

Patience Company Limited

Patience Company

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

Patience Company is a domiciliary care agency that provides personal care and support to people who live in their own home. At the time of the inspection there were nine people who were receiving personal care. Some people were living in shared accommodation called supported living. The three supported living services were under a separate contractual agreement and CQC does not regulate the premises used for supported living. 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

During the inspection we identified shortfalls relating to the recording of medicines and the recording of risks relating to the recruitment of new staff. We recommend the provider seeks best practice guidance in relation to recruiting staff and demonstrating risks have been mitigated through a robust risk assessment prior to the member of staff starting their employment. We also recommend best practice guidance is followed in relation to the recording of medicines administration and there being a clear audit trail of actions taken when shortfalls are identified.

People were supported by staff who undertook testing in line with government guidance. The providers policy relating to the wording of protective eye wear was in need of updating. The registered manager took action to address this following the inspection.

People were supported by staff who had a good understanding of keeping people safe and promoting their independence. Although at times people were supported by staff they might not know very well. The registered manager confirmed they were recruiting new staff which would help address this. Care plans confirmed where people were independent, and staff promoted people to make decision about their care and support. People felt they received safe care.

Care plans contained important information such as how people wished to have their support provided by staff. This included what they liked to eat and their end of life wishes. Where one care plan contained limited information about the person. The registered manager took action during our inspection to update their care plan. The registered manager monitored incidents and accidents and records confirmed action taken to prevent similar incidents from occurring again.

People felt able to discuss any changes to their care needs. Positive feedback had been gained from people through customer satisfaction surveys. People received support from staff who received training, so they had the skills and knowledge to support people.

The registered manager kept up to date with guidance and training and staff felt supported and happy in their roles. Quality assurance systems were in place to monitor staff's performance and competency along

with health and safety and people's environments.

Rating at last inspection and update

This service was registered with us on 2 July 2021 and this was the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting the legal requirements and regulations and to 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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

Patience Company

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 team consisted of one inspector and one Expert by Experience who spoke with people and their relatives on the telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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 notice of the inspection. We needed to be sure the registered manager would be in the office to support the inspection. We also needed to arrange to speak with people over the phone.

Inspection activity started on 5 August 2022 and ended on 12 August 2022. We visited the location's office on 8 & 10 August 2022.

What we did before the inspection

We reviewed information we had received about the service and 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. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and the administrator. We reviewed a range of records which included three care plans, three staff files in relation to recruitment and various staff supervision, training and appraisal records. We also reviewed various policies and procedures, records of staff meetings, complaints, audits and quality assurance documents.

We contacted five staff and gained their views about the service. We gained the views from five people and three relatives' although we could only use two relatives views due to how we regulate the service.

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 newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- Not all people required support from staff with their medicines. We reviewed three people's medicines administration records (MARs). Two people's MARs records were not always completed to demonstrate the person had received their medicines as required. It is important to have complete and accurate records to demonstrate that people have received their medicines as required and if not to record the reason why.

We recommend the provider seeks best practice guidance in the recording of medicines administration and keeps a clear audit of actions taken when shortfalls are identified.

- People were supported by staff who received training in the safe administration of medicines.
- Staff had competency checks conducted to ensure they were competent in the safe administration of medicines.

Assessing risk, safety monitoring and management

- People had their individual and environmental risks identified and recorded within their care plans.
- Care plans contained important information relating to how people wished their individual support to be provided.

Staffing and recruitment

- People were supported by staff who had received employment checks. The registered manager confirmed they undertook a risk assessment should they employ the member of staff prior to all satisfactory checks being completed. No records of this assessment were being completed. This meant there was no evidence to demonstrate any risks had been mitigated.

We recommend the provider seeks best practice guidance in relation to the recruiting of staff and when required the recording of any risks through a risk assessment.

- People were supported by staff who had a completed full Disclosure and Barring Service Checks (DBS). Disclosure and Barring service checks provide information including details about convictions and cautions held on the Police National Computer.
- People felt there were enough staff although at times some people and one relative experienced change's to regular staff which they found unsettling. One person told us, "Always get enough staff". Another person told us, "Normally okay but not enough during the summer times". One relative told us, "There is always a change and it is very difficult and frustrating". The registered manager confirmed they were conducting an

ongoing recruitment drive for more staff and they relied on their existing staff team to pick up additional shifts.

Preventing and controlling infection

- People were supported by staff who undertook testing in line with government guidance to prevent them from catching and spreading infections.
- Staff wore personal protective equipment (PPE) effectively and safely.
- The provider's infection prevention and control policy was not in line with current guidance in relation to protective eye wear. The registered manager took action during the inspection to update their policy. Staff had access to the correct protective eye wear should this be required.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Very safe. They look after me well". Another person told us, "Yes they make me feel safe". One relative told us, "They keep (name) safe".
- Staff received training in how to recognise and report abuse. Staff felt people were safe. One member of staff when asked if they felt people were safe told us, "Definitely, yes".
- The registered manager confirmed they raised safeguarding concerns with the local authority as required.
- Where risks of abuse had been identified, details were recorded in people's individual care plans.

