

Priceless Care Services Ltd

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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 7 June 2016 and was announced.

Priceless Care Services Ltd provides personal care for people in their own home. There were nine people receiving services for which CQC registration was required at the time we inspected. We spoke to one person during the inspection, because of this and the fact that we want to protect this person's rights to privacy, the report will provide an overview rather than specific examples.

A registered manager who was also the provider was in post at the time of our inspection. 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 was run.

People were protected from the risk of potential abuse and told us they felt safe because of the way staff cared for them. Staff took action to care for people in ways which promoted their safety and plans to manage people's individual risks were in place. There were enough staff employed to care for people. Where people wanted assistance to take their medicines this was given by staff who knew how to do this safely.

Staff had the skills to care for people and adapted how they cared for people so people received their care in the way they preferred. Staff understood how to promote people's rights and made sure people were in agreement for care to be given. Where people could not directly communicate their decisions staff supported them so their choices would be confirmed. Staff encouraged people to have enough to drink and eat. Staff understood risks to people's health and worked with people and health professionals where needed, so people were supported maintain their health.

People and their relatives had developed good relationships with staff who they felt were kind and caring. Staff supported people to maintain their dignity and understood people's need for privacy. Staff listened to people and took action to make sure people were receiving their daily care in the ways they wanted.

Staff had advised people and their relatives how to make any complaints they had about the service. No complaints had been received prior to our inspection. People or their representatives were involved in deciding what plans for care were put in place and the reviews of their care.

People and were encouraged to give feedback on the quality of the service. The registered manager and senior staff checked the quality of the care provided and introduced changes to develop people's care further. Staff understood how the registered manager expected people's care to be given so people would receive the care they needed in the way they preferred.

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.

People's safety needs were taken into account in the way staff cared for them. Staff knew how to promote people's safety and keep them free from the risk of potential abuse. There was enough staff to meet people's care needs and manage risks to their safety and well-being. People were supported to take their medicines where required.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills they needed to care for them. Staff worked with people in ways which promoted their rights and encouraged people to make their own decisions about their care and support. Staff worked with other professionals when required so people's health needs were met. Staff encouraged people to have enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

People and their relatives were very positive about the caring relationships developed with staff. People were supported to make decisions about their day to day care, where this was needed. Staff worked in ways which promoted people's dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices and be involved in deciding what care they received and how this was given to them. People who used the service knew what action to take if they wanted to raise complaints and concerns and were confident staff would take action to address these.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were complimentary about the service they received. Staff knew how the registered manager expected them to care for people. There were checks on the quality of care provided so people benefited from receiving a service which would develop further.

Priceless Care Services 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 inspection took place on 7 June 2016 and was announced. The provider was given 48 hours' notice because the location provides homecare services and we needed to be sure someone would be in. One inspector carried out this inspection.

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 also reviewed the information we held about the service. The registered manager had not needed to send any notifications to us in the previous twelve months. A notification is information about important events which the provider is required to send us by law. We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spoke with one person who used the service by telephone. Not all people who used the service were able to talk to us directly so we spoke with two relatives by telephone. We also spoke with the registered manager, a senior member of staff and six care staff.

We looked at three records about people's care and medicines, three staff recruitment files, staff training records, and minutes of staff meetings. We also looked at the checks the registered manager made to satisfy themselves the service was meeting people's needs. These included questionnaires about the quality of the service. These had been completed by people who used the service and their relatives. We also looked at records about people's safety.

Is the service safe?

Our findings

People we spoke with told us staff looked after them in ways which promoted their safety and well-being. People told us staff took particular care to make sure they helped them to move in safe ways which reduced their chance of accidental injury. People were confident staff would make their home secure if they needed support to do this.

All the relatives we spoke with told us their family member's physical well-being was taken into account by staff. One relative we spoke with told us staff always made sure the risk of infection to their relative was reduced, as staff always used the right equipment. All of the staff we spoke with told us the registered manager worked with other organisations so they had the equipment they needed to care for people in ways which promoted people's safety.

Staff knew what to do if they had any concerns for people's safety. Staff gave us examples of how they had supported people to remain safe with help from other organisations and health and social care professionals. Staff told us they could contact senior staff at any time, if guidance was needed to keep people safe. All the staff we spoke with were confident the registered manager would take action if they raised any concerns for people's safety.

