

Provision Care Ltd

# Provision Care Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 1 December 2015 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be at the office.

Provision Care Ltd is a domiciliary care service providing care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provides care and support to people living in Leicester. At the time of our inspection there were four people using the service and employed two staff.

Provision Care Ltd has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the care staff and the support they received. Care staff were confident to report any concerns about people's safety, health or welfare to the registered manager or to the relevant external agencies.

People were involved in making decisions about their care and support needs and in the development of their care plan. Potential risk to people's health had been assessed and measures in place were detailed in the care plans for care staff to refer to.

We found there were sufficient numbers of staff employed to meet the needs of people. Records showed that staff had undergone a robust recruitment process before they worked unsupervised with people who use care services.

People were prompted to take their medication where their plan of care had identified that the person required support. We found people's medicines were managed well.

Staff had induction and on-going training that equipped them to support people safely. Staff were supported regularly through supervisions and staff meetings and checks were carried out on their practices.

People made decisions about their care needs and support needs. People's plans of care reflected the support they required with regards to their personal care and where appropriate social support. Staff sought people's consent before they were helped and promoted their independence and choices.

Staff supported some people with their meals and drinks in order that they maintained a balanced diet. People were supported with grocery shopping, meal preparation and cooking.

Staff supported people to liaise with health care professionals if there were any concerns about their health.

People told us that they were happy with the support they received. They had regular staff with whom they had developed a positive relationship with. People were complimentary about the care staff and found them to be kind and caring. People's privacy and dignity was maintained, their choice of lifestyle was respected and their independence was promoted.

Staff were knowledgeable about the needs of people and took account of their preferences such as times, cultural and diverse needs. People received support from staff who were consistent, reliable and aware of their role to meet people's care needs and promote their wellbeing and independence.

People told us they were aware of how to raise concerns. They were confident that any concerns raised would be responded to by the registered manager and the provider.

People who used the service and relatives told us that their views about the service were sought regularly. People told us that they were happy with how the service was managed.

The provider had a quality assurance system in place to assess and monitor the quality of service provided. Those included audits and checks carried out on the staff delivering care and review of people's care.

The registered manager provided effective leadership and support to the staff in order to review and develop the service. The provider sought the views of people who used the service in a number of ways and used the information to make improvements and develop 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 was safe.

People told us they felt safe using the service. Staff knew what to do if they had concerns about the safety and wellbeing of people who they supported.

Risks to people had been appropriately assessed. Measures were in place to ensure staff supported people safely.

Safe staff recruitment procedures were followed and there were sufficient numbers of staff available to meet people's needs.

People were prompted to take their medicines where it was required.

### Is the service effective?

Good ●

The service was effective.

People were supported by trained staff who understood the needs of people and how to support them. Staff received appropriate training to enable them to provide the care and support people required.

People's choices and views were respected and consent to care and treatment was sought.

People were provided with support to ensure their dietary needs were met.

People were assisted to access health care service and to maintain good health.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and supportive towards people using the service.

People were treated with dignity and respect.

People were encouraged to make choices and involved in decisions made about their care and support needs.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that met their needs. Staff took account of people's individual preferences whilst promoting their independence.

People felt confident to complain and were confident that their concerns would be listened to and acted upon.

### Is the service well-led?

Good ●

The service was well led.

A registered manager was in post and provided staff with the appropriate leadership and support. The registered manager and staff understood their responsibilities and had a consistent view of providing a quality care service.

People were satisfied with how the service was managed.

The provider had systems in place to gather people's views about the service, assess and monitor the quality of care provided and to drive improvements within the service.

# 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 inspection took place on 1 December 2015 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) and provide us with the contact details for health care professionals involved in people's care. 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. The provider returned the completed PIR.

We looked at the information we held about the service, which included 'notifications' of significant events that affect the health and safety of people who used the service. A notification is information about important events which the service is required to send us by law.

We also looked at other information sent to us from people who used the service and relatives of people who used the service.

We spoke with three people using the service. We also spoke with the registered manager and two staff.

We looked at the records of four people, which included their care plans, risk assessments and daily records. We also looked at the recruitment files of two members of staff, a range of policies and procedures and information relating to the quality assurance.

We asked the registered manager to send us additional information in relation to updated policies and

procedures and the results of the satisfaction survey. This information was received in a timely manner.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe with the staff who supported them. One person said, "I'm happy with [staff's name], he makes me feel safe when we go out."

