

P&T Cares 4 U Ltd

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Inspection report

124c Nimmings Road
Halesowen
West Midlands
B62 9JH

Tel: 01215598182
Website: www.pandtcares4u.com

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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?	Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 8 and 9 May 2017.

P & T is registered to provide personal care to people who live in their own homes. On the day of our inspection 51 people were using the service.

This was the first rating of the service since it was registered on 12 July 2016.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was available on the day of the inspection.

People using the service felt safe. Care staff were aware of the processes they should follow to minimise risk to people. Systems were in place to protect people from the risk of harm and abuse. Care staffing levels and skill mix ensured that people's needs would be met.

Care staff had the skills and knowledge required to support people effectively. Care staff received an induction prior to them working for the service and they felt prepared to do their job. Care staff could access on-going training and regular supervision to assist them in their role. Care staff knew how to support people in line with the Mental Capacity Act 2005 and gained their consent before assisting or supporting them. Care staff assisted people to access food and drink.

Where possible people were involved in making their own decisions about their care and their specific needs. Care staff provided dignified care and showed respect to people. People were encouraged to retain their independence with care staff there ready to support them if they needed help.

Care staff understood people's needs and provided specific care. People's preferences had been noted and acted upon where possible. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Quality assurance audits were not detailed enough to provide an awareness if any patterns or trends were developing which may impact upon the service provided to people. People were happy with the service they received and felt the service was led in an appropriate way. We received notifications of accidents or incidents that had occurred.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and staff had been trained to recognise and report abuse or harm.

Medicines were administered appropriately.

Care staff recruitment was carried out appropriately.

Is the service effective?

Good ●

The service was effective.

Care staff were provided with an induction before working for the service and with on-going supervision and support.

Care staff knew how to support people in line with the Mental Capacity Act and gained their consent before supporting them.

Care staff assisted people to access food and drink where appropriate.

Is the service caring?

Good ●

The service was caring.

People felt that care staff were kind and caring towards them.

People were given choices and encouraged to make decisions where possible.

Care staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good ●

The service was responsive.

Care staff were knowledgeable about people's needs.

People knew how to raise complaints or concerns and felt that

they would be listened to and the appropriate action would be taken.

People were asked for feedback on the service they received.

Is the service well-led?

The service was not always well-led.

Adequate quality assurance audits were not carried out.

People were happy with the service they received and felt the service was well led.

The provider ensured they notified us about incidents/accidents as they are required to.

Requires Improvement ●

P&T Cares 4 U Ltd

Detailed findings

Background to this inspection

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

Our inspection was announced and took place on 8 and 9 May 2017. The inspection was carried out by one inspector. A second inspector held telephone discussions with people using the service and their relatives on 11 May 2017. We gave the service 48 hours' notice of the inspection as the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We asked the local authority their views on the service provided and used this to assist our inspection. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We used this information to plan what areas we were going to focus on during our inspection.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We visited before the deadline for the PIR to be returned.

We spoke with four people, two relatives, five members of care staff, the registered manager and the provider. We viewed care files for four people and the recruitment and training records for three members of staff. We looked at two people's medicine records. We looked at complaints systems, completed provider feedback forms and the processes the provider had in place to manage and monitor the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe with one person saying, "I am safe, it's brilliant, I'm happy, I have the equipment I need and feel safe". A second person said, "I feel safe with the carers". A relative told us, "They [person receiving the service] are safe, they [care staff] are very good. A care staff member shared with us, "People are definitely safe, we have had training to make us aware of how to keep people safe". Any problems that I notice in the house I pass onto the family or the office. Sometimes people will neglect themselves such as not eating or taking medicines. We share information so people are safe".

Care staff we spoke with understood how to report any concerns regarding people's safety and they were able to tell us how they would be vigilant around any changes in people's demeanour or any physical signs, such as bruising. One care staff member said, "I would notice if someone who was normally chatty, had a low mood and I would want to know why". We saw records of how managers were currently dealing with a safeguarding concern and were in on-going discussions with professionals from the relevant external agency. We saw that there was a policy in place to record accidents and incidents, but none were recorded and we were told by the registered manager that none had occurred.

We found that risk assessments had been completed to minimise potential risk to people and we saw that these covered moving and handling, mobility, medicines and personal care amongst others. Risk assessments looked at how any potential risk could be reduced, such as using two care staff to assist people. Care staff were able to discuss any risk posed to people and one care staff member told us, "People are safe, we do risk assessments and notice any changes, which we notify the office of straight away. If the risk assessment needs to be updated because of any changes it is".

We found that effective recruitment systems were in place. Staff confirmed that checks had been completed before they started work. We looked at three staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective care staff member had a criminal record or had been barred from working with people due to abuse or other concerns. We saw that completed applications provided a full work history.

