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Prados Home Help Services

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 07 May 2015. The inspection was announced which means that we gave the provider 48 hours' notice of the inspection to ensure key staff were available to speak with us.

Prados Home Help Services is a domiciliary care service which provides care and support for people who live in their own homes. At the time of this inspection they provided care and support to approximately 18 people with a range of needs including those living with

dementia and older persons. People were supported with personal care, medicines and meal preparation. The service employed three care workers and a senior care worker. The provider also provided care to people.

People told us that being supported by the service made them feel safe. Staff sought people's consent before they provided care and support. Staff had a good understanding of safeguarding people.

Summary of findings

Staff did not understand their responsibility under the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

People's care needs had been reviewed regularly. This meant there was less of a risk their changing needs would be overlooked.

We found medicines were managed well and staff understood their responsibility in relation to this.

Recruitment processes were robust and the service had carried out all necessary pre employment checks.

Care workers had the training they needed to meet people's needs and were caring and responsive. They treated people with dignity and respect and understood the need to maintain confidentiality. People were supported with meals and drinks. Arrangements were made to support people with their healthcare needs.

Care workers received appropriate support and supervision for them to carry out their role.

There were sufficient systems in place to assess and monitor the quality and safety of the service and to ensure that people received the best possible support. Complaints were dealt with appropriately.

At the last inspection on 27 August 2014 we asked the provider to take action to make improvements to safeguarding people, staff support and assessing and monitoring the quality of the service. These actions have been completed

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe.

People who used the service felt safe with the staff who supported them. Staff knew how to recognise and report abuse.

There were sufficient numbers of staff to meet the needs of people safely.

Risks to people had been identified and were managed to keep people safe.

Medicines were managed safely and recruitment procedures were robust.

Good



Is the service effective?

The service was not always effective.

Not all staff had received training around the Mental Capacity Act 2005. Although staff sought people's consent before providing them with care and support, only the provider and a supervisor were aware of their legal responsibilities where people lacked capacity to consent.

Staff had received all other training to meet people's needs.

Staff received regular supervision and support.

Staff supported people to maintain their nutritional needs where appropriate.

Staff monitored and reported any health care concerns.

Requires improvement



Is the service caring?

The service was caring.

People spoke positively about the relationships and support provided by staff.

People were involved in decisions about the type of support they received and their choices were respected.

Staff treated people with dignity and respect and understood the need to maintain confidentiality.

Good



Is the service responsive?

The service was responsive.

People who used the service told us they received personalised care and care plans were written in a personalised way.

People's care needs were kept under review to make certain they were still relevant to people's needs.

People and their relatives told us they knew about their right to make a complaint.

Good



Summary of findings

Is the service well-led?

The service was well led.

There were systems for communicating with people to check their views on the service they received.

There were sufficient systems in place to assess and monitor the quality and safety of the service and to ensure that people received the best possible support.

The provider held regular staff meetings to make sure staff were involved in decision making and they were kept informed of important issues.

The provider had made all the necessary improvements to address shortfalls identified at our last inspection.

Good



Prados Home Help 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.

This inspection took place on 07 May 2015. The inspection was announced which means that 48 hours' notice of the inspection was given because the service is small and the provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events that the service is required to tell us about by law.

After the inspection visit we undertook phone calls to three care workers, five people that used the service and three relatives of people that used the service. We asked them their views of the service they received. We also spoke with the provider

We reviewed the care records of four people in detail held at the office, the training records of all members of staff and the recruitment records for two staff. We also looked at other records relating to the management of the service such as staff meetings, staff supervision records, service quality audits, and policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe with the care workers who supported them in their homes. One person commented, “I feel absolutely safe”. Another person described how the care workers supported them to have a shower by holding their hand. They told us this made them feel safe and added, “They are not rough and they don’t hurry me up”. A relative described the care workers as, “Gentle”

At our last inspection in August 2014 we found the provider was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people who used the service were not always protected from the risk of abuse, because the provider had not ensured all staff had received training in the safeguarding of vulnerable adults and not all staff understood the process.