People and all of the relatives told us staff understood the risk people's well-being. One staff member told us about the checks they made on equipment people needed to stay safe and well. The staff member told us how they had worked with other agencies when they saw one person's safety was at risk because of the equipment being used to support them. The staff member explained how the actions taken had reduced the risk the person would become unwell. Two staff members we spoke with told us they had raised concerns about one person's well-being. Staff explained these were general concerns about the person, and did not relate to the care provided by Priceless Care. Staff told us action had been taken by the registered manager who had worked with other agencies to make sure the person's safety needs were addressed. We saw records which showed the registered manager had taken these actions so the person's safety needs would be met.

People we spoke with told us staff had talked to them about risks to their safety when they first discussed their care. People told us they had welcomed this, as they could be sure they would get the care they needed to remain safe and well. These included risks to people's health and well-being and the environment they lived in. Plans had been agreed with people so risks to their safety and well-being would be reduced. Staff we spoke with told us they chatted to people about their safety needs and checked people's care plans so they knew the best way to keep them safe. Staff explained how they shared information on people's changing safety needs with senior staff. Staff also told us about the alerts they received when people's safety needs changed.

People and relatives told us people were supported by staff who knew their safety needs well. People and relatives said there was enough staff to meet their care and safety needs and they could rely on staff arriving when planned to support them.

Staff told us the registered manager set clear expectations about meeting the care and safety needs of the people they supported. All the staff we spoke with told us they were clearly instructed to spend as much time with people as required to make sure their safety and care needs were made. Staff gave us examples of times when they had been supported to spend more time with people if this was need to meet people's safety needs.

People told us staff always made time to chat to them. Relatives we spoke with told us the right numbers of staff were always sent to support their family members. Staff told us the registered manager was committed to making sure people received their care in a safe way. Three staff told us their rotas were planned in ways which meant they would not be supporting people when they were tired. Staff told us the registered manager and senior staff monitored this closely, so they could be assured people were receiving care from staff who were alert and likely to see any risks to people's safety and well-being. The registered manager told us the number of staff employed was based on the needs of the people using the service. The registered manager gave us examples of times when additional staffing had been put in place as people's care and safety needs changed.

The registered manager had checked with the Disclosure and Barring Service, (DBS), before staff started to work with people. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. We also saw the registered manager had obtained references for staff, so they were assured new staff were suitable to work with people.

Most people either managed their medicines themselves, or with support from their relatives. People told us they would be confident staff would assist them with their medicines if they requested this. One staff member told us they supported one person with their medicines, they told us they had received training so they would know how to do this in a safe way. All the staff knew what action to take to keep people safe if there were any errors with people's medicines. We saw staff kept clear records of where they had supported people to have their medicines. The registered manager told us they checked people's medicines records regularly, so they could be assured people were receiving their medicines in ways which promoted their safety.

Is the service effective?

Our findings

People and relatives told us care was given by staff who had the right skills and knowledge to support them. People highlighted there was enough staff trained to use the equipment they needed to move comfortably. One relative told us, "Everything they do, they do well." Another relative told us, "They know what to do."

Staff told us they had regular access to training. One staff member told us how the training they had undertaken had helped them to keep people safe as they understood the risks to people's well-being and the actions they needed to take. Another staff member explained that in addition to the training they initially had they were encouraged to refresh their training. The staff member told us this helped them to be confident they were giving people the care they needed. A further staff member told us how they had been supported when they had requested additional training, so they could meet people's needs as they changed. The staff member told us the training they had requested was now planned. We saw the registered manager had made a wide range of training available for staff to undertake. The training reflected the needs of people using the service, so people would receive the right care.

Staff told us they were able to obtain support and advice from senior staff or the registered manager so they could be sure people were receiving the care they needed in the best way. Staff told us they did this at regular staff meetings and one-to-one meetings with their managers. All the staff we spoke with told us they were able to obtain advice through the on-call system, if they required immediate advice to promote people's well-being.

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

We saw the provider had made sure staff had access to training to help them understand the requirements of MCA. People we spoke with explained staff always checked if they agreed to receive care. People said staff checked they were happy to continue at every stage of their care. One relative told us staff knew the best way to communicate with their family and took this into account when they supported their relative to make their decisions.

Staff were knew what action to take if people did not consent to their care. Staff gave us example s of the actions they had taken when this had happened. This included offering the care again later and letting senior staff know if they thought this would affect a person's health and well-being.

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 someone of their liberty must be made to the Court of Protection.

At the time of the inspection, the provider had not needed to make any applications to the Court of Protection. Staff we spoke with understood the role of the Court of Protection and how this would potentially affect the way they cared for people. The registered manager told us they previously supported one person and worked with other agencies when a Court of Protection order was in place. The registered manager told us further training was planned to explore this area of work with senior staff over the coming months, so they could be sure people's rights would be respected.