One person told us, "I would advise anyone to use [P and T] they never missed a call to me. If the carers are going to be a bit late they will tell me". Another person told us, "I am now having better care, it is far more relaxed now the service has been running a while. They [care staff] send me a rota with any changes, I know whose coming in, it is the same lady most mornings and they come at lunchtime. One carer for three nights, all nice young ladies". Another person told us that they were feeling anxious because they had received a new care staff member due to sickness, but said that they were still meeting all their needs adequately. A relative told us, "Yes the managers try to make sure the staff are regular ones that [person's name] knows. A staff member told us, "We always have time to carry out calls and we don't use agency staff, as a team we support each other". Overall we found that people felt that there was a sufficient amount of staff to support them.

People we spoke with told us that they received their medicines when they should and that they were given appropriately. One person told us, "Staff always ask to make sure that I have taken my medicine". A staff member told us, "I administer medicines and am observed by senior staff to show that I am competent". Care staff were able to tell us about people's medicines and how medicines given, 'as and when required' should be administered. There were also written details on files for this. We found that Medicine Administration Record [MAR] sheets were being completed appropriately. Care staff told us that they were trained and felt comfortable to give medicines. They told us that they received regular competency checks and records reinforced this.

Is the service effective?

Our findings

People we spoke with told us that they thought that staff were knowledgeable and effective in their work. One person told us, "The staff know what they are doing". A relative said, "The carers are well trained, new ones come to shadow more experienced carers and learn from them".

A member of the care staff told us, "My induction was great. I did manual handling training, medicines and infection control training. I shadowed other staff until I felt ready to go out alone. I also read the policies and procedures". Care staff and managers we spoke with told us that new employees completed The Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

We found that there was a computerised training matrix, which identified planned training as well as training already completed by care staff. When care staff were due for scheduled training the computer system was programmed to notify managers. A care staff member told us, "Training is regular and we can ask for specific training".

Care staff told us that they received regular supervisions and records reinforced this. One care staff member told us, "I have supervision every 4-6 weeks, but there is an open door culture in between and we can always go to the registered manager or other senior managers. They also understand that we have a life outside of work and that balance is very good". We saw that appraisals were due to be carried out.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) 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. The application procedures where personal care is being provided must be made to the Court of Protection. Although the majority of people using the service had capacity the provider had knowledge of the principles of the MCA. Care staff were also aware of how to support people who may lack capacity and one care staff member told us, "Capacity is about being able to make your own choices or give consent. For instance, can a person tell you what they want or do they need assistance to share their feelings?". Care staff told us that nobody using the service was being deprived of their liberty. We saw that training on mental capacity was carried out.

People told us that staff asked their consent before carrying out care, with one person saying, "Staff always ask my consent before they come in. They then ask me where I want to eat my meal. They seek my choices". A care staff member told us, "I respect when people say no. I document it, let the office know and respect their wishes". A second care staff member told us, "I look for ways for people to give their consent, hand actions, a head shake. Consent can be non-verbal, if a person pushed me away I immediately know they don't want to be touched".

People told us that they enjoyed the food, with one person telling us, "I get a sandwich for tea , the staff do me porridge in the morning , lunchtime is a microwave dinner or pie. I am quite happy with this". A care staff member told us, "Some people are on a pureed diet, soft mash-able diet or need thickeners to make their food easier to swallow. The Speech and Language Therapy [SALT] team will visit people and speak with us to pass on information. The District Nurse also shares information with us and it is then documented in the care plan". A second member of care staff shared, "We will give a person what they want to eat and if a person forgets to eat we will gently prompt to encourage them".

People told us that their on-going health needs were met, with one person saying, "Staff will organise healthcare if needed. I pass information on from my GP and they listen and note it". People told us that if they needed to see a doctor this was arranged without delay. One person told us, "If I was unwell, I am confident that the staff would contact my GP". We saw that visits from health professionals were recorded and that a full medical history of each person was given and medical letters related to appointments and on-going care was kept.

Is the service caring?

Our findings

People told us that the care staff were kind and cared for them well. One person said, "The staff are very kind, they are lovely". A second person told us, "The staff do care, if I ask anything they [care staff] will do it for me, for example to open my curtains, they do it straight away. They [care staff] also ask if I need the toilet". A care staff member told us, "I left my last job and came here because I know how much the staff care for people, it means something".

People told us that they were encouraged to make their own decisions and one person said, "The staff ask me questions like, do you want a meal in lounge or the bedroom? They seek my choices". A relative told us, "The staff really think about people they are very considerate. They always ask, do you want the commode, cup of tea?". A care staff member told us, "People are given choices, we ask what they want for breakfast, what to wear, where to sit?".

People shared that they felt that care staff treated them with respect and dignity. One person said, "They [care staff] take time and don't rush, no one tries to rush. They [care staff] keep doors shut and curtains shut when they help me wash and with personal care. I am very pleased with how they do it and I feel nice and clean". A second person said, "Even though the staff have the key code, they still knock the door. I think that says a lot about them". A relative told us, "Staff are conscious of privacy and do cover people with a towel when washing". A care staff member told us, "I always consider people's privacy and dignity and think about what I would want for myself. I shut the door and the curtains when dressing people".

Where possible people were encouraged to be independent. One person told us, "They [care staff] will say, come on do you fancy doing it [task] and if I can, I will". A relative told us, "The staff do support independence and will do things like offer finger foods which are easier to eat, so they [person receiving service] can try themselves". A care staff member said, "We encourage independence as much as we can. If someone can make a cup of tea we encourage them to do so".

