ensure all the planned visits to people were completed. The managing director and the registered manager also undertook care visits as part of their roles. People who used the service and relatives we spoke with told us their care visits were always completed.
- The managing director and the registered manager told us they continuously recruited care workers, to ensure that the service was capable of supporting new people and managing turnover of staff and leave.
- We reviewed the recruitment records of two care workers. These records demonstrated checks were undertaken in line with the service's own procedures, to ensure the care workers were of good character and able to work in this type of service.

#### Preventing and controlling infection

- Care workers were guided on how to reduce the risks of cross infection in the services policies and procedures.
- When care workers started working in the service, they were provided with a box containing personal protective equipment (PPE) which could be used to prevent the risks of cross infection. This included a box of gloves, mask, shoe protectors, disposable aprons, antiseptic wipes and guidance on hand washing. Equipment was replenished as needed.
- During 'spot checks' members of the management team checked that care workers undertook good infection control processes, including washing their hands and using PPE equipment.

#### Learning lessons when things go wrong

- Records demonstrated there were systems to learn from incidents and accidents and use them to drive improvement.
- Care workers received regular electronic updates from the management team, where changes were being 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.

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

- Before people started using the service their specific needs were assessed. This was done with the input from the people using the service and their representatives, such as family and other professionals involved in their care.
- The assessments were used to ensure the service could meet people's diverse needs and to complete care plans which identified how their needs were met.

Staff support: induction, training, skills and experience

- There were systems to provide care workers with training in meeting people's needs, support and the opportunity to undertake qualifications relevant to their role. Care workers told us they felt supported by the management team and received the training they needed to understand and meet people's needs.
- Newly employed care workers received an induction which included training, shadowing more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care workers should be working to.
- Care workers were provided with training in people's diverse needs and conditions. This included dementia, diabetes and multiple sclerosis. One person's relative commented on the good dementia awareness of care workers which achieved positive outcomes for their family member.
- When a person had been assessed with specific needs, the care workers who were supporting them were provided with a package of care to meet these needs. An example of this was the recent training provided on positive behaviour support and epilepsy.
- Care workers received one to one supervision meetings, which were held face to face and on the telephone. This provided care workers the opportunity to discuss their work, receive feedback on their performance and identify any training needs.

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

- Some people required support with their dietary and hydration needs. This was documented in their care records and provided care workers with guidance on how to meet these needs.
- One person's relative described the support their relative received by care workers with eating and drinking, which they said, "Gives us peace of mind, they are helping [family member]."

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

- The registered manager and managing director told us how they worked well with other professionals involved in people's care, including community nurses and occupational therapists. A social care

professional confirmed what we had been told and said that the service had good relationships with other professionals to achieve good outcomes for people.

- Where care workers had concerns about people's wellbeing, action was taken including contacting health care professionals, with people's consent. One person's relative told us how the care workers had identified an issue with their family member's wellbeing and suggested the doctor be called, this had positive outcomes and their family member was improving.
- The registered manager showed us a document which evidenced where they had worked with other professionals involved in people's care and their advice was used to improve people's wellbeing.
- People's care records included information about people's specific conditions, such as dementia, and how these affected their daily living. Care workers were provided with guidance about the support people required with their mouth care.
- People's records included a hospital passport, which documented people's individual needs and how they communicated. These could be provided to hospital staff if a person required hospital admission to ensure they received consistent care.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions was identified in care records. If people required support in making decisions from other authorised people, this was documented. Letters had been written to people's relatives to check if relatives were authorised to make decisions on their family member's behalf in finances and/or care and welfare. They had asked for documentary proof for their own records to ensure the appropriate people were included in decision making in their best interests.
- Care workers had received training in depriving people of their liberty and how their consent should be sought. Care workers spoken with understood why it was important to gain people's consent before providing care and support. One person told us, "They ask for my permission never leave without saying is there anything else you need?"
- During 'spot checks' members of the management team checked that care workers asked for people's consent.

# 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 told us the care workers who supported them were caring and respectful. One person said, "I can't fault them at all, all nice [care workers]." Another person said, "We always have a laugh and joke too, I like that, I have no complaints at all...they are more like friends come into my home and respect me and my home."
- We saw several cards and items of correspondence sent to the service by relatives thanking them for the caring nature of the care workers. One stated, "[Family member] spoke very warmly of you...I was very appreciative that not only did [family member] have someone who clearly cared but someone [family member] liked."
- All staff spoken with, including the management team and care workers, spoke about people in a caring manner.

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

- People were central to the care they received. Records demonstrated their views and choices were listened to and used to plan the care they received.
- One person's relative told us that when the care workers were first introduced to their family members they used the terms Mr and Mrs [Surname], before their family members were comfortable enough for the care workers to use their first names.

Respecting and promoting people's privacy, dignity and independence

- The majority of care workers had received training in equality and diversity and dementia and dignity workshops.
- People's care records included guidance for care workers on respecting people's dignity, independence and privacy. The records included the areas of their care people could attend to independently and where they required care worker's support. One person told us about how their independence was respected, "They know what I can do and what I can't." They also said they felt their dignity and privacy was respected when they received support with personal care, "I never feel embarrassed."
- During 'spot checks' members of the management team checked that care workers were respecting people's dignity and privacy, they also did a knowledge check on what the care worker's understanding of dignity was.
- One person's relative told us about an example of how their family member's independence was respected by care workers. The family member preferred ordering their own medicines but had been late at times doing this. The care workers now reminded the person about doing this without removing their valued

independence.