People told us staff always checked to see if they needed any support to have enough to eat and drink. One relative said, "Staff always have time to make [person's name] a drink before they go." Staff told us about the actions they took to make sure one person they cared for, who was not able to eat, had enough nutrition. Staff told us this had involved working with other agencies so the person had the support they needed to remain well. Staff told us, and we saw, they checked people had enough to eat and drink if they had any concerns in this area.

People said they were confident if they needed any help to contact health professionals they would be supported by staff to do this. Staff gave us examples of actions they had taken to secure medical help for people where this was needed. Staff told us how people's care times were altered when required, so they would be supported when district nurses or other health professionals visited them. Staff told us this gave them the chance to talk to the district nurses so they could be sure they were caring for people in the right way. One staff member told us how they had worked with healthcare professionals to make sure people had pain relief when they needed this. The registered manager explained how they had supported one person to attend a hospital appointment, so they were less anxious.

Is the service caring?

Our findings

People told us they enjoyed warm and caring relationships with staff. People also told us staff got on with all their family and had built trust with the staff who cared for them. Relatives we spoke with described staff as caring. All the relatives we spoke with highlighted staff took time to chat to their family members so they did not become isolated. One relative told us, "I can't fault the staff, they are kind. [Person's name] smiles and laughs with them. They make a difference and she is happy with them. They always talk to [person's name], say hello and give her a kiss goodnight."

The person we spoke with told us they had the opportunity to start to get to know staff when they first came out to find out the best way to care for them. The person told us they had regular carers, who knew them well. The person said this made them feel more relaxed. We spoke with one member of staff about the support they had when they first came to work for the service. The staff also told us they had worked with more experienced staff initially. The staff member told us this gave them the chance to meet with and find out about the people they would be caring for. The staff member told us this worked well, as it gave them the opportunity to find out how people preferred their care to be given.

Staff understood the things which were important to people and what interested them. Staff told us they found out about the things which were important to the people they supported by checking their assessments and care plans and by chatting to people and their relatives. By doing this staff could find out the best way to care for people. One staff member told us getting to know people meant they would get their care in way they preferred. The staff member said, "It's about their personalities, some people like a formal approach and some just like to have a joke with us."

All the staff spoke warmly about the people they cared for. One member of staff told us, "You talk to people all the time." Another member of staff said, "The best thing about my job is knowing people are happy to see you, and you get a smile and a wave on the way out."

People told us they made many decisions about their day-to-day care. This included what they wanted to wear and if they wanted from staff to help them put their make up on. People said staff listened to how they wanted their care to be given and took action to support them in the way they wanted. Relatives told us staff took their views into account when providing support for their family members. One relative told us how they were encouraged by staff to be involved in day to day decisions about their family members care. This included actions to be taken if their family member was ill. Staff gave us examples of how they encouraged people who were not able to communicate directly to make their own decisions about their day-to-day care. Staff told us this included checking people's reactions to the choices offered, so they knew what decisions people were making.

People said staff took into account their need for privacy and dignity in the way they care for them. People told us staff always provided them with privacy when they were caring for them. People highlighted staff were particularly kind if they were unwell and needed extra support. People said this helped to maintain their dignity and made them feel valued, as staff did not judge them. One relative told us staff took particular

care to make sure their family member's care was done in ways which promoted their dignity when visitors were in their home.

Staff told us how they made sure people were treated in a dignified way during personal care. This included providing people with items to cover them when care was given. One member of staff told us for some people the need for independence was part of their dignity requirements. The staff member explained how they worked with one person so opportunities for them to be as independent as possible were taken.

Is the service responsive?

Our findings

People told us staff had found out what care they wanted and how they wanted this to be given when they first met. People said plans had been developed so they would get the care they needed in the best way for them. People said they had been central in deciding how their care was planned and they were supported by staff in the ways they had decided. People gave us examples of some of the decisions they had made about the way they wanted their care to be given. This included choices people had made about the way staff supported them to move. By doing this, people were supported to remain as comfortable as possible, in ways which reflected their unique wishes.

All the relatives we spoke with told us their knowledge of their family members preferences had been taken into account in the way their family member's care had been planned. Relatives we spoke with told us how staff took their views into account when their family member's care was planned. One relative told us they had been consulted about their family member's preferred gender of carer. The relative told us staff had taken their views into account when planning their relative's care.

Staff we spoke with told us they talked to people about their preferences, likes and dislikes so their care could be tailored to meet their needs. One relative we spoke with told us because of the way staff cared for their family member they thought the care provided was, "Brilliant."

People and relatives said staff talked about things which were important to people, such as the music people liked and how people liked to spend their time. Staff understood which people liked to be reassured physically, and which people preferred to be reassured in other ways. One relative we spoke with highlighted how well staff reassured their family member when they were anxious.

