Precious Hope Health & Home Care Ltd

Precious Hope and Home Care Limited - Milton Keynes

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Precious Hope and Home Care Milton Keynes is a small domiciliary care agency that provides the regulated activity, 'personal care' to people living in their own homes in the community. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of the inspection, the service was providing 'personal care' to nine people using the service.

At our last inspection in January 2016, we rated the service 'Good'. At this inspection, we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is set out in a shorter format because our overall rating of the service has not changed since the last inspection.

Feedback from people, relatives and staff was used to drive continuous improvement of the service. The complaints policy was made available to people and relatives so they knew how to raise any concerns and complaints. The registered manager had responded to complaints; however records need to be more detailed to provide a clear audit trail of the actions taken.

People and relatives felt safe with the staff providing their care and support. Staff were aware of their responsibilities for keeping people safe from any form of abuse and avoidable harm. The registered manager understood their responsibilities to keep people safe, they had notified the local safeguarding authority and CQC of safeguarding concerns and carried out investigations as required.

Staff recruitment procedures ensured appropriate checks were carried out on new staff to ensure they were suitable to work at the service. The staffing arrangements met the individual dependency needs of people using the service.

Staff had the appropriate skills, competency and knowledge to meet people's individual needs. Health and safety training followed current relevant national guidance to prevention and control of infection. One to one supervision was provided for staff to reflect on their practice and promote self-development.

People received their medicines safely and staff supported people to access support from healthcare professionals when required to ensure that people received coordinated care and support.

Staff understood the Mental Capacity Act, 2005 (MCA) legislation and followed this in practice.

People were involved in planning their on-going care and support. The care plans were person centred and provided staff with appropriate guidance.

People's needs and risks were assessed and staff were aware of the needs of each person. Staff treated people with kindness, dignity and respect and provided care in keeping with their wishes and preferences.

The service notified the Care Quality Commission of events and incidents, as required by law. Internal audits continually monitored the quality of the service, based on the audit findings timely action was taken to drive continuous improvement of the service.

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 Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Requires Improvement

The service has deteriorated to requires improvement.

Records of complaints need to be more detailed to provide a clear audit trail of the actions taken.

The service provided end of life care. Some staff had received training in palliative and end of life care. The service worked closely with a local hospice and plans were in hand for all staff to receive this training.

People and relatives were involved in planning their care and support. Care plans were person centred and provided staff with appropriate guidance.

Is the service well-led?

Good

The service remains Good.

Precious Hope and Home Care Limited - Milton Keynes

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 the second comprehensive inspection of Precious Hope and Home Care Limited – Milton Keynes. We gave the service 48 hours' notice of the inspection because it is a small community care service and we needed to ensure the registered manager would be available. The inspection started on 13 February and ended on 14 February 2018.

This inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We planned for the inspection using information from the PIR and other information we held about the service. This included statutory notifications. A statutory notification is information about important events; the provider is required to send us by law.

With people's consent, the expert by experience carried out telephone interviews with four people using the service and two relatives. We visited the office location to meet with the registered manager and the care co-ordinator and spoke with one member of staff. We also took into consideration feedback received from commissioners who monitor the care and support of people using the service.

We reviewed the care records for five people using the service, two staff recruitment records and other records in relation to the management and running of the service. These included staff training records, quality assurance audits, safeguarding and complaints records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel very safe with them [staff], they are like friends to me." Another person when asked if they felt safe with the staff providing their care said, "I have no concerns at all." One relative said, "[Name of person] is absolutely safe with the staff. I am here all the time so I know [person] is treated well." Another relative said, "[Name of person] is absolutely safe, the staff are very good at their job."

Staff received training in safeguarding. One staff member said, "I have completed training on safeguarding and am aware of the importance to report any concerns of abuse to the manager." Records also confirmed that staff received safeguarding training that included information on how to raise safeguarding concerns directly to the safeguarding authority. A safeguarding policy was available to staff for guidance. The registered provider was aware of their responsibility to raise safeguarding alerts to the local safeguarding authority and with the Care Quality Commission (CQC) as required.

People had individualised risk assessments in place, for example, risks of falls, pressure area care, and malnutrition. Staff told us, and records showed they followed the instructions in the risk assessments. Records showed the risk assessments were reviewed and updated as required and lessons learned to mitigate known risks.

