

Exhilaro Ltd

Princess Homecare

Inspection report

Princess Place
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Tel: 01793381000

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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

Princess Homecare is a domiciliary care agency. It provides personal care to older adults living in their own houses in the community. Not everyone using Princess Homecare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of this inspection, Princess Homecare was supporting three people.

We carried out this inspection on 22 November 2017. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure someone would be available to assist with the inspection. This was the agency's first inspection, since its registration in March 2017. This was because changes had been made to the organisation and a new company was developed.

There was a registered manager in post. They were registered with CQC in March 2017. 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 throughout the inspection.

People felt safe and were very happy with the care they received. They liked the caring nature of staff and said the service was reliable, with no concerns about late or missed calls. People were supported by the same staff who knew them well. This ensured consistency and enabled staff to identify any small changes in the person's health or overall well-being.

People were supported with meal preparation if required and encouraged to lead healthy lifestyles. They were involved in developing and reviewing their care plan, making decisions and consenting to their care. Their rights to areas such as privacy and dignity were promoted. People were aware of how to make a complaint and felt any concern would be properly investigated.

Whilst people's medicines were safely managed, there was not clear guidance for staff in relation to those medicines to be taken "as required". Other risks which impacted on people's safety had been identified and addressed.

People had detailed care plans in place. All had been rewritten using a new format to ensure sufficient detail was available. Other documentation such as management plans had been developed. People's care was regularly reviewed and improvements had been made to the information documented within daily records.

There were enough staff to support people effectively. More staff would be recruited as the agency expanded. New care packages were to be accepted on a planned basis in order to build the service slowly and safely.

Improvements had been made to the culture of the service and other systems such as auditing, staff training and support. The registered manager was passionate about learning and development and saw the service as constantly evolving. Other processes such as recruitment were well managed.

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 ●

This service was safe.

There were enough staff to support people effectively.

Risks to people's safety had been identified and addressed.

People's medicines were safely managed but there was no guidance for staff regarding the administration of "as required" medicines.

Safe recruitment practice was in place.

Is the service effective?

Good ●

This service was effective.

People were encouraged to make decisions and the processes were in line with the Mental Capacity Act 2005.

Staff were well supported and improvements had been made to their training.

People received support to eat and drink and lead healthy lives.

Is the service caring?

Good ●

This service was caring.

People were positive about the caring nature of staff.

People's rights to privacy, dignity and independence were promoted.

Is the service responsive?

Good ●

This service was responsive.

People received support which was responsive to their needs.

People had a detailed, well written support plan in place, which they helped develop.

Complaints were properly investigated and used as a tool to develop the service.

Is the service well-led?

This service was well-led.

The registered manager was proactive and committed to their own learning and that of others.

Improvements had been made to the culture and systems of the service.

A series of audits to assess quality and safety had been implemented.

Good ●

Princess Homecare

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.

Princess Homecare is a small domiciliary care agency who at the time of the inspection was supporting three people. People may have a physical disability, sensory impairment, a mental health condition or be living with dementia.

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to ensure the registered manager would be in.

Inspection site visit activity started on 23 November 2017 and was completed on 5 December 2017. During this time, we visited two people who used the service and a relative/friend of a person. We spoke to two members of staff and contacted four health and social care professionals for their views about the service, two of which responded. We visited the office location on 23 November 2017 to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection was undertaken by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

Processes had been developed to enhance people's safety. The registered manager told us they had undertaken additional training to equip them for their role of safeguarding lead. They said they had established links with the local safeguarding team and would ring for advice or to discuss any concerns they might have. Staff had completed safeguarding training and additional discussions about abuse had taken place. This included different scenarios and the importance of reporting any concern, so it could be managed in accordance with safeguarding procedures. Staff said they had completed safeguarding training and would report any concerns to the registered manager. People told us they had no concerns about their safety.

Assessments identified potential risks and what action was required to promote safety. The information covered areas such as nutrition, mobility and pressure ulceration. One record instructed staff to be very careful when moving a person with the hoist. This was because the person's skin was thin and easily bruised. A staff member confirmed this and said they took care not to knock the person's legs, whilst moving them in a wheeled commode.

