

Provision Care Ltd

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Inspection report

17 Burleys Way
Leicester
Leicestershire
LE1 3BH

Tel: 07834405317

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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

Provision Care Ltd provides personal care to people living in their own home. The office is based in the city of Leicester. At the time of our inspection visit there were two people using the service and they employed five staff.

At the last inspection, in December 2015 the service was rated Good.

At this inspection we found the service remained Good.

The provider was also the registered manager for Provision Care Ltd. 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 continued to receive safe care. Staff recruitment processes were robust and ensured that people were protected from being cared for by unsuitable staff. There were enough staff to provide care and support to people to meet their needs safely. Staff were trained and understood their responsibilities to protect people from abuse and avoidable harm.

People continued to be protected from avoidable risks. A range of risks assessments were completed and preventative action was taken to reduce the risk of harm to people. Where people required support with their medicines, staff had been trained in the safe handling of medicine, which was supported by a policy and procedure. People were supported to maintain good health and nutrition.

People continued to receive effective care and support. Staff received an appropriate induction, ongoing training and support which ensured their knowledge and skills were kept up to date and they understood their role and responsibilities to work effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People continued to receive good care. They had developed positive relationship with the staff who understood their needs. Staff were kind, caring and treated people with dignity and respect.

People continued to receive care and support that was responsive to their individual needs. Care plans were personalised and took account of people's diverse, cultural and specific needs. This enabled staff to provide care and support in line with people's wishes and preferences. Staff worked in a flexible way which promoted continuity of care so that they could meet people's needs in a person centred way.

People knew how to raise a concern or to make a complaint. The provider had a complaint policy and

procedure and complaints received were investigated.

The service continued to be well managed. People and staff had confidence in the registered manager and found they were supported. The registered manager provided clear leadership, listened and acted on feedback. The registered manager was meeting their regulatory responsibilities and liaised with external agencies to ensure people received a safe service. Effective systems were in place to monitor and improve the quality of the service provided through a range of audits and views sought from people, their relatives and staff to influence the service and drive improvements.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Provision Care Ltd

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.

This was an announced comprehensive inspection that took place on 30 and 31 October 2017 and was completed by one inspector. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. This was used to inform our inspection judgements.

During the inspection visit we spoke with the registered manager, care co-ordinator and two care staff, who all provide care and support to people. We spoke with one person who used the service and a relative.

We looked at the care records of two people who used the service. We also looked at other information relation to the management of the service. This included three care staff's recruitment records, training records, information about the service such as policies, procedures and arrangements for managing complaints care and how the quality of service was monitored.

Is the service safe?

Our findings

People using the service felt they received a safe service because staff understood how to support them and they were flexible, when they needed extra care calls. A person said, "[My relative] is safe because he's got a great carer that looks after him well." They added that safety measures were put in place to ensure potential risks were managed. For example, a safe key was put in place, as their family member was unable to answer the door. This helped to maintain the person's safety whilst promoting their independence and control of their life.

The provider had a clear safeguarding procedure. Staff had received training; they knew how to recognise the signs of abuse and what action to take should they suspect abuse. There had been no issues in relation to safeguarding since the last inspection. The registered manager was fully aware of their responsibility to notify the local authority and us, the Care Quality Commission, (CQC) should any concerns about safeguarding arise.

Staff had received training in health and safety and to use equipment required in the delivery of care. A staff member said, "We have gloves and aprons we must wear so to protect people from the risk of cross infection." This showed that infection control procedures were followed and assured people that they were protected from avoidable harm.

Risks to people had been assessed. These covered a variety of subjects including, moving and handling, falls and risks within the home environment. This was used to promote and protect people's safety in a positive way. For example, a care plan provided clear guidance for staff including that two staff were required and the equipment to be used to move the person safely. Staff we spoke with were able to describe to us how they provided care and support people needed to keep them safe, which was consistent with the care plan we read.

The provider's recruitment process was robust. Staff records contained all relevant information and appropriate checks to ensure staff were safe to work. A person told us that staff knew them well and understood how to support them. A relative said, "[Staff name] arrives on time, she spends time with [my relative] to prepare the meals, make sure he is happy with everything before she leaves. He's happy and safe so that's what matters." Staff told us they supported the same people regularly. The care records completed by staff and the staff rotas we viewed showed that people received care and support from a regular team of staff, which promoted continuity of care.

Staff told us that their induction training including the safe handling of medicine, which was supported by a policy and procedure. The registered manager told us that staff were trained to prompt or remind people to take their medicines where this was required and detailed in the care plan. At the time of our inspection people who used the service did not require support with their medicine.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received training and support they needed to carry out their role. A person said, "I raised the issue that staff were not all trained in first aid. Now all the staff are trained in this."

A staff member said, "I had never worked in care so [registered manager] made sure I had all the training I needed to do the job. She supported me and checked that I was doing things correctly. When I am with the client, greet them, ask how they are, and read the care plan. I always say, 'How would you like me to help you today?'"

Staff training records showed that training was relevant to their role and included the Care Certificate. This is a set of standards for staff that upon completion provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. Staff were regularly supported, supervised and their work was appraised. A staff member told us they could discuss issues; reflect on their performance and personal development.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection. Applications had been made to the Court of Protection where people were being deprived of their liberty in their best interests.

People's capacity to consent to their care and support had been assessed and all were able to make informed decisions. A relative said, "[My relative] does make his own decisions and [staff name] listens and respects his wishes." The registered manager and staff had received training on the MCA and spoke with confidence about the training and their understanding of the legislation.