At this inspection we found action had been taken to address this. The provider told us that since the last inspection all staff had received training in the safeguarding of vulnerable adults. We looked at a staff training matrix and the individual training records of two members of staff. The training matrix and the staff records corroborated what we had been told. Care workers we spoke with demonstrated an understanding of the signs of abuse and neglect. They had knowledge of the types of abuse, and their responsibility to report any concerns promptly. They told us they would document concerns and report them to the provider. The provider had appropriate policies and procedures and information was available on the local multi-agency local authority procedures for reporting abuse. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place.

The provider had carried out risk assessments on each of the people they supported. There were individual risk assessments in all four of the files we looked at. Areas covered included the risks associated with personal safety, mobility, the environment, moving and positioning and support with personal care needs such as showering and bathing. Where a risk or need had been identified, there was a written plan to inform staff as to how to reduce the risk.

People reported that staff always turned up within the agreed time and stayed for the correct amount of time. Everyone spoken with was of the opinion that there were sufficient staff to meet people’s needs. Staff said they had sufficient time to provide the care and support that people required. Staff told us they covered shifts for colleagues if they were on holiday or sick. The provider told us they preferred to limit the number of people they supported. They told us they did not wish to take on more care packages than they could manage.

Recruitment practices were safe and we saw that relevant checks had been completed before staff worked unsupervised. These included identity checks, obtaining appropriate references and Disclosure and Barring Service checks. These measures helped to ensure that only suitable staff were employed to support people in their homes.

People who required support to take medicines or have creams applied said they received their medicines when they needed them and had no concerns about the service they received. This was reiterated by relatives. One relative told us their relative needed close observation to take their medicines and said the care workers always made certain the person had taken them before leaving the person’s home. They also said care workers maintained an accurate record of the medicines their relative had taken.

We looked at staff training records and these confirmed staff had received appropriate medication training. We spoke with three members of care staff and they confirmed that they had received medication training. They told us the training was sufficient and met the support needs of the people they assisted with medicines. Each member of staff was aware of the service’s medicines policy and procedure. They told us they could only administer or support people with their medicines if it was within the person’s care plan. Staff were aware of people’s different levels of support needs with their medicines and they were able to describe in detail how they supported each person. We saw the provider had regularly collected medicine administration records from people’s homes. They had audited the records to ensure staff had adhered to the service’s policy and procedure and according to people’s support needs.

Is the service effective?

Our findings

People who used the service said staff had the necessary skills and knowledge to support them appropriately. Comments included, “They know what they are doing” and “Extremely professional”

At our last inspection in August 2014 we found the provider was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because two care workers had not received any training and this put people at risk of receiving unsafe or inappropriate care.

At this inspection we found action had been taken to address this. We looked at a staff training matrix and the individual training records of two members of staff and we saw that all care workers had undergone training. This included; moving and positioning, food hygiene, fire awareness and handling medicines. The training matrix listed the date that each staff member had completed a specific course and was used to plan, monitor and prompt when staff needed to undertake refresher courses.

We looked at two care workers files. We saw they had completed an induction period that involved shadowing other staff over a two to three week period, completing training and familiarising themselves with the agency’s policies and procedures. One care worker said, “During my induction I spent time watching the other care staff and chatted to people”. The care worker said during their induction they had got to know the people they would be supporting, their care needs and built relationships with them.

Staff said they had received supervision from the provider and we saw records to corroborate this.

We saw records of ‘spot checks’ to ensure staff were completing tasks as per people’s care and support needs. We looked at staff appraisal records. We saw the appraisal process had provided staff with the opportunity to review and comment on their own achievements and learning as well as an overall summary of their performance from the provider’s point of view.

We talked to five people who used the service and three relatives and they all confirmed staff sought their consent

before providing care and support at every visit. One person said, “When they arrive they always ask me, ‘What are we going to do first?’” They said they then chose the order that they wished things to be done.

We looked at a sample of daily records for people who used the service. These provided evidence that people had been consulted and their choices had been respected. We looked at the files of four people who used this service. Evidence was seen on all four files that the service had sought each person’s consent before they provided care or support to them. People had signed an agreement to receive care and support and there was evidence that this had been explained to them. We talked with three care workers and they told us that they only provided support to people who had given their consent for them to do so.

