Precious Support Services Limited

Precious Support Services

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

This inspection took place on 23 January 2017 and 30 January 2017 and was announced.

The registered provider, Precious Support Services Limited is a domiciliary care agency which provides support and care to adults with a physical disability or mental health difficulties in their own home. The majority of people receiving a service lived alone, whilst others lived with family members or shared accommodation with live in carers. At the time of our inspection, the agency was providing personal care to 76 people.

The service had a registered manager. 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.

People told us they felt safe and comfortable with the care workers employed to meet their needs. Care workers knew their responsibilities to protect people from the risk of abuse and received training to assist them. People's legal rights were protected and care workers ensured people's right to make decisions were respected. We found people were supported with their medication by care workers who were trained and assessed as competent to give medicines safely and as prescribed.

The provider conducted risk assessments which identified specific risks for each person and gave guidance to care workers about how they could assist people in a way which promoted their independence and choice. Assessments were reviewed regularly so staff had accurate information to refer to.

The provider's rota system was flexible enough to ensure care workers could safely meet people's needs at the times they agreed. People and their relatives told us they enjoyed the time they spent with their care workers and were confident care workers had the skills and training to undertake the care being provided.

The provider had a clear system for employing new staff and ensured pre-employment checks were conducted prior to staff starting work to confirm workers could be safely employed. Care workers we spoke with confirmed they had not been able to work until relevant employment checks had been completed.

People were able to make choices about the way their care was provided and were supported to do so. Care plans focussed on the individual care and support needs of the person, and copies were stored securely at the main office and where appropriate at people's homes. Care workers were responsive to people's needs and where people's needs changed they ensured office staff were informed so care plans were adjusted to reflect the change. We found the care plans provided details about people's preferred methods of communication, favourite activities and personal choices and that these preferences were known to the care workers.

People had access to health professionals when needed and the provider advocated on behalf of people to ensure appropriate health care was provided. People and their relatives knew what to do if they had any concerns about their care, and the provider responded positively to any issues or complaints raised.

The Care workers we spoke with felt senior management were supportive and confirmed they had regular one to one meetings, appraisals and team meetings. Staff had access to training and professional development and a system was in place to ensure training was up to date. Care workers received training on mental capacity and demonstrated an understanding and worked within, the principals of the Mental Capacity Act (2005).

We found the provider had systems to assess, monitor and improve the quality of the service and obtained feedback on the service provided. Care workers were given responsibility and were involved in the day to day running of the service. They felt able to make suggestions about how the service could improve. We also found the views of people and their relatives about the service were listened to and appropriate actions were taken to improve the service people received.

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.

Peoples' care plans contained specific risk assessments which gave instructions to care workers about the ways they could assist people to manage the risk effectively. Care workers were aware of safeguarding procedures and knew what action to take if they suspected a person was at risk of abuse. People received, or were supported to take their medication safely and as prescribed from trained and competent care workers. There were sufficient care workers employed by the provider to keep people safe.

Is the service effective?

Good

The service was effective.

People were assisted by care workers who were competent and trained to meet their care and support needs effectively. Care workers respected and promoted people's right to make choices. Where people were unable to make their own choices, appropriate relatives and professionals were involved in making decisions in the person's best interests. People were supported to gain access to health care professionals when needed, and were supported to maintain their own health and welfare.

Is the service caring?

Good

The service was caring.

People told us they were treated with kindness, dignity and felt respected by the provider and the staff. Care workers were able to describe their knowledge of people and the way they wanted to receive their personal care and assisted people to achieve this in a way that promoted people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans demonstrated the provider involved people and where appropriate their relatives, in care planning decisions.

Staffing rotas were operated in a flexible way to allow for changes to care needs and unexpected occurrences. We found people and their relatives knew how to make complaints or raise any issues of concern that arose, and were confident they would be dealt with.

Is the service well-led?

Good

The service was well led.

People and their relatives were contacted regularly for their views about the service and had easy access to the provider, to make any immediate suggestions for improvement. Care workers, we spoke with were happy in their roles and felt able to discuss ways to improve the service. The provider demonstrated they had appropriate policies and were reviewing processes to maintain and improve quality. Staff felt they contributed to improving quality assurance.

Precious Support Services

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 was planned to check 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.

The provider was registered with us in August 2016 and this was their first comprehensive rating inspection.

The Inspection visits took place on 23 January 2017, and 30 January 2017 and both visits were announced. We gave 48 hours' notice of our inspection to allow the provider time to arrange for us to speak with people who used the service and for care workers and other staff to be available to speak to us.