There were policies and procedures in place regarding accidents or incidents. The registered manager told us the information had been discussed with staff and they had signed to evidence their understanding. They said there had not been any accidents or incidents although a concern had been raised regarding a person's property. The registered manager explained whilst the concern had been a misunderstanding, there had been associated learning and measures were put in place to minimise further occurrences.

Information sent to us before the inspection, showed there had been a high number of medicine errors. The registered manager said this was because staff had not fully completed all aspects of the newly introduced recording form. They confirmed the shortfalls had not impacted on people's safety. The registered manager said additional training was given and no further shortfalls had been identified.

There was a list of the person's prescribed medicines in their care plan. The record showed one person had medicines to be taken "as required" but there was no detail to inform staff of its administration. This did not ensure the medicine was given as prescribed or to ensure maximum effectiveness. Another medicine had been recorded as an "as required" medicine but it was prescribed to be taken daily. This inaccurate recording meant there was a risk the person did not receive their medicine, on a regular basis, as prescribed. The registered manager said they would address these issues without delay. Staff had appropriately signed the record to show when people had taken their medicines. One member of staff told us any concerns about a person's medicines would be discussed with family or the GP. Records showed the medicine's policy had recently been updated in line with The National Institute for Health and Care Excellence (NICE) guidelines.

There were enough staff to support people effectively. The team consisted of five care staff who knew people well. There were no concerns about late or missed calls. One member of staff told us they had sufficient time with people and did not need to rush from one to another. They said people's care was very relaxed. The registered manager confirmed they had capacity to meet people's needs effectively. They said

more staff would be recruited as the agency expanded. They were clear they would not accept any new care packages, if they did not have the staff to support each person effectively.

Safe recruitment practice was being followed. However, one personnel file did not contain a reference to show the applicant's character or past work performance. The registered manager was able to locate this, as soon as it was brought to their attention. All other information to demonstrate safe recruitment was available. This included an application form and a Disclosure and Barring Service disclosure (DBS). This check showed the applicant had suitable characteristics to work with vulnerable people.

Systems were in place to minimise the risk of infection. Staff told us they had recently completed infection control training. One member of staff said an ultra violet light machine was used to emphasise good hand washing techniques. They said they had recently taken the infection control lead and had additional training scheduled to help them undertake the role more effectively. Staff said they supported people with good hygiene practice and completed housekeeping tasks, to minimise the risk of infection. They confirmed they had the required protective clothing to do this.

Is the service effective?

Our findings

The registered manager told us a detailed assessment was undertaken when a new person was referred to the service. This included meeting the person, their family and any other involved parties such as friends and the GP. Information had been developed to assist with the person moving between services, such as going into hospital. The information gave a summary of the person, which included their health and personal care needs.

People told us they were able to make decisions and consent to their care. Staff confirmed this and gave various examples of how they supported people. This included enabling people to choose their clothing, their meals and what support they required. They said with one person, it was important how they phrased questions, to promote decision making. Staff said another person would show through their body language and gestures, if they did not wish to continue with their personal care routine.

The registered manager told us they had undertaken a lot of work around the Mental Capacity Act 2005. Staff had received additional training and had been given prompt cards. This enabled them to refer to the main principles of the Act when required. The registered manager said they had identified representatives, who could legally act on a person's behalf. Records to evidence this responsibility, had been gained and were in people's care plans.

One person had been assessed as lacking capacity to make certain decisions. The registered manager told us best interest decisions were made following discussions with a wide range of interested parties and previous knowledge of the person. Another person had bed rails in place, which they had consented to using. Documentation evidenced this. The registered manager told us the person chose to use the bed rails, as it made them feel safe. They said this would be reviewed if any changes in the person's capacity were identified. The registered manager told us the daily records had been amended to show people had consented to any changes in their support.