Learning lessons when things go wrong

- The registered manager had an electronic system for recording all incidents and accidents. This included verbal and physical incidents had occurred.
- The registered manager was responsible for monitoring these. Including making any referrals or taking any action required.

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 newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who felt well supported by their team leader and the registered manager. One member of staff told us, "Very happy, I get supervision and support". Records confirmed staff received supervision however this supervision was not in line with the providers policy which confirmed staff should receive supervision, 'At least every 8 weeks'. The registered manager was aware this was an area they needed to improve on.
- Staff had received an appraisal in 2021. The registered manager confirmed staff required an annual appraisal and they were in the process of actioning this in line with when the member of staff started.
- Staff received training prior to working with people. Mandatory training included, moving and handling, equality and diversity, first aid, fire safety, food safety, safe administration of medicines, infection control, mental capacity, safeguarding adults and person-centred care.
- Staff could access bespoke training such as diabetes, death and dying and supporting people with depression which was available in addition to the mandatory training. This meant staff could access training which enabled them to better support people in their individual care needs.
- Staff were supported to complete the Care Certificate and additional qualifications. The Care Certificate, is an agreed set of standards that defines the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff could also access additional qualifications in Health and Social care.

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

- People's care plans contained important information such as their dietary likes and dislikes. For example, one person's care plan confirmed they liked Jamaican food and cheesecake.
- People were supported by staff with their choice of diet. One person told us, "I like my food". Another person told us, "They make nice food. I really like boiled rice and veg. I like it when (staff make this for me)".
- Positive feedback relating to meeting people's dietary needs had been gained through customer satisfaction surveys undertaken in April 2022. Comments from people included, "Good food" and "Yes, I'm happy".

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

- People's care plans contained detailed support plans relating to what support they required and if they had any visual impairment. However, on the first day of the inspection one person's front sheet of their care plan had sections not filled in relating to their hearing, sight, marital status, any religious preferences and if they wished to be known by another name. We raised this with the registered manager. Who took

immediate action to update the front of their care plan with the information.

- Staff received training in equality and diversity records confirmed this.
- Staff demonstrated a good understanding of the protected characteristics of the Equality Act 2010. One member of staff gave an example where they might need to respect someone's preference around the type of meat they ate and to be given time and support to pray.

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's care plans contained information relating to any condition that might impair their capacity. For example, one person's care plan confirmed they required supervision with their well-being. Their care plan then confirmed how staff could support them with this.
- Training was provided to staff in relation to mental capacity. Staff confirmed they supported people to make decisions in relation to their individual care needs. One member of staff told us, "It's their choice. I show them the different options or a picture".

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

- People were supported by staff to attend medical appointments or have referrals made as required. One person told us, "They always help". One relative told us, "Yes they keep me informed and organise all the appointments and phone back's when they need to do so".
- The registered manager and senior staff worked in partnership with health care professionals when the need arose. This included, specialist services such as the community learning disability service and their team of specialists, as well as GP's, nurses and social workers.
- People's care plans contained important information relating to any medical condition.

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 newly registered 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 felt supported by staff who were helpful and kind. One person told us, "Very kind". Another person told us, "The staff always help me". Another person told us, "Happy yes. Staff they're good". One person told us they had experienced staff being grumpy. We fed this back to the registered manager so they could review all people were happy with the support provided by staff.
- People were supported by staff who gave positive examples of how they supported people, respecting their wishes and diversity. One member of staff told us, "We give people healthy choices with their meals". Another member of staff gave examples of when they might need to change the choice of meals to suit the person's individual cultural choices.
- People felt supported by staff who treated them well. One person told us, "Staff do really care about us".

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

- People felt in control of making their own decisions. One person told us, "You can talk to staff and they will help you". One relative told us, "You always get the feeling they want to support".
- Staff gave examples of how they supported people with their daily choices such as what to wear, activities and meal choices.

Respecting and promoting people's privacy, dignity and independence

- People's care plans evidenced that staff promoted people's independence. For example, where people could brush their own teeth this was recorded in their support plan.
- Staff gave examples of how they promoted people's dignity however one person wished to have a female member of staff support them with their personal care rather than a male. They told us this was not always possible. These wishes had not recorded within their care plan.
- People were supported by staff who promoted people's choice and independence. Staff gave examples of how they offered people choice with their daily activities, meals and what they wanted to wear.

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 newly registered 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's care plans contained important information relating to people's individual personal history, medical conditions, family relationships, any dietary requirements including likes and dislikes and how they wished their support to be provided. However, one person's care plan had minimal information relating to the person's personal information. Such as how they wished to be addressed, their eye colour and religious preferences. The registered manager took immediate action to update this information during our inspection.
- People had their care regularly reviewed. For example, reviews were undertaken within the first 4 weeks and 8 weeks. Then yearly or before if their needs changed.