The provider's safeguarding and whistleblowing policy advised staff what to do if they had concerns about the welfare of any of the people who used help the service. Staff were trained in safeguarding as part of their induction and had guidance as to what action they should take if they suspected someone was at risk. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the registered manager and the role of external agencies. That meant people could be confident that staff knew how to protect them from harm and to keep them safe.

Information sent to us by the provider prior to our inspection stated that people's needs were assessed and any information provided by the local authority who commissioned the care was used to develop the plan of care.

People's plans of care were supported by risk assessments (an assessment to evaluate or analyse the risks to the individual). Those related to aspects of people's physical health and safety such as moving and handling, falls and the home environment where the care and support would be provided. Risk management plans described the role of care staff and ensured risks were managed. There was clear guidance for staff to follow in meeting people's needs safely whilst respecting the person's independence with regards to how their personal care was to be provided. That meant people were provided with the support identified by the person's assessment, which included support with personal care, daily living activities and accessing community resources.

We found procedures were in place to support people to manage their finances. Records showed those were regularly checked by the registered manager, which meant people could be assured that their finances were protected.

We found arrangements were in place to ensure people's safety and wellbeing. Staff were aware of how to respond to emergencies and could refer to people's care records, which contained the emergency contact details and relevant information for the person's GP, family, the person's medical history and their current medicines. Staff were aware of their responsibility to record any incidents that affected people's health and safety such as a fall or bruising and report it to the registered manager. Staff told us they reported concerns to the registered manager and would call the paramedics if the person was in pain or had an injury. That meant people could be confident that the staff would take action promptly if their safety or wellbeing was of concern.

Staff told us they were introduced to people before the support started, which helped to ensure the person was comfortable with staff. It also provided the person with the opportunity to tell the staff about any special instructions such as preferred visit times and any lifestyle or cultural needs. Staff were knowledgeable about the needs of people and were able to tell us how they supported people to stay safe.



Where potential risks had been identified staff knew how to support the person and could refer to the care plans kept in the person's home.

People's safety was supported by the provider's recruitment practices. We looked at the staff records and found all relevant checks had been completed before care staff worked unsupervised. Those included checks with the Disclosure and Barring Service (DBS), which helps employer's to make safer recruitment decisions. That further supported the information received from the provider prior to our inspection, which stated that the provider's recruitment procedure was followed.

We found there were sufficient numbers of staff to meet the needs of people and help them to take positive risks, whilst staying safe. People told us they had the same staff to support them and found them to be punctual and reliable. People knew how to contact the service if staff did not arrive on time. One person said, "I will call [staff's name] directly if I want to go out early so they come on time."

People we spoke with managed and administered their own medicines. One person told us that staff reminded them to take their medicines and handed them the dossett box containing medicines, which they took themselves.

Staff told us that their role in supporting people with their medicines was to remind them and record that this had been done in accordance with care plans. The plan of care for one person whose support included being reminded to take their medicines listed what their medicines were for and the role of staff in reminding them to take them. Records showed staff had signed to confirm that the person had been reminded to take their medicines. That meant people could be assured that staff supported them to maintain their health.

## Is the service effective?

### Our findings

People who used the service told us they felt staff were trained and knew how to support them. One person said, "They [staff] know how to support me and use the hoist." Another person said, "I think [staff's name] understands my condition. He comes every day and helps me to eat the right food and look after myself."

The information received from the provider before our inspection stated that all staff were trained and had a recognised qualification in health and social care. All new staff would be required to complete the 'Care Certificate' training. The Care Certificate is a set of standards that health and social care staff should adhere to in their daily working life and provides them with the necessary skills, knowledge and behaviours to provide good quality care and support.

Staff told us that the training had equipped them to meet the needs of people. The induction training included familiarising themselves with the provider's policies, procedures, theory and practical training and had had the opportunity to work alongside an experienced member of staff.

We asked staff for their views about the effectiveness of the training completed. A member of staff told us that they supported people with mental health issues. In order to improve their understanding, awareness and how to support people, the registered manager identified a mental health training course for them. As a result they felt more confident and were able to recognise when the person they supported was in a low mood and knew how to support them. Another member of staff told us that the care plans had sufficient information about the person's needs including how to use the hoist and how they wished to be supported to help ensure the care provided was safe and appropriate.

Staff training records we looked at showed that staff had received training to equip them with the skills and knowledge they needed which was consistent with what staff had told us. That supported the information received from the provider, which stated the induction and ongoing training all staff were required to complete.