People were supported with meal preparation and to lead healthier lives. There was an emphasis on good nutrition and hydration. For example, one person ate very little and had food supplement drinks. Staff had recorded the person's nutritional intake and if this was low, further alternatives had been offered. Staff said they always made sure the person had a drink and a snack, by their side. Another person received nutritional meals, which were all cooked from scratch, due to the timings of their support. The registered manager told us staff promoted exercise and movement, as part of people's daily routines. This included one person picking up their cup rather than holding it for them. They said another person's morning support took place at a certain time, so they could be ready for the day and undertake their shopping.

People were supported by staff who knew them well. One person said "she's like a friend to me". The consistency had enabled positive relationships and staff were very aware of people's needs and preferences. One member of staff said "I've been going to [person's name] for years". They said this enabled them to identify any small changes in the person's health and wellbeing. Staff told us if a person was unwell, they would notify the registered manager, their family or GP. They said an occupational therapist had been

asked to visit one person, due to changes in their mobility. The registered manager told us if required, staff would accompany people to attend appointments or be present to give support when professionals visited them at their home.

New staff were supported to undertake a nationally recognised induction programme. In addition, they undertook a range of training and "shadowed" more experienced members of staff until they felt competent to work on their own. The registered manager told us staff usually "shadowed" others for about a week. This enabled them to get to know people they would be working with and become familiar with their role.

The registered manager told us more recently, they had arranged much more "face to face" training for staff. They said they continued to use "on line" training but this was more to "top up" staff's knowledge in the form of refresher training. Records showed recent training staff had completed included nutrition, managing challenging behaviour, catheter care and moving people safely. Each certificate showed the areas, which had been covered in each course. There was a list of updated training which was to be scheduled. The subjects had been colour coded to show the level of priority.

Staff told us a large amount of training was undertaken particularly, when the changes in the agency's registration took place. This included weekly discussions and more formal training sessions on a variety of subjects, relevant to their role. The staff member said the frequency of training had reduced, as improvements had been made to the agency. They said there were now monthly sessions although they could ask about anything they were not sure of. The staff member said within recent 'moving people safely' training, they had found the model of a spine and how it worked, fascinating. They said it helped them to think of their own safety, as well as those people they supported.

The registered manager told us knowledge and practice had improved as a result of the training undertaken. This said this had particularly applied to record keeping. Staff had been given prompt cards of subjective words, which should be avoided, to help them when writing daily records. One member of staff confirmed "happy" was a word on the list. They said they had got better at thinking about what they were writing and how this was portrayed.

Staff told us they worked well as a team and felt well supported. They received informal support on a day to day basis through discussion and also met with the registered manager to discuss their work. Records of these meetings were maintained. The registered manager told us they had recently updated the recording formats, as they felt more detail was needed. The information showed comprehensive discussions had been held with staff about their work. The registered manager told us all staff were receptive to constructive criticism and were willing to develop.

The registered manager told us innovative ways of using technology in the service had been considered. As a result, an app on staff's mobile phones had been introduced to enhance communication. Restrictions such as data protection had been taken into account and information had been coded, which ensured there were no personal or recognisable details. The registered manager said the app had been invaluable, in keeping staff up to date with information they needed to know. In addition, it had led to staff spending more time with people. This was because they no longer needed to read detailed information within daily records before providing support. The registered manager told us people had the equipment they required. They said they had considered offering support with video calling, to enable people to keep in touch with more distant family and friends. However, those people supported did not need this, at that time.

Is the service caring?

Our findings

People told us they liked the caring nature of staff. One person told us the staff were all very good. Another person said they liked seeing the staff. They said staff were "very nice, helpful and friendly". A relative/friend confirmed this. They told us "nothing is too much trouble" and "staff will go out of their way to help". They said staff were very caring and committed to the people they supported. An external health/social care professional was equally positive about the attitude of staff. They said "[the staff member] is lovely. They do the job through maternal love". Another external health/social care professional said "staff know people inside and out".