The inspection was conducted by one inspector. As part of the inspection process we reviewed the information we held about the service. We looked at information received from the Local Authority and NHS commissioners. Commissioners are people who work to find appropriate care and healthcare services for people and fund the care provided. We were informed there were no concerns regarding this provider.

We looked at statutory notifications sent to us by the provider. A statutory notification is information about important events which the provider is required to send to us by law. In addition during our inspection visit, we spoke with the registered manager, two office managers, and three care workers. All of these staff members were involved in providing care to people who used their service.

We reviewed three people's care plans, to see how their care and was planned and delivered. We spoke to four service users, four relatives and a live in care worker from another provider to discuss the way care was provided to them.

We looked at the provider's policies and other records which related to people and staff's care and wellbeing. This included staff recruitment records, training schedules, the provider's quality assurance audits, safeguarding and records of complaints. We also examined the way the provider gathered evidence to improve the service.

Good

Is the service safe?

Our findings

People told us they felt safe and comfortable with the care workers who helped them. The registered manager said, "People do care who is coming in and if you change it, it can ruin people's day and lives." One person told us about an occasion when their regular care worker was unable to attend, "[Name] has gone to Birmingham today but he has explained to me that another care worker will visit. He also described the other care worker to put me at ease and said he was a nice person."

People were protected from the risk of abuse. Care workers and managers had knowledge of the signs of abuse and potential abuse. Safeguarding training and the provider's policies were made available to ensure care workers and other staff understood how they could protect people from abuse, and when concerns should be reported or advice sought. One care worker told us, "Safeguarding is about abuse for example sexual or physical. If I identify there is an issue I ring the office, if they do not follow it up I will ring safeguarding myself." We reviewed the provider's safeguarding history and found the provider had taken appropriate action when concerns were raised and had made referrals to, or discussed issues with the local safeguarding authority when necessary.

The provider's recruitment process ensured risks to people's safety was minimised. The provider completed pre-employment checks to ensure as far as possible, new employees were safe to work for the service. Prospective employees would not be confirmed as employed until necessary checks and references had been received. Care workers and staff we spoke with told us they had to wait for satisfactory checks and references to come through before they started working with people.

The registered manager demonstrated an awareness of the legal restrictions placed on potential employees' right to work in the UK. The employee records we reviewed confirmed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about the applicant before they started work. The DBS is a national agency that keeps records of criminal convictions. The provider had also introduced a process to periodically review and renew DBS checks for longstanding employees.

The provider was aware of the risks involved with providing the service. People's care and support needs had been identified and risk assessed with regard to people's individual needs and abilities. The registered manager told us and we saw risk assessments in care files were regularly reviewed. Care workers were expected to be aware of the risks and actions to be taken. As a reminder care workers received summary information on the staff rota and by secure text to ensure people received safe care, and that care workers were also protected from known risks. The registered manager told us instructions could include multiple steps to ensure people and care workers were not put at risk, or guidance for example tying hair up to avoid it being pulled.

The provider operated a flexible rota system to ensure there were enough care workers to attend calls. The registered manager confirmed that there had been no missed calls recorded since registering with the CQC. All the people and relatives we spoke with were happy with the times care workers arrived to assist with

personal care. One person we spoke with said, "Timing is spot on; they come at 1pm, never late, always on time." The registered manager told us that the flexibility of the rota meant they had enough employed staff to cover calls. This reduced the use of agency care workers, people therefore received care from a consistent care team, who knew them well. Relatives told us they believed there were enough regular care workers to keep people safe. The registered manager said the rotas were shared with people to ensure they understood when their care calls would be made, and if there were changes, these were communicated to people. One person told us, "I think they are great, they come when they say they should come, they are terrific."

We found care workers recorded the times they arrived and left people's homes on the daily record sheet, we saw on one record that the times exactly matched people's contracted times for their care calls. The registered manager agreed with us that the times on the sheets were unlikely to match precisely and confirmed that care workers had been reminded to record the accurate time of arrival and departure.

The provider had processes to ensure medicines were administered safely to people. Care workers told us their medication administration practice was checked to ensure they remained competent to do so. People's medication administration records (MAR) sheets included relevant information about the medicines people were prescribed, the correct dosage and when they should be taken. A care worker we spoke with told us, "I assess the [person] on the day and read the notes, even though I know the [person] I will still check. Some medication has to be checked again because measures are sometimes not specified". We found the MAR sheets we reviewed in the care plans showed people had received their medicines, identified any missed dosages and did not contain any gaps in recording.