The provider and a supervisor had completed training around the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. The provider told us they or the supervisor would be responsible for undertaking capacity assessments and would involve relevant others, including health professionals and families in determining best interests decisions (decisions made on behalf of someone who may lack capacity) if these were required. The provider expected staff to report any changes to people’s capacity for an assessment to be made. At the time of our visit the provider told us all people they were supporting had the capacity to make their own decisions.

We discussed the MCA with care staff. They were unable to demonstrate their understanding of the Act and said they had not received any training in this area. They were however able to provide plenty of examples of how they respected people’s choices and described how they always let the person they were supporting to make the decisions. However it is important that staff are familiar with the MCA as several people they supported had dementia care needs and it was a consideration that as their dementia progressed they would may lack capacity to make some decisions. Care workers need to understand how the MCA affects their work, so that they are able to comply with it.

This issue was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where care workers were responsible for helping people to eat and drink, staff supported them appropriately. The

Is the service effective?

amount of help given varied from person to person and this was recorded in people's care plans. People who used the service and their relatives told us they had been supported appropriately with nutritional and fluid support needs.

Staff told us they monitored people's care and health needs. Staff said if they had any concerns they either passed the information back to the service or contacted health professionals such as GP's or emergency services as appropriate. We observed this in practice. During our

inspection a care worker phoned the provider to report that a person had fallen. The care worker had called emergency services and phoned the provider as per the service's policy to report the incident.

All important contact details such as GP's and people's medical needs were recorded in the care files held at each person's home. Staff told us as that they knew each person they visited well enough to recognise if they were unwell and needed medical attention. A relative told us the provider had supported them to access other services for their relative and that care workers supported them to liaise with healthcare professionals.

Is the service caring?

Our findings

People, and their relatives, described the staff as, “Really nice people and good at their job”, “Polite”, “Wonderful” and “Very helpful”. One person said, “I like them and they like me. I know them all and that is nice”. A relative told us how one care worker had been supporting their relative to get comfortable with receiving personal care. They said the care worker was working slowly to gain their relative’s confidence and trust. They described the approach used by the care worker as, “Gentle” and added “They have a good approach”. These views were reiterated by all of the people and their relatives we talked to. People told us they liked the fact they knew all the care workers as this made them feel comfortable with them and meant care workers understood their needs.

Staff told us they made regular visits to provide care to the same people. They said they felt this was helped by the service being relatively small. The service provided support to people in two geographical areas. Staff told us the provider arranged the rota so that staff alternated between visiting people in one area one week and the other area the following week. Staff said this meant they had visited and were familiar with the individual support needs of everyone who used the service. Staff said they had been able to build good relationships with people. They all said they

considered this to be an important part in providing good care. Staff spoke passionately about their role and were in agreement that they enjoyed working with people. They also said that during their induction they had shadowed other care workers and this had helped them get to know people.

People’s views were listened to and these were taken into account when care was provided. People and relatives told us how they were consulted about their care and that they had a copy of their care plan at their home. They told us they had been involved in drawing up the care plan. They felt their views and decisions about their care had been respected and adhered to.

Staff treated people with dignity and respect and understood the need to maintain confidentiality. Everyone contacted told us care staff respected and ensured their privacy and dignity. They also said their independence was promoted. Each person spoken with was able to provide us with positive examples. One person said, “They help me to wash my back and then close the curtain while I wash the rest of my body”. A relative commented, “They support [person] to go to the toilet. They then leave the bathroom and [person] calls them when they are finished”. One person told us they overhear staff talking to their relative and they were always, “Polite and respectful”.

Is the service responsive?

Our findings

People confirmed they had a care plan and care was provided as per their plan. People we spoke with told us the care workers always asked them if they were happy and if they needed support with any additional tasks. People told us if they needed any extra support they could ask and care workers would oblige. People also said if there was a need for staff to stay longer than their allocated time then they would. One person said, "They are flexible". People commented that they did not feel rushed to have their care needs attended to. One care worker said that they went at the person's pace and were aware that sometimes tasks such as assisting someone to have a shower could take longer depending on how the person was feeling.