We saw information about what was important to people was recorded in people's care plans. We also saw people's plans showed staff had considered people's physical care needs and well-being when planning their care. People's care plans and risk assessments had been developed so these would be responded to and people's health and well-being would be promoted. For example, we saw staff had been given clear guidance on how to care for people so the condition of their skin remained well.

People and relatives told us their plans had been checked with senior staff at regular reviews, or more often if their needs changed. One of the relatives we spoke with explained "[Person's name] care plan is adjusted if anything changes." The relative described how their family member's care had been changed so their family member was comfortable when being moved. This relative told us staff had also advised their family member would benefit from seeing a physiotherapist and this had been arranged. The relative told us this helped their family member to enjoy the best health possible.

We saw people's care plans had been updated regularly. People's care plans reflected the advice staff had received from external professionals so people would receive the care they needed to stay safe and well as their needs changed.

The person told us they had not needed to make any complaints about the care they received. The person said this was, "Because staff listen and take action." One relative we spoke with told us they had not needed to make any complaints as, "We have been happy with what they are doing." People and the relatives we spoke with told us they had been advised how to raise any complaints. Staff knew how to support people and their relatives if they wanted to make a complaint about the care received. Staff told us people had a copy of the complaints forms in their homes. People, relatives and staff told us they were confident the registered manager would take action if any complaints were raised, so lessons would be learnt. We saw there were processes in place for the registered manager and senior staff to respond to complaints, but no complaints had been received prior to our inspection.

Is the service well-led?

Our findings

People were positive about the way the service was managed and told us communication was good. The person we spoke with told us they saw the registered manager regularly, as they often supported staff to care for them. The people said because the registered often cared assisted staff to care for people the registered manager knew how well staff were performing. One relative us the way the service was managed meant, "The level of care is exceptionally good. Anyone would be lucky to have this agency."

The people told us the way the registered manager supported staff led to people receiving good care. Staff and the registered manager told us rotas were planned so staff had enough breaks so they would not be too tired to give people the quality of care they deserved. One relative told us, "The (registered) manager seems to have picked and employed caring people. Even though they now have more clients it's not affected the care [person's name] receives."

Staff told us the registered manager set clear expectations about how they were required to care for people. One staff member told us, "You don't cut corners and you don't rush." Another member of staff told us, "[Registered manager's] concern is for people to be cared for well." A further staff member told us, "[Registered manager's] priority is that customers get the care they need. [Registered manager] puts people interests at heart of everything."

Staff gave us examples of where the registered manager and staff had supported people and their relatives by working flexibly so they were able to do things which were important to them. Staff also highlighted how the registered manager and senior staff had worked with other organisations so people would benefit from the care they needed as their needs changed. Two staff gave us examples of how this had helped people who were coming towards the end of their lives.

The registered manager made sure resources were available so people's care needs would be met. Staff told us they were supported well and this had a positive effect on the care people received. One staff member told us, "[Registered manager] is always supportive and we all get on well and support each other." The staff member explained this meant communication between staff was good, and they were encouraged to reflect on the care people received. Another staff member told us, "[Registered manager] is always fair and will provide cover if we need it." Staff told us the culture in the service was open and they had been made aware of the whistle blowing policy, so they knew how to raise any concerns they had outside of the service, if needed.

The person and relatives told us they were encouraged to make suggestions about people's individual care as soon as these occurred. People and the relatives told us they found the registered manager to be approachable and said they were confident if they had suggestions to make these would be listened to.

Staff gave us examples of suggestions they had made so people would receive improved care. Staff told us the suggestions had been actioned. These included changes to the way people's care was delivered, so people were more comfortable and the risk of people experiencing pain was reduced. One senior staff

member told us about suggestions they had made to make sure staff received the training they needed so people would benefit from being cared for by staff who had the skills to support them. The staff member told us the registered manager had agreed to their suggestions.

There were checks made by the registered manager on the quality of care people received. These included checks to make sure staff had the skills they needed to provide people with their medicines in a safe way. The registered manager told us they also went back out to see people after their initial assessments so they could be sure plans were in place for people to get care in all of the areas they needed. In addition, the registered manager regularly cared for people and took these opportunities to check they were happy with the care they received.

Relatives told us they were invited to complete questionnaires so the registered manager could be assured they were receiving a good service. We saw questionnaires had been completed by people, their relatives and staff from other organisations. The registered manager explained how the completed questionnaires were reviewed by senior staff, so they could be sure people were receiving the best care possible. We saw the feedback received about the service had been positive.