Staff told us they were regularly supervised and appraised by the registered manager, which included one to one meetings that focused on their personal development and the needs of people using the service. The registered manager also carried unannounced 'spot checks' which helped to assure people using the service and staff that they were carrying out their duty correctly. The spot checks records we looked at confirmed this to be the case. Minutes of staff meetings showed that staff were updated as to training available, were able to discuss the needs of people and an opportunity to share ideas to improve the service.

People told us that staff always sought consent before they were helped. One person said, "I will tell them when I'm ready (to be helped)."

The provider's policies and procedures for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) had been updated recently. The MCA is a law about making decisions and what to do if people cannot make some decisions for themselves. DoLS are part of the Act. They aim to make sure that

people receiving care are looked after in a way that does not unnecessarily restrict them or deprive them of their freedom.

The registered manager and staff understood their responsibilities under the MCA and DoLS and training records we looked at confirmed staff were trained. The registered manager was aware that an application must be made to the Court of Protection where a person being supported lacks capacity to ensure they received the care and support they needed.

People told us that they made decisions about their plan of care. They all told us that they had signed a contract and the agreed plan of care before the service started. Care records we looked at confirmed this to be the case. That meant the principles of the MCA had been used when people's ability to make decisions had been assessed.

One person told us that staff supported them with their food shopping and prepared meals for them. They spoke positively about the support and said, "[staff's name] likes me to buy food that is good for me."

Staff were trained in food and hygiene and were knowledgeable about preparing meals and drinks safely. They told us that people's care plan had information as to people's dietary requirements and their preferences which helped to ensure meals prepared were nutritious and to their liking.

People told us that staff supported them to maintain their health and wellbeing. Staff told us that they supported people to liaise with health care professionals if they became unwell and if they had any concerns about people's health they would report it to the registered manager and contact the emergency services or the person's GP. A member of staff told us that they had called the person's GP with their permission when their health had deteriorated.

The registered manager told us they work closely with health and social care professionals where the person's health and wellbeing fluctuated on a regular basis. Care records we looked at showed that the service liaised with health care professionals in a timely manner in order for the person to receive the appropriate medical treatment.

# Is the service caring?

## Our findings

People we spoke with told us that staff were caring. People were supported by the same staff and felt they were reliable and understood their needs and preferences. One person said, "[Staff's name] is like a friend who helps me. He is a good person that understands me." Another person said, "My carer is good to me. She is friendly and straight talking." It was evident that people had developed positive relationships with staff from what they told us.

The information received from the provider before our inspection stated that staff were trained to provide care and companionship that promotes people's health, wellbeing and independence in the comfort of their own home and to use community facilities.

Staff told us that they enjoyed their work in looking after people. One member of staff told us they understood people's needs and said, "They [people using the service] are people who need a bit more help with daily life."

People told us they were involved in the planning of their care and made decisions about their care and support needs. One person told us that were supported by a male member of staff which they preferred. They were confident that should their needs change the registered manager would discuss those changes with them and update their plan of care.

Care plans reflected how people wished to be supported with regard to their care and support. The daily records completed by staff showed people made day to day decisions including when they declined the support to be provided. In addition a record was kept when people using the service had contacted the service to request changes to their visit times and the support they needed. Care plans were reviewed regularly and updated when people's needs had changed.

People told us that they received a folder which contained a copy of the service user guide and their plan of care. Within the folder was a range of information about the service about the care and support offered by the provider, how people's views would be sought, and how to complain. The registered manager told us they had links with the local advocacy services should people need support to make decisions or raise issues of concerns.

People told us that staff respected their privacy and dignity and understood that they were supporting people within their own homes.

Staff told us that they received training in the promotion of people's privacy and dignity and the training records we viewed confirmed this. This helped staff to make sure they supported people in a respectful manner which took account of their diverse needs and lifestyle choices. Staff took care in ensuring people's needs were met in line with their plan of care. They gave examples of the steps taken to maintain a person's dignity when they were supported to maintain their personal hygiene, and promoted their independence with daily living activities and accessing community resources. That was consistent with what people who

used the service had told us and supported the information received from the provider prior to our inspection in relation to staff training in person centred training that included how to maintain and promote people's privacy and dignity.