Good

Is the service effective?

Our findings

The provider ensured people's needs were met by care workers and managers who had a structured induction and access to the training they needed before they started work with people. Care workers told us they had an induction to the organisation and worked alongside an experienced care worker who knew the person well before they were allowed to work on their own with the person. The registered manager told us that the majority of care workers were NVQ level 2 qualified [Diploma in Health and Social Care] and some were progressing to NVQ Level 3. The completion of these qualifications would assist the care workers to develop their skills and knowledge to continue to deliver quality care.

There was a clear process for care workers to demonstrate the application of the skills learnt through training by a system of testing, attendance at workshops and observation of practice. In addition to mandatory training sessions for example, moving and handling, health and safety and dementia awareness, some care workers were required to undertake further training to ensure they could meet the specific needs of people. One staff member told us, "PEG feed training was undertaken last year; I needed to ensure I was doing it right. The training was helpful, on a recent call, I only knew how to clear blockages due to the training. If I did not have the training I would have had to call 999."

The provider specialised in delivering a service to people from the Punjabi communities whose first language may not be English. They employed care workers who were better able to communicate and deliver personal care to them, in line with their cultural preference. Training for these care workers was undertaken in their preferred language but the registered manager confirmed testing was undertaken in English. Where required, the provider assisted care workers to develop their English skills to be in a position to provide care to all the people receiving a service from the provider.

All the people and relatives we spoke with were satisfied that care workers had received training to undertake personal care tasks. A relative told us, "My [family member] needs specific help with their medical conditions, the care workers need to have had training. I would not let them work with my [relative] if they had not had the correct training." We found the provider had a system that checked staff had received their required training and to determine when retraining or refresher training was due.

The provider had an effective process for undertaking and recording staff supervisions and annual appraisals. The registered manager told us, "Appraisals are not about having a go; it's about developing staff for the future, supervisions are structured and offer staff the opportunity to say how they feel about the job and how valued they feel." Care workers confirmed supervisions and appraisals were carried out regularly.

People's capacity to make decisions was considered by the provider. Care workers and managers confirmed they had undertaken training in relation to the Mental Capacity Act (MCA) 2005. 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. The

provider encouraged care workers to apply the requirements of the MCA and support people in the least restrictive ways possible. A care worker told us, "It's their [person receiving care] house, their care, they have the final word about what is done."

Care plans we saw demonstrated referrals for mental capacity assessments had been made to the Local Authority where people's capacity varied. There was information within the care plans to allow care workers to determine which decisions people could make for themselves, and which they may need support with when they were delivering personal care. One care worker told us about the importance of monitoring a person's ability to make decisions. They described an example when they spoke to the registered manager to suggest a person should admitted to a nursing or care home because their ability to make decisions had deteriorated to a level where it was the only safe option. The registered manager told us where there were disagreements with the Local Authority about a person's mental capacity a second opinion from the person's G.P. would be requested. One of the care files we reviewed demonstrated the provider's attempt to clarify a person's mental capacity with the Local Authority and G.P. on several occasions.

People when required, were supported to eat and drink regularly to maintain their nutritional needs. Some of the people told us care workers prepared their meals and snacks for them and were happy with the service provided. A relative we spoke with explained why they were happy with the service, "My [family member] does not like microwaved food and everything is made fresh for [family member] and to their liking."

The provider supported people to access appropriate medical treatment to maintain their health. Care plans recorded the occasions when people had medical treatment and where they requested advice from health professionals. People and relatives were satisfied with the assistance provided. A relative said of the provider, "They keep me informed, for example they advised me that an occupational therapist had been back in to see my [family member]." The provider confirmed care workers were aware of the need to act on their own initiative to ensure people received medical treatment at the right time. The registered manager told us about an incident occurring in the week prior to this inspection when a care worker called the office from a person's home to report a concern about the person. In response to the concern, the registered manager's instruction to contact the Occupational Therapist for advice the care worker confirmed it had already been done.

Good

Is the service caring?

Our findings

People spoke very positively about the provider and the care workers who supported them. One person said, "They are perfect, they are fantastic, they are lovely and brilliant." Another said, "I do get the feeling this company genuinely cares because it is small. I don't feel like a number like I did with my last care company and you can get to know the office staff and care workers." A relative told us the provider was, "Really, really good, not a ping and ding service" referring to the style of care provided and the time taken with people.

