

Prestige Healthcare Solutions Ltd

Prelle Healthcare

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?	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 the inspection the service was providing care and support to 27 people.

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

We saw clear evidence of continued improvement at the service and the registered manager was invested in delivering a high-quality and person-centred service. Most feedback from the previous inspection had been acted on by the registered manager; however, other points of feedback such as embedding systems for advanced care planning had not been progressed at all. Audit processes generally supported good service delivery, but further minor improvements were needed to ensure these were effective at promoting consistently good practice across the entire service. Although improvements were identified, we found no evidence to show this impacted on people's care and the feedback we gathered from people and relatives about the standard of care was very positive.

Staff were trained to identify and report any safeguarding concerns. Risks were assessed, and staff followed guidance to safely support people. Staff were recruited safely and attended calls to people in their own homes on time and stayed for the duration of the call. Medicines were safely managed.

People were supported by staff who were competent and skilled. Staff asked people for their consent before providing them with any care. People who used the service 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. Assessments were carried out to ensure needs could be met. Assessment captured people's choices, preferences and personal support needs.

People consistently told us staff were kind and they received support from the same core group of staff, which promoted good continuity of care. Staff provided personalised support and actively encouraged people's independence whilst delivering care. People's care plans provided clear instructions for staff to follow on how to meet their needs.

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 requires improvement (published 17 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service did have a manager registered with the Care Quality Commission. This means 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

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 10 January 2020 and ended on 29 January 2020.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority.

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.

During the inspection

We spoke with the two people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager. We reviewed a range of records. This included care records and staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek 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 remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider followed safe recruitment procedures. They completed pre-employment checks to ensure new staff were suitable and of good character.
- Sufficient numbers of staff were employed to safely meet people's needs and records showed that people received continuity of care as they were supported by a regular team of care staff. The registered manager told us they had improved staff retention by offering permanent contracts to staff who passed their probationary period. One staff member commented, "People get the continuity of care here with the carers. I work one area with just one other carer. You get to know each other so obviously if things aren't right you know straight away."
- People and their relatives told us that staff stayed the amount of time needed and if running late, they were usually informed in advance. A staff member said, "Most of time we get enough time (for care calls) but sometimes things do come up. [Registered manager] is very flexible if a call goes over. I just ring [registered manager] to say I'm going to be late and she calls the client straight away. There is 'nowt' worse than being kept waiting. We are rarely late, and we always let the client know if we going to be late."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures were in place for staff to reduce or remove the risks. Risk assessments were reviewed and amended to ensure they reflected people's changing needs.
- Staff consistently recorded when they provided care to people in daily records and medicine administration records (MARs).

Using medicines safely

- People received their medicines in a safe way, where this support was required.
- Staff received medicines training and systems were in place to assess staff competencies.

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

- We saw a policy on safeguarding vulnerable adults was in place and the management team were clear about their responsibility to report safeguarding incidents as required and in line with safe procedures.
- There were no recorded safeguarding concerns since the previous inspection.
- The provider had systems in place to ensure individual accidents and incidents were recorded and reviewed to identify any learning which may have helped to prevent a reoccurrence.

Preventing and controlling infection

- The provider had a policy and procedure in place for controlling the risk of infection spreading. Staff confirmed they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures.

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.

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

- The management team assessed people's needs before they started using the service, to check the service was suitable for them. A personalised care plan was then written. People and their relatives were involved in this process, so care could be delivered in accordance with their needs and preferences.
- For people who received support with eating and drinking, feedback confirmed they were happy with the support they received. One person said, "Oh they're (staff) very good, they do what I ask them, they make me my breakfast, they wash the pots, they ask me what else I need doing, if I want to have some lunch they make it".
- People's care file showed that their needs had been assessed in relation to nutrition and hydration and took into consideration their preferences and dietary requirements. Plans for eating and drinking were developed jointly with people and where appropriate, with other health professionals.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to undertake their jobs effectively. Ongoing support was also provided to staff through supervision, observations and appraisals. Staff told us they felt supported by the registered manager.
- New staff received a comprehensive induction when they started working at the service.

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

- Staff worked with other organisations to support people to maintain their health. Staff sought advice from health and social care professionals, such as GPs, social workers and district nurses, when required.

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 a person's deprivation of liberty.

We checked whether the service was working within the principles of the MCA.

- People had signed their care records to show they consented to their care and support, if they had the capacity to make this decision. People also told us staff obtained their consent before providing care.
- Assessments of people's capacity to make decisions about their care and support were completed where this was appropriate. Where people lacked capacity to make decisions about their care, staff consulted with appropriate individuals such as people's family members to ensure decisions were made in their best interests.
- Staff had undergone training in the MCA and demonstrated their practical awareness of the need to gain consent before providing care. We were satisfied the service was acting within the principles of the MCA.

