

Pacific Care Services Limited

Pacific Care Services Limited - Isle of Wight

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Pacific Care Services Limited - Isle of Wight is a domiciliary care agency which provides support and personal care to people living in their own home. 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 10 people were receiving a regulated activity.

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

Risk assessments were completed for people which identified risks but required further detail to ensure staff had the information they needed to mitigate those risks.

Staff had completed training in the safe administration of medicines. People were happy with how they were supported around their medicines. However, medicines systems needed some additional information to improve staff understanding of potential risks to people.

People told us they felt staff kept them safe. Staff understood the importance of safeguarding people, and they knew how to report any signs of abuse, or any accidents and incidents. Staff followed best practice guidelines regarding COVID-19 and the prevention and control of infection.

People told us staff visited as planned and they were punctual. The registered manager and provider had processes for monitoring visits and ensured they contacted people when they were held up or running late.

Appropriate recruitment procedures were in place to help ensure only suitable staff were employed. Staff received an induction into their role and had received appropriate training that equipped them to support people using the service. Staff told us they received opportunities to reflect on their work through discussions with the registered manager and senior staff and felt well supported.

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.

People told us they felt involved in decisions about their care and staff were caring and kind. Care plans contained person-centred information that reflected people's choices, life history and how they wished to be supported.

People were treated with dignity and respect. Staff understood the importance of supporting people to maintain their independence. Staff monitored people's health and wellbeing and sought medical guidance and support when necessary. People were aware of how to raise their concerns and were confident these would be addressed.

People and staff spoke highly of the registered manager and provider and their values were evident through the management of the service. Audits were undertaken to ensure issues identified were acted on swiftly. People's views were sought to monitor and improve the service delivery. The registered manager placed importance of working in partnership with external professionals to make improvements where needed.

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

Rating at last inspection

This service was registered with us on 21 December 2020 and this is the first inspection.

Why we inspected

We carried out a comprehensive inspection, so we were able provide a rating for the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Pacific Care Services Limited - Isle of Wight

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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 29 March 2022 and ended on 6 April 2022. We visited the service's office on 29 March 2022.

What we did before the inspection

We reviewed information we had received about the service since they were registered, including notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records, including seven people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke to five people who use the service and three people's relatives. We spoke to four staff members and sought feedback from the local authority and professionals who work with the service. We reviewed records relating to staff training and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this service. This key question has been rated requires improvement.

This meant some aspects of the service needed improvement and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The registered manager assessed a variety of risks relating to people's health including, nutritional needs, medicines management, mobility and risk of falls. However, risk assessments lacked enough detail to ensure staff had information to care for people safely. For example, one person had a muscle weakening condition. There was no information or guidance for staff to describe the risks associated with the condition or how to mitigate them. This is important to ensure new staff who may not know the person, have sufficient information to provide safe care. Nonetheless, we did not find evidence that harm had occurred to people. We discussed this with the registered manager, who told us they would review and update people's risk assessments to contain further detail and were in the process of working with an external professional to ensure they were in line with best practice.
- People using the service told us staff supported them in a safe way and understood their needs. For example, staff supported them to move safely around their homes and provided equipment to help improve their mobility.
- Environmental risks and potential hazards within people's homes had been assessed and identified and were managed appropriately.

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. However, care records required further detail, to ensure staff administered medicines as prescribed and understood any potential risks. We discussed this with the registered manager and provider who told us they were reviewing their medicines systems with the support of an external professional to ensure safe medicines systems were in place. The plans would enable them to monitor if people had received their prescribed medicines as required and take prompt action if needed.
- People had their medicines administered by staff who had completed medicines training, had annual refreshers and had their competencies checked regularly.
- Care staff recorded when they had administered medicines on the electronic recording system. One person told us, "They [staff] wait and check that I have taken my medicine."
- Information about topical creams people were prescribed was in their care records and medication administration records [MAR] charts. Care records demonstrated this was applied by staff as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. A person when asked if they felt safe with the care staff said, "Oh yes, absolutely."

- There were policies and procedures to protect people from abuse and the registered manager understood their responsibilities. Safeguarding concerns were recognised and reported externally.
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm. One staff member said, "If I had a concern, I would write it down, and report to [registered] manager or deputy [manager]. If I had a concern about management, I would report to safeguarding or CQC."

Staffing and recruitment

- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to safely and effectively meet people's needs and cover their agreed hours of support. The registered manager and provider had been actively recruiting new staff but were safely able to meet people's needs by stepping in themselves to cover people's visits where needed.
- People and their relatives told us staff arrived on time and stayed as long as was needed. Comments included, "They [staff] come on time, if they are a few minutes late they always apologise", "They [staff] turn up on time and stay for the full length of time", "Carers [staff] are always on time and the care provided is of a very high standard" and "If [staff] are running late (which is rare), they will always ring and let me know, it is very reassuring."