People were supported to maintain a healthy balanced diet. Care plans had been developed to manage and support people with specific dietary requirements. A relative said, "[My relative] has a good diet; it's the most important thing for him and us. He tells [staff name] how much spice should be added so is still involved in preparing his meals which [staff name] executes. She makes two roti's [chapattis / flat bread] and serves it with the [curry] that's already been prepared." Care plans provided guidance for staff as to the person's cultural and dietary requirement and the support required. Training records showed that staff had received up to date training in food and hygiene.

A person told us that they were confident that staff would support them to access health care support when required. A relative said, "[Staff name] has in the past called me when [my relative] wasn't well and I got the doctor to make a home visit. This works for us." A staff member said, "I support [person's name] regularly so would recognise if they are not well." Care records included the contact details for people's relatives and health care professionals involved in their care. This ensured the registered manager could make prompt and appropriate referrals to health care professionals when people's health was of concern.

Is the service caring?

Our findings

People had developed positive relationships with staff. A person told us that staff showed kindness and respect towards them. A relative said, "[Staff name] is a caring person and [my relative] treats her like a family member. She speaks Punjabi, so they have meaningful conversations; he has both social and emotional support that makes [them] feel good."

People were involved in decisions made about their care and their care plans, which meant the care and support they received met their expectations. A person told us they were supported by a small team of staff, who they had developed positive relationships with. They said, "I am happy with [staff]. All are approachable and willing to help."

People's choices and preferences were recorded in their care plans and staff were introduced to the people they would support. The registered manager and staff we spoke with showed care towards the people they looked after and could describe people's preferences and daily routines.

The examples described were consistent with the information documented in the care records as to how people wished to be cared for. Care plans were reviewed monthly and where there were any changes in care needs the care plan was amended with the involvement of the person.

Advocacy service details were included in the information pack people received with their contract of care. An advocate is a trained professional who supports, enables and empowers people to speak up.

People told us that staff respected and promoted their privacy and dignity. Staff knew how to maintain people's privacy while providing personal care. Staff had received training about respecting equality, diversity and upholding people's human rights. A staff member said, "I make sure the curtains are drawn and the door is closed. I would use a towel to cover the person so to protect their dignity."

People had signed to confirm they agreed to the package of care and support to be provided. This included information as to how data held about people was stored and used. The provider had a policy and a certificate to evidence they complied with the data protection act. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work. This assured people that their information was held in accordance with the data protection act.

Is the service responsive?

Our findings

People received care that met their individual needs. Care records showed that a range of assessments had been completed for each person. Care plans developed were detailed, personalised and provided guidance for staff as to the care and support people required. These were signed by the person receiving the service and were reviewed on a regular basis or as and when changes had been identified to people's needs.

A person said, "Provision Care has always been there for me, covering my calls at short notice, flexible and I have regular carers." A relative described the service provided to their family as, "Personalised because [staff] can communicate with [my relative], she's always on time, listens to him and follows his instructions."

People told us that the registered manager and staff always treated them with respect and as an individual. They found staff knew how they liked to be supported, listened and acted on their requests. The registered manager explained that they took account of people's cultural needs and preference so that they identified the staff member with those qualities and skills, for example, able to communicate with the person in their first language which was not English. Communication between staff and people who used the service was good. Any changes to people's care times or care needs were communicated to staff either by telephone call or text message, if the staff member was unable to answer the call. This contributed to providing a responsive and person centred service.

People who shared their views told us they would be confident to raise complaints. One person said, "Any problems I'd speak with [registered manager's name]". A relative said, "Initially we did complain about the lack of communication when staff were late and this was addressed quickly. I know [registered manager] takes concerns seriously."

The information pack given to each person who used the service included 'how to make a complaint'. The complaint policy and procedure was clear and detailed the timescales involved and included contact details for external organisations such as the local advocacy service, the local authority and Local Government Ombudsman (LGO). Records showed the service had received one complaint since the last inspection, which had been responded to appropriately. That showed the complaint procedure had been followed.

Is the service well-led?

Our findings

People were positive about the registered manager and were confident to approach them and that they would act on their views. They said, "[Registered manager] has listened and makes sure the care provided is good" and, "We are happy because [my relative] is happy with the service."

The provider was also the registered manager for the service. The current CQC rating was clearly displayed and a copy of the latest inspection report was available. This is a legal requirement and informs people and visitors as to our judgment of the service. Notifications were sent to us following a significant event at the service. That meant the provider was meeting the conditions of their registration and regulatory responsibilities.

The registered manager promoted a positive and open culture within the service and clear leadership. They also provided care to people and worked alongside staff which enabled them to closely monitor the quality of care being provided and gather feedback from people. A staff member told us that the registered manager also carried out unannounced spot checks on staff and shared people's views about staff performance.

Staff told us the registered manager was approachable and supportive. A system was in place to train, supervise and support staff. Training and meeting records we viewed confirmed this. Staff found meetings useful as they received new information and updates as to any changes to the service and areas that needed to be improved which had been identified through observations and audits. Staff knew about the provider's 'whistle blowing policy', this policy supported staff to raise concerns should they need to.

People's views about the quality of care were sought formally through surveys and individually through reviews. The latest survey results, conducted in August 2011, were positive about the quality of care people received. Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits, which highlighted areas where the service was performing well and areas which required further improvements. This supported the provider's commitment to quality assurance and development of the service and indicated the service continued to be well led.

The registered manager liaised with health and social care professionals and attended training and social care events. This helped them to ensure their knowledge was up to date with legislation, best practice, developments in the health and social care sector.