The registered manager told us all care workers employed needed to have a caring approach, "We [registered provider] look for experienced staff or people who have cared for family members because it shows that staff know what is really involved in caring for someone and can see the other side." The care workers we spoke with referred to providing care to people in a compassionate, respectful and caring way. One care worker told us. "I love my clients, they know me by my name, one of my clients says 'my day is full of sunshine when I arrive'. I'm there only to give them [person receiving care] a hand at what they can't do themselves." We found all the care workers and managers we spoke with demonstrated a detailed knowledge about people who received a service

Care workers understood the importance of developing positive relationships with people and their families. One person told us, "I see the care workers as friends that come and help me live my life rather than employees." The registered manger confirmed that building good relationship is actively encouraged but confirmed they had made all care workers aware of the dangers of becoming too close to people. We found the provider held workshops and had procedures to guide care workers about the professional limitations of their relationships with people, for example regarding the acceptance of gifts. The registered manager said people receiving a service had been told why a care worker may refuse a gift, or may open a gift in their presence to avoid them thinking care workers were being disrespectful or uncaring.

The provider ensured care workers received sufficient information at the right time to enable them to deliver quality care. Care staff told us they read people's care plans before they started working with people to help them understand the preferred way a person liked to receive their personal care. The provider ensured care workers were reminded of these preferences and any changes by the use of text messages. One member of care staff referring to the usefulness of the information received by text said, "I can know what to do but not how the person likes it to be done."

The provider completed staff rotas to make sure where possible people enjoyed a continuity of care by receiving personal care from the same care workers, in particular where there were cultural and language considerations. This meant care workers knew about people's needs and abilities and could get to know and understand them well.

Care workers spoke positively about how they were fully aware they worked in someone's home and needed to respect peoples' wishes and the role they were undertaking. One care worker said, "I tell others [colleagues] put yourself in their shoes [people receiving a service]. I treat people the way I would want my mum to be treated." We found the provider used workshops and newsletters to remind care workers about

the way they should behave when delivering personal care. For example a newsletter explained that private conversations between care workers whilst delivering personal care were not allowed because it could be viewed as disrespectful and a misuse of time allocated for the person to receive personal care and support.

The registered manager told us all staff had regard for the needs of the relatives and other carers living with the person receiving care. The registered manager said that care plan reviews were sometimes used as a way of assessing how relatives were coping with their own care responsibilities. The registered manager told us that in one case they advocated with the Local Authority to obtain a period of respite to help a relative of a person receiving care because the relative had expressed they had become stressed due to their full time caring responsibilities.

The provider was aware of the risks of social isolation for people who lived alone. Care staff were encouraged by the registered manager to spend time speaking to people during personal care or if the activity was finished early. One of the managers we spoke with told us about one person they would ring up regularly to check if they were okay and having a good day because they knew the person could get lonely.

Good

Is the service responsive?

Our findings

All of the people and relatives we spoke with confirmed that the registered manager had contacted them regularly to discuss the personal care being provided. A relative told us, "I've had conversations with the management though not a face to face meeting with them about the care. If I had any concerns. I would ring them direct if I was not happy with anything."

People's care plans were written in a personalised way. They contained information about people's life history, their likes, dislikes and preferences, and how they wanted to be supported in personal care tasks. Care plans were discussed with people and their relatives, and signed as agreed by the appropriate person. The registered manager informed us they ensured that even where people were suspected of lacking mental capacity, attempts were made to discuss and agree the care plan with them.

The provider ensured people continued to receive the appropriate level of personal care according to their needs. The registered manager told us the care plans were reviewed monthly. Care workers had the personal responsibility to record the relevant matters in the person's daily care records and to inform the office about changes. A care worker told us." Each shift I will look at the daily notes which will be read before I start working because things change so much you need to check." The registered manager told us any review of the daily care records should not reveal any matters they had not been previously informed about by the care worker. People and their relatives confirmed daily care records were completed by care workers. A relative said, "The care worker who does the work writes everything down, confirming medication, food and what they have done."

Care workers were provided with clear instructions about how personal care was to be provided if needs or personal circumstances had changed. A care worker explained that it was not always possible to come into the provider's office to read updates to care files and told us instructions would be sent by secure text. We read one care file entry sent to the care worker by text which specified the order of tasks and how the person liked them to be done. One person we spoke with referred to a recently arranged medical operation and said of the care worker's awareness, "[Name] knew about the problems with my knee and was absolutely wonderful in the way the care was provided."