Preventing and controlling infection

- The provider had infection control policies and procedures in place to provide guidance to staff on how to reduce the spread of infection.
- Staff had received training in infection control. A staff member told us, "Yes we have done training in infection control and also how to put on and take off our PPE."
- We were assured staff had access to PPE and were using it effectively and safely. People confirmed care staff used PPE when necessary. One person told us, "They [staff] wear masks, gloves and aprons all the time."
- Staff carried out regular COVID-19 tests to help prevent the spread of infection.

Learning lessons when things go wrong

- The provider had a system in place to monitor incidents and understood how to use them as learning opportunities, to try and prevent future occurrences.
- Audits were in place to review all incidents and accidents to ensure any trends or themes identified could be acted upon, to help mitigate risk.
- Information about any accidents or incidents resulting in a change to people's needs, were communicated with staff via private social media, text messages or in person.

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.

This is the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

- People had capacity to make their own decisions. However, the registered manager recognised they may provide a service to new people, who lacked or may have fluctuating capacity for specific decisions, and they would need MCA assessments that reflected this. The registered manager assured us these would be implemented where required.
- People's care plans had a consent record, which people had signed. This clearly described different areas of people's care and support and the person was able to consent to their care.
- Some but not all staff had completed MCA training. The registered manager told us; they were sourcing training for all staff to improve their understanding of the MCA. However, staff recognised people should be supported to make their own choices. One staff member said, "It is so important to support independence and allow people to make their own decisions."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to using the service, an assessment of needs was undertaken to ensure the service could meet the persons' needs.
- People's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process.
- The registered manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- People's current needs were regularly reviewed to ensure they continued to receive the correct level of

support.

Staff support: induction, training, skills and experience

- Staff received training in a range of subjects including first aid, safeguarding, mental health and learning disability awareness and medicines administration, to help them to effectively carry out their role.
- New staff completed an induction and shadowed more experienced workers, prior to supporting people on their own. This gave them the skills and knowledge they needed to undertake their role. One staff member told us, "I felt confident after my induction. I have the confidence to ask silly questions and no one makes me feel embarrassed for asking."
- Staff felt supported by the management team and had supervision and an annual appraisal. The registered manager told us they had reviewed the frequency of supervisions and had plans in place to increase them, to improve staff support further. One staff member commented, "I feel if ever I needed a 1-1 [supervision] I could always have it and ask, but we get loads of support."

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

- People's care plans showed their needs had been assessed in relation to nutrition and hydration and took into consideration their preferences and dietary requirements.
- Staff assisted people who required support, to eat a healthy balanced diet. Where people had specific dietary requirements, staff were aware of their needs. One person said, "The staff help me to prepare my meals and they will always check with me about what I want to eat."

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

- People's health was monitored by staff and they were supported to access healthcare when needed. GP's were contacted with people's permission when needs changed or staff were concerned about people's wellbeing. For example, we observed the registered manager contacting the community nurse service to request an assessment for a person, following observed skin changes.
- Staff liaised with healthcare professionals to seek advice and guidance, so they were working in line with best practice. This ensured individual needs were met safely.
- Care plans included information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.
- People and their relatives told us care staff supported them to access healthcare services when needed. One person told us, "They [staff] would help if I was feeling unwell."

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.

This is the first inspection for this service. This key question has been rated 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

- People and their relatives told us they felt the staff were kind and caring. Comments included, "We have a laugh, they're [staff] all really nice and friendly. I have a good relationship with the staff", "[The service is] very, very good, it's a very caring company and I'm very happy" and "The care staff are always very good, they spend time chatting to [relative], they are respectful, and [relative] really enjoys their company."
- Feedback the service had gathered from relatives about the care and support that their family member received was positive. One relative said, 'Thank you for going the extra mile you were absolute angels on so many levels, thank you for your kindness and support.' Another said, 'You have amazing carers [staff] who are dedicated and sensitive to not only their clients [people], but to their families too, keep up your good work.'
- People received care from the same care workers. There was consistency and continuity with the level of care people received. One person told us, "The service never sends me new carers [staff] without introducing me to them first."
- Staff spoke about people in a kind and compassionate way and gave examples, which demonstrated they had got to know people well and understood their individual needs.

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

- People's care records reflected their life histories as well as how they wished to be supported.
- People's views and wishes were captured by the registered manager during the care planning process and through individual contact. Care plans we viewed demonstrated that people were involved in making decisions about their own care and support needs.
- The registered manager had regular contact with people to seek their views and check if they were happy with the service they were receiving. Records demonstrated formal reviews of people's needs were completed periodically or when people's needs changed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their independence was encouraged. Where people were able to carry out tasks independently this was documented in their care plan. For example, one person's care record described how they were able to wash themselves, but if they were tired, would need additional assistance.
- Staff were aware of the importance of ensuring people's privacy and dignity was maintained and people confirmed this. A staff member told us, "I always give someone a towel to cover themselves, make sure doors are shut and curtains are drawn." A person said, "They [staff] are really good at respecting privacy, they always knock and close the door."