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff were kind and caring. They felt well treated by staff who listened to them and were friendly and approachable. Comments included, "They (staff) are all nice lovely people" and "Prelle Healthcare have been coming a while and they know [relative] well. They pull his leg a bit, treat him like their own dad. My [relative] loves it as well when the staff come as [relative] always sings to them."
- Staff told us the registered manager was caring and approachable. One staff member said, "Prelle Healthcare is definitely a caring service, [registered manager] even does the care calls herself because she knows the clients so well" One person said, "I could ring the boss if needed. I know [registered manager], she's alright really. They've been very good actually."
- People told us they knew their regular carer workers well and said they had built positive relationships with them.
- People were involved in developing their care plans. The registered manager visited people in their homes to assess their needs and draw up a plan of care. People confirmed they were actively involved in this process, and where appropriate, people's relatives had also been consulted. One relative said, "Oh yes (I was involved in care planning), well it was my brother who was there for the assessment, but it included what they liked. I gave the manager a ring and they were responsive to what I said".
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

Ensuring people are well treated and supported; respecting equality and diversity

- Through talking to people and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained person-centred detail and described the support staff needed to provide during each care visit and they were easy to follow. On staff member said, "They [service] could not improve anything from my point of view, the care plans tell me everything I need to know about the client. They also make sure you shadow another carer before you start with a new client, so you get to know them well and you know what is expected of you when you visit."
- Most people's care plans were regularly reviewed or as and when their needs changed.

End of life care and support

- There were no systems in place to document a person's preferences and priorities for care when they reached the end stages of their life. The registered manager assured us they will address this after the inspection.
- Despite improvements being needed to people's care plans to document their preferred priorities for care, we found people received appropriate support at the end stages of their life as staff were appropriately trained and they knew people well. The service also worked with external health professionals associated with people's care to ensure all their needs were met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed when they started using the service and their care plans provided clear guidance to staff about how to communicate effectively with people.
- The provider was able to provide information to people in alternative formats if this was required.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- The registered manager confirmed no complaints had been received since the last inspection.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management was inconsistent.

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

- We saw clear evidence of continued improvement at the service and most feedback from the previous inspection had been addressed. However, further improvements were required to advanced care planning and care reviews, which was a concern raised at the previous inspection.
- Systems to monitor the quality and safety of care delivered were generally effective. This was reflected in the feedback gathered during the inspection, which was all positive about the service. A relative said, "Prelle Healthcare are a good company, I can't fault them. My [relative] would also praise highly if he could. He likes every one of the staff that come. I think we've got a great company and they are very local as well."
- Minor improvements were needed to audit processes to ensure these checks were completed systematically. For example, the frequency of checks to people's daily records and medicine administration records was not consistent and differed from person to person and ranged from monthly to every six months.
- Staff told us the organisation was well-run and they provided a good standard of care. Comments included, "Yes very much Prelle Healthcare provide a good standard of care" and "I've worked at other care companies that weren't very good, I absolutely love my job and I love my clients. Any problem the management team are there. I can't find fault in the service at all."
- The service had clearly defined roles and all staff we spoke with confidently demonstrated their abilities to perform them as well as understanding the associated responsibilities. Staff consistently demonstrated accountability and commitment to the service.

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 understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts. However, they had not told us about changes to the organisation which they were required to tell us about.
- 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. A staff member said, "To be honest they are quite a good company. [Registered manager] is open on honest with people, which is what I like".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People benefitted from receiving support from a supportive staff team who respected and valued each other. We saw the service used technology to communicate with each other efficiently and effectively. One staff member said, "We have a (instant-messaging) group where we all talk and communicate if there are changes to people's care or tasks that needing handing over to the next carer's visit. The group works really well."
- The management team encouraged an open culture and encouraged staff to contact them for support. One staff member said of the management team, "Oh yeah, I feel confident raising concerns with [registered manager] or anything like that". Another staff member said, "I've worked at other care companies that weren't very good, I absolutely love my job and I love my clients. Any problems and the management team are there. They have been really flexible to make the schedule work for me and the clients. I can't find fault in the service at all."
- The provider had mechanisms in place to gather feedback about the service and we saw the results from 2019 survey conveyed high levels of satisfaction about the service. We fed back to the registered manager this process could be further improved by analysing and sharing results with people, relatives and staff, so they felt more involved in improving the service.

Working in partnership with others

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