The registered manager told us staff were naturally caring and "massively compassionate". They said all staff had people "at the centre of everything" they did and were devoted to provide high quality care. The registered manager said staff always "put people first" and felt they had a responsibility to give people what they needed. They said this was achieved as staff "wanted to care and do a good job". The registered manager told us as a result of this, they were always impressed by the interactions they saw. One member of staff said they took items from their garden to a person who liked flowers. They said "we do things to make people feel better".

To build on staff interactions and the caring culture, training in relation to equality and diversity, person centred care and dignity in care, had been undertaken. One member of staff told us the agency was good at providing individualised, person centred support. They said people's views were respected and their rights promoted. Another member of staff said they were guided by what the person wanted. This included whether the person wanted to have a full body wash in the bathroom or just support with their hands and face in their bedroom. The registered manager told us they had done a lot of work regarding people's lifestyles and associated judgements. They said it was important for staff to realise they could not put their values on to others but accept people as they were.

People's rights were promoted. However, contact details of the agency, were displayed on one person's front door within their sheltered housing complex. This did not promote their dignity or ensure confidentiality. The registered manager told us the person and their family had requested this, when the person had not been well. They said it had just continued but would be reviewed with those concerned.

One member of staff told us promoting people's privacy and dignity was "second nature". Another staff member said it was something they did all the time. They gave an example of using a peg to secure a person's curtains, as they were not wide enough to cover the whole window. Staff told us they always made sure people were properly covered during personal care. They said they respected the person's home and always called out when entering.

Staff were aware of people's communication needs. One member of staff used short sentences and ensured they were looking straight at the person whilst talking to them. They encouraged the person to "put their thumb up" if they understood or were happy with the information. The member of staff gave the person time to time to think about and answer any question asked of them. Another member of staff said some people

were able to communicate their needs but others were given signs as a prompt. This would include choosing between two items or showing an object, such as a flannel and then directing where it was to go. The registered manager told us they had given accessible ways to communicate with people consideration. However, they said at the time of the inspection, existing strategies were working well. They said they would develop this further, when new people began to use the service.

Is the service responsive?

Our findings

People told us they were happy with the support they received. They said staff helped them with what they needed and were always on time. A relative/friend told us they had no concerns at all with the care provided. They said staff were reliable, which meant there were no worries about late or missed visits. They said the support the person received, enabled them to live as independently as possible.

The agency was responsive to people's needs. One member of staff said the agency was flexible and provided support at a time that was suitable to the person. They said changes could be made at short notice to accommodate private appointments. The agency had a vehicle, with disabled access to accompany people to appointments or for a social occasion. There was an on call service, which people could use at any time during the day or night. One member of staff told us this was for advice, general support or for tasks such as collecting a prescription. They said the service would do other tasks, outside of the person's planned support, as required.

Staff said they gave themselves time, so they were never late arriving to support a person. They said they were aware of people's needs due to knowing each individual so well. Staff told us they aimed to promote independence and encouraged people to do as much for themselves as possible. One member of staff told us they enjoyed the work as it enabled people to remain at home, rather than moving to residential care.

Each person had a detailed, well written care plan. The plans demonstrated the person's preferences, needs and the support required. Some of the information was colour coded for easy reference. For example, the requirements of the morning visit were colour coded differently than the person's lunchtime visit. All showed a detailed account of the person's preferred routines.

The registered manager told us all care plans had been re-written in a new format. They said the format had been introduced to ensure sufficient clarity was captured. In addition, management plans, including pain management had been developed and there was a new skin integrity form.

The registered manager told us whilst care plans had been improved, there was further work they wanted to do. This included ensuring the information was written in the first person and evidencing those who were involved in the development of the plan. They said they also wanted to include areas such as what made a good and bad day for the person.

People's support had been regularly reviewed. Records showed a further review date, to ensure this took place and was not missed.

The registered manager told us staff were very good at providing 'end of life' care. They said they were experienced and showed empathy and compassion, in a caring but professional way. The registered manager said staff worked well with other agencies such as the community nurses and liaised with family members as required. One member of staff confirmed this and said they had excellent support and worked well to ensure a person was comfortable and pain free at the end of their life.