- People's paper care records were stored securely in the office so only staff could access them. In addition, there was an electronic care record system staff used to record daily visits and support provided, which was secure.

Is the service responsive?

Our findings

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

This is the first inspection for this service. This key question has been rated good. 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

- People received care personalised to them and their individual needs. Care plans provided details of people's care needs, including preferences, likes and dislikes. For example, one person's care plan described how they enjoyed a specific type of music, gardening and that they used to own a dog. This enabled staff to understand their interests and have meaningful conversations with them. One person told us, "They [staff] always follow and go beyond the care plan. I have no worries at all and am very happy." Another said, "Staff really understand my needs and know how best to support me."
- The provider used both a paper care plan and an electronic care planning system to capture people's needs. However, they recognised this meant information was not kept in one clear place. The registered manager was working with external professionals to review and make changes to improve their care planning system, so they could improve consistency.
- Staff clearly understood people's needs and the registered manager communicated with them regularly about people's changing needs and the support they required. This meant people's assessed needs and preferences were met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's support plans contained information which showed how they communicated and how staff should communicate with them.
- The provider had an Accessible Information Standard policy, which staff understood. Staff knew people well and understood their communication needs.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints which promoted openness, transparency, learning and improvements. Records of complaints detailed the nature of the complaint and the actions taken to resolve the concerns.
- People and their relatives knew how to contact the office to raise any concerns if they needed to. One person told us, "I would talk to [name of registered manager] if I have any complaints or concerns, I think they would do something about it."

End of life care and support

- At the time of the inspection, no one received end of life care from the service. The provider had an end of life policy, outlining how care should be provided should end of life care be required.
- The registered manager told us they had arranged for some staff to complete training with a local hospice on how to develop end of life care plans and they were starting to develop these for people.

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.

This is the first inspection for this service. This key question has been rated 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

- The provider, registered manager and care staff all had a clear understanding of their roles and how they each contributed to the safe running of the service.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and dignity and respect.
- The provider and registered manager had a process in place to monitor the quality and safety of the service. This included reviewing systems and processes and carrying out unannounced checks on the service being delivered. Although we identified some improvements were required in relation to risk assessments and information about people's medicines, we found no impact on people as staff clearly knew their needs well. The registered manager was very open about seeking advice and guidance from external professionals to help continual improvement of the service and its systems.
- The registered manager and provider understood their responsibilities to notify us of significant events promptly and were aware of their responsibility to report to other partner agencies.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, registered manager and staff team were all motivated to provide the best possible person-centred care and support for people. For example, people's care plans contained information that captured their individual likes and wishes.
- People and their relatives were very happy with the service provided. Comments we received included, "The management are far and above what you would expect. I have never known such kindness. Sometimes I find their kindness quite overwhelming. They are so thoughtful, caring and responsive", "The [registered] manager is brilliant, and always listens", "They are a great service and very responsive" and, "I can't fault them [service], they are 100% better than the previous service I had."
- The registered manager described their commitment to the service they provided and how they wished to progress and expand with focus, on ensuring the provision of good quality and safe care. One person who had used care services for many years, described Pacific Care Services as, "The best care company I have ever had."

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 provider and registered manager understood their responsibilities under the Duty of Candour. The

Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager was working in accordance with this regulation within their practice.

- The provider and registered manager promoted a culture of openness and were committed to ongoing service development. This included seeking the views of people using the service so they could address concerns quickly.

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

- People and families were involved in planning care and support and the registered manager and provider were actively involved in the delivery of care and support to people. It was clear they knew people well and had developed positive relationships. The registered manager told us, "We want to get it right for people and are always open to better ways of working that will mean people get a good service from us."
- People and their relatives we spoke with were all positive about the service. One person told us, "I see the owners [provider and registered manager] regularly and they come and see me. They always deal with any problems and issues I have." Another said, "Pacific care is excellent, it's joyous, all the girls and boys [staff] are excellent, know what they're doing and are good at their jobs." A relative said, "I saw the provider a few times, he was a good chap and kept me informed about things."
- Effective communication between the registered manager, provider and staff supported a good service for people. Staff told us they felt supported in their role and listened to. A staff member said, "I think the service is delightful, I feel supported, we are all there to care for the clients [people]." Another said, "It's not about money for them [provider and registered manager], it's about giving the best care, treating others as you would want to be treated yourself."

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager kept up to date with developments in practice through working with local health and social care professionals. They had recently sought support to make improvements to their service so they could achieve good outcomes for people. The registered manager told us they were keen to continually learn and improve the care that people received. This was in line with the provider's values and culture. An external professional told us, "The [registered] manager appears to be open and transparent and has said he is grateful for any support or suggestions that would help improve the service."
- The registered manager told us they had positive partnership working with local health professionals to agree any changes and assess people's needs. Any issues were identified promptly, and medical intervention sought when required.
- The registered manager regularly visited people to monitor the quality and safety of the service provided. This included a review of areas such as; health and safety, medicines, people's support plans and delivery of care.