Staff received training on infection control and followed best practice guidance in preventing infections. One person said, "The staff always wear gloves and aprons and wash their hands often." Staff told us that personal protective equipment (PPE), such as disposable gloves and aprons were supplied and always readily available. Staff told us, and records showed that unannounced spot checks observed that staff followed the infection control guidelines.

Staffing resources were suitable to meet people's needs. One relative said, "There seems to be enough staff." Another relative said, "I would say they have enough staff, they have never let us down." Relatives confirmed their family members mostly received support from regular staff. One relative said, "We have the same ones [staff] usually, unless they are off sick." Another relative said, "I have settled down with the same staff now, but it was a bit hit and miss to start with." At the time of our inspection, we found the staffing levels to be sufficient to meet people's needs.

Records showed that relevant pre-employment checks were carried out. References were obtained from previous employers and checks were carried out through the government body Disclosure and Barring Service (DBS), to include criminal records checks. This meant the registered manager continued to take reasonable steps to ensure staff employed to work at the service were suitable to work with people using the service.

Systems were in place to manage people's medicines safely. People told us they received their medicines on time. One relative said, "The staff give [Name of person] their tablets, we have never had any problems with the medicines." Staff told us, and records showed they received training on the safe administration of

medicines. The staff told us they worked closely with the district nurse teams to ensure people received their medicines as prescribed. The provider carried out audits on MAR charts to check staff completed them accurately.

Good

Is the service effective?

Our findings

People and their relatives confirmed they were fully involved in decisions regarding their care. Records showed care assessment's covered people's physical, mental health and social care preferences and met with current guidance to meet effective outcomes.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "They [staff] all know what they are doing, they are very good carers." One relative said, "The staff are all well trained, [Name of person] is in a lot of pain and needs careful handling, the staff use the hoist properly." Another relative said, "They are all very well trained."

Staff said that when first starting at the service, they had completed initial induction training and worked alongside an experienced staff member, until they were sufficiently competent to work unsupervised. Records showed staff received updates to training as required. For example, in moving and handling, falls prevention, nutrition and pressure area care and medicines administration. One member of staff confirmed they had recently embarked on a palliative care training course. This meant staff continued to work to current best practice guidelines.

Staff told us, and records showed they received regular one to one supervision and an annual appraisal of their performance. One staff member said, "We have regular supervision and an annual appraisal, the meetings are face to face." [Name of registered manager] is very supportive; you can discuss any concerns at any time.

Staff supported people to eat and drink a healthy balanced diet. One relative said, "The carer cooks proper meals for [Name of person]. I do the shopping and the carer cooks whatever [person] fancies. They are not microwave meals either." Guidance was available in the care plans for staff to follow in relation to people's dietary needs. This included information on food and drink preferences, records showed that staff followed the guidance and closely monitored the foods and fluids taken by people identified at risk of not eating and drinking sufficient amounts.

The service worked with other agencies in response to peoples' changing needs, to ensure consistent care was provided. People's care plans contained information about their medical history and current health needs and their health needs were frequently monitored and discussed with them, and if appropriate their relatives and other healthcare professionals.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must

be made to the Court of Protection.

At the time of the inspection, it was confirmed that no people were being deprived of their liberty. The registered manager and staff understood the principles of the MCA. People and their relatives confirmed that staff always sought consent before carrying out any care tasks and staff understood the importance of always seeking consent before providing people with their care.

Good

Is the service caring?

Our findings

People and their relatives said they experience positive caring relationships with staff. They confirmed staff were caring and supportive towards them. One person said, "They [staff] are all very respectful towards me, I always feel comfortable when they are helping me shower and dress." Another person said, "The staff are all very respectful, they knock on the door and call out before they come in."

Relatives confirmed they thought staff treated people with respect and maintained people's privacy and dignity. One relative said, "When they [staff] help [Name of person] to get washed and dressed, they make sure the door is shut." Another relative said, "The staff are so respectful, it is a pleasure to have [Name of staff] in their home."

People and relatives told us the staff were respectful, compassionate and respectful. One person said, "I think they [staff] are all wonderful, it is like talking to friends, and I need a friend at the moment." One relative said, they [staff] are all very caring people, you can just tell by their attitude."