We saw evidence staff had carried out an initial assessment of each person's needs before providing them with a service. Where relevant an assessment from the funding authority had also been obtained. This helped prevent the service from providing a service to someone whose needs they could not meet.

People's care and support plans were personalised and their preferences and choices were detailed throughout their care records. For instance each person's file contained a section entitled, 'All about me'. This described personal details about the person such as their family and support networks, details of any health and social care professionals involved in their care and how the person wished to be addressed.

All four care plans we looked at detailed the times and frequency of care visits. We found the care plans provided clear and detailed information about people's support needs and how this was to be delivered. They were written in a person centred way and reflected people's preferences and needs. For example, each plan provided details of where the person would be when care workers arrived. If the person was able to answer the door themselves then this was clearly documented within the plan. For other people there were instructions for staff on how to gain access to their homes. Care plans provided details for staff about what the person could do for themselves. Significant needs had been highlighted in red to indicate to staff that these tasks were important. People spoken with and / or their relatives described the support they received and this reflected what had been written in their care plans. This supported staff to deliver responsive care.

We found that care plans and risk assessments had been reviewed regularly to make certain they were still relevant to people's needs.

People and their relatives told us they knew about their right to make a complaint. Although none of the people spoken with had ever had cause to make a complaint. They told us they had the contact details to use if necessary. Everyone knew the provider and said they would contact her if they had any concerns. The provider said people had been given the complaints procedure at the start of receiving support. We saw recorded evidence on care files to support this. The provider told us they had not received any complaints since the last inspection in August 2014.

Is the service well-led?

Our findings

People who used the service all knew the provider by name and all said they had provided care and support to them or their relative. Although the provider spent the majority of their time at the office they also went out and provided care to people especially when staff were on leave. People spoke highly of the provider and said they were approachable and caring. Staff spoken with were clear of the values of the service. When asked what the values of the service were one care worker said, "Clients and making sure they are happy". Another care worker replied, "We value our clients, we are caring and they are well looked after. That comes from [provider]". People who used the service said that communication from the service was good. Staff commented they could always contact the provider for advice.

At our last inspection in August 2014 we found the provider was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because they did not have an effective system to regularly monitor the quality of service that people received. At this inspection we found action had been taken to address this breach.

We saw there had been regular unannounced 'spot checks' undertaken on care workers by the provider and / or the senior care worker to make sure they were arriving punctually, staying for the correct amount of time and providing safe and appropriate care. The provider explained 'spot checks' were also used to make sure staff completed tasks as per the care plan, followed the service's code of conduct and the values of the service. We saw records of these checks. These showed staff had also been assessed on their attitude, that they were appropriately dressed and respected people's choices. We saw that following the 'spot check' the provider had checked with the person to ascertain if they were happy with the care and support they had received.

The provider told us that they had learnt a lot since the last inspection. They considered record keeping had improved and the organisation had become, "More organised". We found the provider had made the necessary improvement since the last inspection and had completed these within the timescale of their action plan that they submitted to us following the inspection in August 2014.

The provider said they were happy not to expand the service. They said the staff team were established and settled and they did not want to commit to providing a service to people if they could not fulfil their needs.

The provider told us staff meetings were held approximately every six weeks. We looked at the records of staff meetings and saw staff had been required to sign to confirm they had attended the meeting. We looked at the agenda from the last meeting. This demonstrated that staff had been able to discuss people's care and support needs. Staff told us the provider communicated via text messages any important changes they needed to be aware of immediately. The provider was in the process of introducing a weekly newsletter to keep staff informed of any important issues that needed to be communicated.

We saw the provider had carried out a recent survey of people who used the service to gain their opinions of the quality of care and support they received. The results of people's feedback on the quality of the service had not been collated at the time of this inspection. However the provider showed us the completed surveys and we saw that everyone had responded they were happy with all aspects of the service.

The provider collected the records of care provided and medicines administered from people's homes on a monthly basis to check that staff were providing care and support as per people's care plans.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Staff had not received training on the Mental Capacity Act (MCA) 2005 and did not have an understanding of the MCA. Regulation 11(2)</p> |