## 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.

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 care records demonstrated that their specific needs and preferences were assessed, planned for and met. This included care plans for the care people required with their conditions, such as diabetes.
- When people required support to access social activities and accessing services in the community, this was identified in their care records.
- People's care needs were kept under review and their care records were updated when changes were needed. People were included in reviews, as were their representatives including relatives, where appropriate. One person's relative told us, "They do consult us if anything worries them they call me or my [other relative], as far as I am aware there is never anything that has happened when we have not been informed."
- Care workers and the management team spoken with had a good knowledge of people's individual needs. Care workers told us they usually visited the same group of people. This was confirmed by people who used the service and relatives we spoke with. One person's relative said, "What we like is that they don't change the staff too much... [family member] got used to the faces so not strange to [them]."
- One person said, "I am very happy with the service provided." One person's relative told us how the service was flexible in the timings of visits and adjusts the times when their family members had other appointments. They said, "They go overboard to help where they can." Another relative said, "We are very happy they are brilliant, they go above what they should we are very pleased with them."
- One social care professional we spoke with used words to describe the service including, "Responsive," "Very customer focussed," and, "Proactive." They told us how the service quickly identified changes in people's conditions and sought professional advice to ensure people received the care they needed.

#### 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 care records identified how people communicated and guided staff on the best ways to communicate effectively with them.
- Documentation, such as the complaints procedure was available in other format, such as larger print, if requested.

Improving care quality in response to complaints or concerns

- There was a complaints procedure which explained what people could expect if they raised a complaint with the service. People and relatives told us they knew how to raise a complaint but have never had to. One person's relative told us, "I can speak with any of the [care workers] or [registered manager or managing director] and I know they would address it."
- There had been no complaints about the care provided to people received in the last 12 months. Discussions with the registered manager demonstrated that any concerns would be addressed quickly to reduce the risks of people not being happy with their care.

#### End of life care and support

- The registered manager told us there was one person who was receiving palliative care. They worked closely with other professionals involved in the person's care to ensure they were receiving the end of life care they needed.
- The registered manager and a care worker told us about the service provided to a person who was at the end of their life. This included how the person was supported to have a pain free and comfortable death, and the support provided to their relative.
- The registered manager had received end of life training and they were in the process of talking with a training provider to allow care workers who wanted to specialise in end of life care to undertake a six week training course.
- We saw several cards sent to the service from people's relatives thanking them for the care and support provided to their family members and themselves for the care and support provided at the end of their family member's lives. One stated, "It meant so much to me knowing [family member] had good friends looking out and after [them]...thank you so much for the kind words written on the funeral cards they brought me comfort when I needed it."

# 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

- People who used the service were central to the service provision. They were consulted about their care needs and their views were valued.
- Care workers told us that the service was good to work for. One care worker said that if they required guidance there was always someone to speak with.
- The managing director and team had won a 'special recognition' award in 2018 in the Suffolk Care Awards. This was a category where nominations were received from a person's relatives in going 'over and above' the care provided to their family member.
- People and relatives we spoke with were complimentary about the service they received and how the service was led, including the approach of the registered manager and the managing director. One person said, "I can't fault any of them." One person's relative told us they felt they could speak with the registered manager or the managing director when they needed to.

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 managing director and the registered manager understood their roles and responsibilities relating to the duty of candour.

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

- The registered manager and managing director had a good understanding of what was happening in the service and the care and support needs of people using the service.
- The provider and the registered manager had a system to monitor and assess the service provided to people. This assisted the registered manager to identify any shortfalls and address them.
- The registered manager and managing director, as well as their managerial duties, undertook care visits. This enabled them to receive comments about the care from people and work alongside care workers and identify if improvements were needed.
- Care staff were observed by a member of the management team, in their usual work, in 'spot checks', this assisted the registered manager to identify if improvements were needed.

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

- People were asked for their views about the service they received, this included in reviews of their care and satisfaction questionnaires.
- We saw the results from recent questionnaires which had been completed by people who used the service, these were all positive. One stated, "I would like to say how pleased we are with PnS care. A worrying time when care is needed but PnS have been brilliant so caring reliable professional, couldn't ask for better care." Another which had been recently returned enclosed a small card in the stamped and addressed envelope, which stated, "Thank you for perfect care advice and support through such a difficult time, can't rate your team highly enough."
- The registered manager told us if they received any comments which required addressing, they would act on this immediately to improve people's experiences.
- Care workers told us they felt supported by the management team. The managing director told us how they showed the care workers they were valued, this included acknowledging their birthdays and giving Christmas gifts.

#### Continuous learning and improving care

- A new electronic care planning system had been recently purchased. This was in the process of being installed and on the first day of our inspection, the managing director, registered manager and administrator were receiving a tutorial on how to use the system.
- The registered manager told us they had started inputting people's care plans and risk assessments onto the system, which was confirmed in records seen. They told us that once the system was up and running, this would further improve the monitoring of the service provided.
- Since our last inspection, care workers were now provided with identification badges. This ensured that people who were being visited could see that the care workers worked for the service.
- Care workers received training in meeting people's specific needs and this was updated where required to ensure care workers received the most up to date information.

#### Working in partnership with others

- The managing director and registered manager told us they had good relationships with other professionals involved in people's care, this included the commissioners of the service. This was confirmed by social care professionals we spoke with.
- The service used professionals to provide training to care workers on people's specific needs. This included workshops on diabetes and foot screening by a diabetes specialist training organisation. We spoke with a training provider who told us that the service worked well with them and were keen to hear of any training and workshops that was being delivered.