Whilst the end of life care people received worked well, the registered manager said they had identified the level of detail within people's care plans could be improved upon. They said they had researched end of life care and had found documentation they could adapt. This would ensure staff were aware of information such as who the person wanted to spend their last hours with and what atmosphere they wanted. The registered manager told us staff were aware of people's religious or cultural needs but they wanted to expand on the smaller detail, towards the end of a person's life.

People, their relatives and friends knew how to make a complaint. They said they would do this by informing staff or calling the office. People were confident any concern would be properly investigated and resolved. The registered manager told us they had an open approach to complaints and any raised would be used to improve practice. They explained one concern had been recently raised, fully investigated and resolved.

Is the service well-led?

Our findings

The registered manager commenced their role in March 2017. Since this time, they had developed management systems, processes and the culture of the agency. They had reviewed and improved staff training and support, introduced a new care plan format and developed clearer reporting procedures. To enhance the management structure, additional team members had been recruited. There was a new compliance manager and a quality manager. The compliance manager was predominantly responsible for development and auditing. The quality manager delivered training and provided guidance on practice and regulation. The registered manager told us the management team complemented each other and had a good range of skills. They said each member of the team was open and transparent and wanting to improve the service further. One member of staff told us the registered manager was doing an excellent job. They said they were "really developing the service".

The registered manager was professional and showed a clear desire to learn and further develop. An external health/social care professional confirmed this. They said the registered manager was very receptive and always "looking for ways to improve the service by ways of learning and development for herself and her staff". They continued to say the registered manager was very proactive in gaining relevant information to their role and wanting to increase their knowledge and skills. The registered manager told us they were undertaking a management and leadership qualification and undertook any other training they thought would be useful. They attended different conferences and learning networks, which involved guest speakers and an opportunity to meet with other managers and providers. The registered manager told us it was important for any learning to be taken back to the service. They gave an example whereby a session from a physiotherapist helped them further improve the falls risk assessments in place.

An external health/social care professional told us the registered manager had set up an on line support network for managers. The registered manager confirmed this. They said they had done it to generally enhance their support and development, with the aim of sharing ideas, challenges and learning. The registered manager told us the network was steadily growing and proving a worthwhile resource. One member of staff said the registered manager was very forward thinking. They thought it was positive that champions were being developed. This involved each member of staff developing a specialism or interest and improving practice as a result. The registered manager confirmed they were currently meeting managers of other services, with an aim to share champions. They said they believed this would be a valuable sharing of resources.

The registered manager had spent time looking at our methodology. They had reviewed the new key lines of enquiry and considered which areas the team did well and which required further development. The registered manager told us they had discussed the information with staff and had printed copies for them to "flick through". They said they revisited the information during formal support meetings with the team. The registered manager told us policies and procedures were also discussed. These had been recently reviewed in line with best practice and current guidance. However, the supervision policy stated the sessions should be carried out at "timely intervals" and a "timely basis". This was not specific or measurable. The policy also stated supervision would involve "confidential discussion". The registered manager told us they would

clarify this to show if there was content of a serious nature, the information would need to be reported.

A range of audits had been developed to assess the quality and safety of the service. These had been arranged to give an overall schedule for the year ahead. The audits so far had covered support plans, daily recording and medicine administration records. The registered manager told us staff had been asked to comment on the recording formats they were using to ensure they were "fit for purpose".

Records showed the competence of new staff was assessed during their period of induction. In the event of any identified gaps, additional support or training was offered. After the training, the member of staff was re-assessed, to ensure they were competent in their role. Staff were encouraged to evaluate the training they received to ensure it was effective and "fit for purpose". The registered manager said their role and that of the agency was continually evolving so any feedback to assist with this was welcomed.

The registered manager had a clear plan for sustainability. This was particularly important as the service was currently very small. They said they were aiming to keep it this way until they were confident all improvements made, were fully embedded. They said any new care packages would be accepted on a planned basis and this would work in line with the recruitment of new staff. In addition, the number of management hours would increase although would be flexible to meet the needs of the service.