Staff spoke about people they supported in a caring and respectful manner. One person said, "The staff always ask how I want things doing, when they first start anyway, they soon get used to me." People's care plans were and written in a way that explained how people preferred their care to be provided. Staff were able to tell us in detail about the needs of the people they provided cared for; their likes and dislikes and the specific support they required, which demonstrated they were knowledgeable of the people in their care.

People and their relatives were involved in making decisions about their care and support. They told us they were involved in the initial assessment of their needs and in the on-going reviews of their care plans and this was evidenced in the records seen at the time of the inspection.

Information was available for people on using independent advocacy services. Advocacy services can represent people, where they have no family member or friend to represent them. The registered manager told us at the time of the inspection no people using the service were currently using an advocate.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they received a copy of the providers' complaints procedure and confirmed they knew how to raise any complaints. Most of the people we spoke with were pleased with the service they received, one person said, "I just have to ask and they sort it out." Another person said, "We had a few quibbles to start with, but they have settled down now fine." However, one relative said they had raised complaints with the service but did not know what had happened about them.

Records of complaints evidenced that appropriate action was taken to investigate complaints and that the service used complaints as opportunities to learn and improve the service. For example, improvements had taken place to medicines management and communication with the GP and district nursing services. However, records were not consistently kept of the communications between the registered manager and complainants. The registered manager told us they kept in contact with complainants over the telephone, face-to-face meetings and by email communication. They said that going forward they would ensure that comprehensive records would be maintained on each stage of contact with people regarding complaints, and that the outcomes and resolutions to complaints investigations would be communicated to people in writing.

People, their families and/or carers were involved in developing the care plans and people consistently received care that was responsive to their changing needs. One relative said, "They [staff] do listen, which is important to us both." The care plans contained sufficient information about people's backgrounds, hobbies and interests and staff used the information to deliver personalised care and support.

The staff provided people with companionship and supported people to maintain relationships with family and friends to protect people from the risk of social isolation and loneliness. One relative said, "[name of staff] goes the extra mile, they probably stay longer than they should."

The service provided end of life care and some staff had received training to provide such care. One member of staff said they had recently started studying for a palliative care course through the Qualifications and Credit Framework (QCF), also known as a National Vocation Qualification (NVQ). The registered manager said the service worked closely with a local hospice and plans were in place to access more palliative care and end of life care training through the hospice.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the AIS for example, documentation was provided in large print.

Good

Is the service well-led?

Our findings

Since the last inspection of the service, there had been a change in registered manager. A new manager had recently taken up post on 12 February 2018. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager adopted a positive open culture and worked closely with people using the service and their relatives. Most people said they had met the registered manager. One relative said, "The manager has been here, [Name of registered manager] is very helpful and tries their best." Another relative said, "[Name of registered manager] is very helpful. If there are any changes, they let us know. They [staff] are all wonderful people."

Systems were in place to seek regular feedback from people, relatives and staff. We saw that the comments received from people during care reviews were mainly positive. For example, comments such as, 'They [staff] go above and beyond, always willing to do extra things as needed.' The registered manager had responded appropriately to feedback received regarding the preference of male or female staff to provide personal care, through accommodating the person's wishes.

The registered manager demonstrated a commitment to the on-going development and improvement of the service. Regular quality assurance audits took place to monitor the effectiveness of the service. The audits included checks on care plans, risk assessments, medicines and medicines administration records and daily notes. Unannounced spot checks also took place to observe care practice and seek feedback from people receiving care. Where improvements were identified, timely action was taken to rectify them.

Staff told us, and records showed they had regular one to one meetings and team meetings with the registered manager. Staff told us the registered manager was very approachable and they felt they could contact them at any time. One member of staff said, "I wasn't that happy before, but things have definitely improved since the new manager started, I now don't want to work anywhere else."

The service aimed to work in partnership with agencies that commissioned services and the local authority safeguarding authority to ensure that people received a consistent approach to their care and support.

Established quality monitoring systems were used to continually asses the effectiveness of the service and identify areas for further improvement.

The registered manager was aware of their responsibilities and had kept the Care Quality Commission informed of events that required formal notification to CQC.

The rating from the last CQC inspection was on display, both within the service and on the provider website. The provider is required to display their latest CQC inspection rating so that people, visitors and those

seeking information about the service can be informed of our judgments.