Relatives told us that they had forged positive relationships with care staff and that good lines of communication were open. One relative told us, "We can call up and they [care staff] let us know what we need to know, they [care staff] also call us, they [care staff] are very good". A care staff member shared, "People's friends and relatives we have a good relationship with, we share information with them when it can be shared".

The registered manager told us that should people using the service require an advocate they would go through social services to get them one, however at this time it was not deemed by care staff that anybody using the service was in need of advocacy. Advocates assist people to understand their rights and to express their views regarding decisions made about them.

Is the service responsive?

Our findings

People we spoke with told us that they had been part of developing their care plan. One person said, "I have agreed the care plan with them [registered manager] and went through what I needed to". A second person told us, "We contacted them [office staff] at the start and they [managers] came out to see us and we had an initial interview and then another interview with [managers] and an assessment". A relative told us, "We have care plans, the staff actually came out and did a re-assessment, we always feel involved". We saw that care plans included information on people's needs and the outcome they were seeking. For example a person's mobility outcome was recorded as; to make sure I have all of my walking aids to hand or personal care outcomes. Another person's personal care outcome was; the support I need is to provide a good standard of hygiene, provided in a manner which respects privacy and dignity. Pre-admission information was given alongside the person's medical history. We saw that each care plan was personalised with step by step instructions for care staff and was reviewed within an appropriate timescale and people were involved in their reviews where possible.

People told us that their opinions were respected. One person said, "I don't want a male carer, only a female. I have told them this and that is what I get". People's preferences were recorded such as, preferred language and if a translator was required and if people had religious needs. A life history was supplied which looked at where the person was born, previous careers and likes and dislikes.

We saw that there was a complaints policy in place and where possible people told us that they would use this if needed. One person told us, "They [office staff] have sent out complaint forms if I have any complaints, but don't. We saw that currently a complaint was being looked at in conjunction with the local authority. Information had been shared by the agency with the social worker and this was being investigated. Only one recorded complaint had been received since the service was registered, but managers told us how they would monitor any further complaints for patterns and trends.

People told us that they had been asked their views on the service and that telephone monitoring was in place to check that people did not have any worries. One person told us, "They [staff] phone me every so often from the office to give me a courtesy call to see if I have any complaints etc." We also saw that a process of sending out surveys had recently been introduced. We saw that although some surveys had been returned there was no analysis carried out, as the timescale for people to return them had not yet passed. We saw that of those returned the response was mainly positive, however a few returned stated that staff were not always on time. Managers told us that they will always call people if staff were going to be late and that they would speak personally to respondents of the survey. Staff have to check in with computerised monitoring, so managers are aware of who is late and this is then dealt with, care staff confirmed this.

Is the service well-led?

Our findings

Although some quality assurance had been carried out, there were no on-going checks for trends or patterns and we saw no evidence that any actions had been carried out in relation to any issues raised as a consequence of audits. This meant, for example, if a person had experienced issues with their mobility during on-going visits, this may not have been recorded and noted in the audit and may not have been referred onto family or professionals. The registered manager agreed that audits were not comprehensive enough and they showed us how they would be adapting them for the future and also sent us further information following the inspection.

Care staff told us that should they require it, out of hours support was in place to support staff at weekends, evenings and bank holidays. People using the service also told us that they knew what number to ring should they need to speak to office staff at any time. The registered manager told us that in order to support good practice within the team, care staff received spot checks on their work every few weeks and we saw records to confirm this. Any issues were then discussed further with the care staff member.

People we spoke with were positive regarding their experience of using the service and comments included, "I would recommend the company, it is quite a personal service", "P and T is well run, I would tell anyone to go with them for their care", and, "Absolutely brilliant, could not have better carers, no problems at all".

People were complimentary about the registered manager and one person said, "The managers here are in it for the right reasons". A second person said, "I know the boss, and do see the manager quite often, one [manager] phoned me yesterday. I know who to talk to if I have a problem". A relative shared with us, "They know what they are doing, it's [the service] well led. They [care staff] are in touch quite a bit, if they can't contact me to give an update on [person's name] immediately they will always try again". A care staff member told us, "This place is so well led I love working for this company. I have a lot of support here from everybody". A second care staff member said, "The management don't judge you, you can go to them with anything. There is lots of support and the on call [out of hours service] is managed well too". Care staff told us that the registered manager was open and receptive and they could raise any issues with them and that they were aware that care staff needed to manage their time with their families too.

Care staff told us that they attended staff meetings and one staff member said, "We have team meetings every couple of weeks, we can all speak up and are listened to. Where care staff did not attend the meeting, we saw that minutes were available for them to see afterwards and were accessible. We saw a team meeting taking place during our visit.

Staff told us that they would whistle-blow if they witnessed any practice that they felt was unacceptable. One member of the care staff told us, "I would feel comfortable whistle-blowing". We saw that a whistle blowing procedure was in place for care staff to follow.

The registered manager knew and understood their role for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.