The provider had an on call system which allowed them to be made aware of any issues from people or care workers which may require a change to the care provided. The registered manager gave an example of receiving a call from a hospital at 2.00am about a person who was being sent home that morning. The person's relative was unable to attend to assist them when they got home. The registered manager told us care workers were rearranged so someone was able to meet the person when they returned from hospital. The registered manager confirmed clear instructions were given about the adjustments needed to the personal care provided to make sure it met the person's changing needs.

The provider demonstrated a willingness to adjust working practices to meet the changing needs of people. A relative of one person whose care package was changed by the commissioning authority told us, "The change required my [relative] to use another care agency. [The registered manager] advocated on my

relative's behalf and changed their work rotas to allow my relative to receive care from care workers they were used to." The registered manager explained that they operated a flexible service to deal with emergencies and unforeseen events. Care workers knew they continued to support people until it was certain the persons care had become the responsibility of another agency, such as the ambulance service.

People knew how to raise concerns or complaints about the way their personal care was provided. At the time of our inspection visit, only one complaint had been received which was still in the process of being investigated by the provider. People and relatives told us they felt able to speak with their regular care worker or to the registered manager if they wanted to complain or raise an issue. A relative said, "I can ring [registered manager] and speak to her and can come into the office if I want." One person also told us, "I know how to deal with complaints and will go to the owner to resolve issues rather than escalate it to other agencies.

Good

Is the service well-led?

Our findings

The provider had systems to monitor and improve the quality of care and support people received. Care workers were a key part of the process and understood they would be checked regularly to ensure all allocated responsibilities were undertaken in the right way and at the right time. One care worker told us, "Every month I will get a spot check, I am observed how the care is administered, how the person is spoken to, and afterwards they [provider] would check with the person if happy with the service."

The provider conducted audits of systems and processes, for example monthly checks on the content of daily record sheets completed by care workers. Where audits or observations identified concerns, actions were taken, for example the registered manager told us about speaking to care workers if they reallocated personal care tasks to other care workers without notifying the office, or requiring further training to be undertaken if a care worker had failed to demonstrate adequate application of previous training.

The registered manager is a director of the provider's company and had a visible presence at the provider's office. All of the care workers and managers we spoke with told us they felt supported by the provider. One care worker told us, "I can talk to them openly, if you tell [registered manager] anything about the work they will react very quick, at any time, the door is always open."

The provider was actively seeking cost effective ways to improve the efficiency of the service and the skills of its staff. The registered manager confirmed there was no formal forum in the local area for small domiciliary agencies to discuss how to improve their businesses. The registered manager told us they had been able to arrange one to one meetings with other agencies to discuss approach and shared learning. The registered manager actively researched and accessed free training courses and was looking for more efficient work systems, for example improved ways to record when care workers attend and leave peoples' homes. We found there was good use of communication technology in the form of social media, texts and emails to inform care workers about what was happening with the provider and to acknowledge good work and practice by the care workers.

The provider understood the limitations of operating a small domiciliary care agency and recently decided not to retender with service commissioners for certain contracts because of the risk of not being able to maintain the same standard of care. Not withstanding this, the provider maintained a close working relationship with service commissioners which led to further one off care contracts being awarded. The registered manager informed us that the recent retendering process with service commissioners had led to a full review of the business and made them think about ways to expand the business successfully. The registered manager told us a written action plan was currently being prepared to plan for future developments and to improve and achieve consistency in current procedures.

The provider had invited people receiving services and their relatives to complete a satisfaction questionnaire. The results of the most recent survey showed 95% of the respondents were satisfied with their care. They rated it as good or very good; no respondents rated the service as inadequate. The registered manager told us, "We ask clients to give feedback and tell us if there are any issues so they can be

dealt with. We try to encourage people to do so to make sure the service meets their needs and we are working together."

The registered manager confirmed the aim for the business was to, "Provide care well, and to understand domiciliary care and know our limitations." The provider was required to provide us with a Statement of Purpose which contained details about the provider's business and how it intended to perform the registered regulated activity of personal care. We found the Statement of Purpose was current and the provider was operating in accordance with its terms.

The provider and registered manager understood their legal responsibility for submitting statutory notifications to CQC. The statutory notifications inform us about events and incidents affecting their service or the people who use it. We were able to confirm these had been reported to us as required since their registration.