

Prelle Healthcare Limited

Prelle Healthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Prelle Healthcare is a domiciliary care agency providing personal care in people's own homes. At the time of our inspection the service was providing support to 41 people. 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

People spoken with told us they felt safe and had no worries or concerns. Staff had undertaken safeguarding training, so they had the knowledge to keep people safe. We made a recommendation to the registered manager about safeguarding.

People had individual risk assessments in place so staff could identify and manage any risks appropriately. However, records did not show some people's risks were being regularly reviewed.

The registered manager told us they understood the requirements to notify CQC. However, they had not informed CQC when the office address and contact details had changed. We also found the contingency plans to cover for senior management absence required improvement to ensure checks were completed on a consistent basis. The registered manager told us they had appointed another senior member of staff to ensure checks were consistently completed.

People told us they were supported with their medication appropriately. However, we found some people being supported with their medicines did not have a medication care plan in place. Training records seen showed staff were provided with training in infection control. All the people and the relative spoken with told us staff were wearing their personal protective equipment.

The service had a process in place for staff to record accidents and untoward occurrences. There was not sufficient evidence to show the action taken or monitoring by the registered manager. There were planned and regular checks completed by the senior managers to assess and improve the quality of the service. However, we found further improvement was required in the auditing of people care plans.

There were robust recruitment procedures in operation to promote people's safety. There were enough staff employed at the service, so people were supported by regular care workers and experienced continuity of care.

Staff received induction and refresher training to maintain and update their skills. Most care staff spoken with felt well supported. They told us their calls for assistance or guidance from the office based staff were always answered.

All the people spoken with were very satisfied with the quality of care they had received. One person said,

"I've never had to complain about this company as they look after me very well indeed. Overall, it's a good service provider and I can't think of anything to improve." The relative spoken with made positive comments about the care their family member had received.

People knew who the registered manager was and knew they could ask to speak with them if they had any concerns. People were supported with their health and dietary needs, where this was part of their plan of care.

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.

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

Rating at last inspection

The last rating for this service was good (published 27 February 2020).

Why we inspected

We received concerns in relation to the management and safety of the service. As a result, we undertook a focused inspection to review the Key Questions of Safe, Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prella Healthcare on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to the management of the service at this inspection.

Since the last inspection we recognised that the provider had failed to notify of changes. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Prelle Healthcare

Detailed findings

Background to this inspection

The inspection

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

This was a focussed inspection. The information received by the CQC indicated concerns about the management and safety of the service. This inspection examined those concerns.

Inspection team

The inspection was carried out by two inspectors and one Expert by Experience. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave a short period notice of the inspection because the location provides a domiciliary care service and we needed to be sure someone would be available to support us with our inspection.

Inspection activity started on the 11 March 2021 and ended on 26 March 2021. We visited the office location on the 18 March 2021.

What we did before the inspection

We reviewed the information we held about the service, which included correspondence we had received

and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted social care commissioners who help arrange and monitor the care of people using Prella Healthcare. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided by telephone. We spoke with five members of staff including the registered manager, deputy manager and three care staff.

The registered manager sent us a range of records prior to our visit to their office location. This included records relating to the management of the service, including policies and procedures. This enabled us to review these records and reduce our time at the office location.

We reviewed a range of records. This included three people's care plans, risk assessments and medication records. We also reviewed the systems in place to monitor the quality of service provided to people using the service. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection

We obtained clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. Comments included, "Prelle have been with me two years, and I feel safe in their company" and "I know my regular carer well and I feel safe around them with the occasional different ones who do a good job as well. It's not often that they're late."
- Staff had undertaken safeguarding training, so they had the knowledge to keep people safe. Records showed that staff reported incidents to the office if they occurred and they were logged.
- The registered manager told us they monitored and analysed any incidents and identified any learning. The service's incident log held a brief description of each incident and action taken by staff, but it did not sufficiently evidence the action taken by the manager or oversight.
- The registered manager had not made any safeguarding referrals since the last inspection. The registered manager told us they understood their responsibility to report safeguarding incidents as required and in line with safe procedures.

We made a recommendation to the registered manager to report one recent incident to the local safeguarding authority as staff suspected abuse maybe occurring.

Using medicines safely

- People told us they received their medicine safely and at the right time. However, records showed that some people who were supported with their medicines did not have a medication care plan in place. It is important an assessment of people's risk related to medicines is completed and a plan of care is in place.
- People had individual medication administration records (MARs). We did not observe the administration of medicine, however, we looked at a selection of MARs and saw these were complete with no gaps.
- Staff had completed medicines training and their competency had been checked.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and a range of risk assessments were completed. However, records did not always show people's risks had been regularly reviewed. This was a lack of documentation and did not impact on people using the service.
- Records showed staff reported changes in people's needs. Staff told us they could contact the office for additional support at any time. Care staff told us the on-call system at the service worked well.
- People and the relative spoken with told us they would contact the office if they needed assistance. One person said, "I have a number to call for the office if I need to contact them, but not needed to do this yet."

Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff. The provider's recruitment policy required updating. We shared this feedback with the registered manager.
- There were enough staff deployed to ensure people received safe care. People and relatives told us care calls overall were delivered on time and they had not experienced any missed calls.
- People told us they consistently received care from the same staff. This helped to build positive relationships and provide consistency of support. Comments included, "I am very comfortable and I do feel like I can speak to the carers if I have any issues or concerns without conflict" and "Communication is flowing well between us all and everybody visiting from this care company have all been very nice, I never have to complain."

Preventing and controlling infection

- People were protected from the risk of infection. Staff received training in infection control and understood their responsibilities.
- Personal protective equipment (PPE) was available for staff. The registered manager told us they had good supplies of gloves, aprons and masks.
- People and relatives told us staff were wearing their PPE on all their visits. Comments included, "Staff visit us wearing full PPE and that makes mom feel safe" and "My carers wear gloves, masks and aprons and work well here caring for me."

Is the service effective?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The assessment of people's needs and choices was used to develop written care plans and risk assessments. Protected characteristics under the Equality Act were considered. People told us they had a care plan and could ask for changes if their needs changed.
- People and the relative spoken with told us they were actively involved in their care planning. People told us they had a written care plan and could ask for changes if their needs changed.
- All the people and the relative spoken with made positive comments about the quality of care provided and the staff. Comments included, "I will always say if anything is incorrect so they can improve it for next time, but I would a hundred percent recommend this service because it's been really beneficial for me and to those who may need it," "I'd have no problem recommending Prella Healthcare to those looking for care because staff are absolutely excellent with what they provide" and "I've never had to complain about this company as they look after me very well indeed. Overall, it's a good service provider and I can't think of anything to improve."

Staff support: induction, training, skills and experience

- Most care staff spoken with felt supported.
- Staff completed an induction training programme and shadowed experienced staff. Staff new to care were required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed staff had completed training relevant to people's needs. People and relatives spoken with did not have any concerns about the training of staff.
- There was a system in place to ensure staff received regular supervisions and support. The registered manager was in the process of completing some overdue staff supervisions. We were told these were overdue because the registered manager had an unexpected absence at the beginning of the year.

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

- People were supported to receive a balanced diet. This took into consideration their preferences and dietary requirements. There were details in people's care record showing their needs had been assessed in relation to nutrition hydration.
- People told us where staff were required to provide them with food and drink, their personal preferences were offered.

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

- The service had processes for referring people to other services, where needed.
- The registered manager told us they sought advice from community health professionals such as the GP, occupation therapist and district nurse. This process supported staff to achieve good outcomes for people

and to help people maintain their health.

- People were supported to attend health and other appointments, if family members were unable to do so.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA.
- At the time of the inspection none of the people supported by the service had a Court of Protection Order in place.
- Care staff had received training in the MCA. People told us care workers consulted them and asked for their consent before providing care and support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager told us they understood the requirements to notify CQC of incidents of concern. However, they had not informed CQC when their contact details had changed, to ensure they could respond to requests for information from the CQC.
- The service has not achieved a rating of good for the key question Well-led since they were registered in 2017. We found there had been improvements to quality assurance systems since the last inspection. However, we found further improvement was required to ensure there were robust systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. For example, the system in place to ensure people's care plans and risk assessments were regularly reviewed required improvement. Some people using the service did not have a medication care plan.
- The registered manager told us the service's audits were overdue due to their unexpected absence. This showed the current contingency plans to ensure the service was consistently managed and well-led required improvement. The registered manager told us an additional senior staff member had recently been recruited to support the deputy manager. Part of their role would ensure audits would be completed on time.
- The registered manager told us they monitored incidents so lessons could be learnt and improvements made. However, there was insufficient evidence to show the registered manager had evaluated all incidents and the action they had taken. We also found the system in place to respond to concerns from staff about their safety also required improvement.
- We found concerns about a mobile application being used by staff to communicate information. Staff required further guidance on the type of information they were sharing and how to share the information to safeguard people's personal information. The registered manager took immediate action in response to these concerns. They reviewed the relevant policies and procedures and sent guidance to staff.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they understood the requirements to notify CQC of incidents of concern. However, they had not told us about changes to the organisation which they were required to tell us about. For example, the change of name and address. This resulted in a fixed penalty notice being issued to the provider.

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

- We received positive feedback from people and one person's relative about the person-centred care provided by the service.
- People were confident they could raise any concerns or tell staff how improvements could be made.
- The registered manager understood their role and responsibilities in relation to the duty of candour. This is a set of expectations about being open and transparent when things go wrong.

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

- During the pandemic the registered manager had sent out letters to people providing reassurance. The service had adapted ways of working to still involve people and relatives in the planning of care and to maintain social distancing.
- People told us they were treated with respect and promoted to be as independent as possible. One person described how supportive staff had been during the pandemic. "The service is really helpful during this pandemic and I don't know what I would do without them to be honest. We have a chat and find out if I'm okay or not."
- Most care staff spoken with told us senior managers were approachable and supportive. One staff member felt senior managers were not always supportive and understanding if staff needed to take time off. Staff told us the service held staff group meetings and senior managers used a mobile application to send them information.

Working in partnership with others

- The service had links with the local community and key organisations to the benefit of people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured the systems to assess, monitor and mitigated the risks relating to the health, safety and welfare of service users and others were effective in practice.