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.

- No-one was receiving care and support who required information in line with the Accessible Information Standards. The registered manager did give an example of how staff support one person who was receiving just support to access the community who also required information in a different language. They confirmed staff had set up picture card prompts to support the person with common phrases and words to help with communication.
- Care plans contained a support plan relating to if the person had any sensory impairment.

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 by staff to access the community, voluntary work and participate in activities.
- Care plans contained what activities people liked to participate in and what days of the week they undertook voluntary work.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and complaints were logged and reviewed by the registered manager.

- People felt able to raise a concern or complaint with the manager or staff. One person told us, "I have never made a complaint. But I would ask the staff to help me". Another person told us, "I would just talk to staff". Two relatives raised some feedback with us as part of this inspection. We shared their feedback with the registered manager so they could look into the feedback we received.
- People's views had been sought through customer satisfaction surveys with if they were happy with the service and if they had a complaint. Although only three people had responded to the survey, comments received were positive. The comments included when asked if happy with their support. People answered, "Yes" and Yes". People felt they were receiving good care and that they would recommend the service.

End of life care and support

- No one at the time of the inspection was receiving end of life care.
- Staff had received training in order to support people who are nearing their end of life.
- People's care plans explored people's end of life wishes. This included for example any funeral wishes and arrangements. Where people had chosen not to express their wishes this section recorded no wishes confirmed at that time.

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 newly registered 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

- During our inspection we identified shortfalls relating to the recording of medicines on two people's MARs records. The registered manager undertook monthly audits of people's medicines records. They confirmed where issues were identified they addressed this with staff directly and additional training was provided if required. There was a system in place to assess the staff competency in administering medicines to people. Competency checks were undertaken prior to staff being signed off as competent to administer medicines. They were then carried out yearly. This ensured staff were competent and skilled at administering medicines to people.
- Quality assurance systems were in place that checked; health and safety, care plans, incidents and accidents, complaints, petty cash, communication and management meetings, including any actions required.
- The registered manager understood their responsibilities and when to make a notification to CQC. A notification is a legal requirement where the service must inform the Commission on a certain event or incident.
- The provider had a clear set of standards in which people could expect. These included, to 'Offer skilled care to enable people supported by us to achieve their optimum state of health and well-being. Treat all people supported by us and all people who work here with respect. Support individual choice and personal decision-making as the right of all Service Users. Respect and encourage the right of independence of all Service Users'.
- The provider's values were, 'We value equality, diversity, and inclusion and therefore we support and employ people regardless of their Nationality, Gender, Race, Religion, Sexuality, Disabilities and Abilities. We respect the dignity and confidentiality of our clients, by providing diverse and personalised care and support as required for purpose. We recognise that the right to privacy includes the right to respect the confidential nature of information relating to the individual, family, and friends.

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

- People's views were sought through customer feedback surveys and care plan reviews. People were happy with their support and the quality of their care. Comments from people included, 'They are reliable. One to one support it is good' and 'Good food and good cleaning support'. People were asked if they were happy with the quality of their care and if they would recommend the service. They replied, 'Yes, I would

(recommend)' and 'Yes' and 'Yes, (happy with the care)'.

- Meetings were also held by staff within the supported living services where people's views were sought on topics such as menu planning.
- Staff views were sought through satisfaction surveys. Staff were happy with the culture of the organisation, the leadership and the support they received. Comments included, 'Very good leadership in terms of handling and managing problems'. 'Work environment is very friendly and helpful' and 'My manager gives their best every day and I am extremely happy'.
- The registered manager sought feedback from health care professionals. Compliments included the positive work where staff were supporting with activities, organising where the person lives and improving the situation for the person. Comments included, 'We've kept communicating and worked together to do the best for (person's name). Thanks to the whole house team for all that you have done'. Another compliment included, 'I just wanted to say how organised the house looks and how nice the staff are. (name of person) seems so happy and settled. I just wanted to say thank you for the hard work of making things so much better'.

Continuous learning and improving care; Working in partnership with others

- The registered manager was supported by the service managers and a quality assurance lead. The management team held regular meetings with staff so information could be shared. Staff told us they felt supported.
- The registered manager continued to monitor incidents and accidents and support people to improve their care by working with health care professionals.
- The registered manager attended forums and kept up to date with changes through briefings and meetings. They undertook training which was also shared with staff to ensure they were up to date with any changes.

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

- The registered manager spoke highly of people and staff felt supported.
- Staff were happy working for the service, and they felt it was a nice place to work. One member of staff told us, "Very happy. Good support, I can express any concerns and they deal with them".

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 worked in partnership with health professionals so they could provide people with the right support.
- One health care professional confirmed whilst working with the service they had experienced a positive attitude and improvements had been made by the service whilst working with them.