## Is the service responsive?

### Our findings

People told us that staff were reliable, arrived on time and met their needs as per their agreed plan of care. One person said that they received the care and support that was centred around their needs and at the time that suited them. Another person said, "I told them what help I needed and it's all ok for me now." This person explained that when the registered manager introduced the member of staff to support them they told them about the support they needed including who should be contacted if their health was of concern.

We found the information from people's assessment of needs was used to develop the care plans. Care records we looked at confirmed that people had been involved in developing the plans of care and their views and decisions were documented. Those took account of people's needs, lifestyle choices and the preferred times to receive the support. The daily records completed by the staff showed the care provided was consistent with the person's plan of care. For example, people reminded to take their medicines and support with their personal care needs.

Staff said they supported the same people which helped them to understand their needs and the support needed. Staff had developed trust and a good relationship with people. One member of staff told us the registered manager recognised and supported them to have the skills and knowledge to support people with specific health needs. They had completed a training course in mental health awareness, which helped them to have a better insight of how mental health affects people. As a result they were able to recognise when the person became unwell and knew how to support them with their daily care needs and if necessary, seek support from the relevant health care professional. That meant people could be confident that their needs were met by knowledgeable staff equipped to respond to their needs.

We saw people's care needs and the support provided was reviewed regularly with the person. This meant people received care and support that was centred on their needs and lifestyle choices and reflected in their plans of care to ensure staff were provided with clear guidance.

People who used the service knew how to contact the service if there were any concerns about the time of the call, or in case staff were late to arrive. One person said, "I've had no problems with the agency but would call the carer or the manager directly, if they didn't turn up. That's never happened to me." The registered manager told us that they provide on-call service as the first point of contact for staff and people using the service at present. They plan to share the on-call cover with key staff as the service develops and more people are supported by the provider.

People told us that were provided with information about the service, which included how their views about the service would be sought and how to make a complaint. When we asked people about what they would do if they had any concerns about the service. One person said, "I've got no complaints. I'm very happy with my carer."

The provider's complaints policy and procedure was also included in the care file kept in people's home. The procedure clearly described how concerns would be addressed and included the contact details for the

local authority, Care Quality Commission and the Ombudsman.

The information received from the provider prior to our inspection stated the service had received no complaints. There was a system in place to record complaints and records showed that the service had not received any complaints since it was registered. The registered manager told us that they maintain regular contact with people who used their service, their relative and health care professionals, where appropriate so that any issues can be resolved straight away before it becomes a concern or complaint.

We, the Care Quality Commission, received no concerns or complaints about Provision Care Ltd.

## Is the service well-led?

### Our findings

People told us they were happy with the quality of care and support provided. We asked people for their views about the quality of care and the management of the service. One person said, "The manager has a good understanding of my needs and will call to see if everything is ok." Another person said, "The service is well managed. [Manager's name] listens and will do her best to make sure you get the right care that you need. She's very good."

The registered manager told us that people's views about the service were sought individually at review meetings, calls to people to check on their wellbeing and through surveys. The registered manager was analysing the results and had planned to share the findings from the survey with people using the service along with any action plan to develop and improve the service.

Following our visit the registered manager sent us the survey result, which were positive and the actions taken to address specific issues raised by people who used the service. That meant people could be confident that their experiences of the care provided by Provision Care Ltd was consistently good.

The service had a registered manager in post. They had clear view of what 'good' care looks like and showed a commitment to delivering quality care. They were responsible for the day to day management, recruitment of staff and monitoring the quality of service provided. They encouraged people who used the service and staff to share their views about the service.

Staff told us they found the registered manager supportive, approachable and encouraged staff with their professional development. One member of staff told us "She's [registered manager] very supportive and always there to help you." Staff knew what was expected of them and were motivated to provide quality care.

The registered manager worked alongside staff to ensure that the service people received was reflective of the provider's visions and values. The attitude of staff and the registered manager was consistent and showed they were committed to providing care that focussed on the needs of people, which respected people's rights and promoted their independence and equality.

The information received from the provider before our inspection stated that the registered manager now worked full time and had put systems in place to support staff. We found this to be the case. For instance, there were regular staff meetings held, policies and procedures were updated, and systems were developed to ensure that the management provided effective and timely support to staff and people using the service. The registered manager had also encouraged people using the service to share their views and opinions on how to improve and develop the service. For example, the registered manager visits the person after two days to find out if the care and support provided is appropriate. If necessary, changes would be made with the person's agreement to ensure the support provided is right for them.

The registered manager regularly assessed and monitored the quality of care people received. They carried



out unannounced spot checks on staff to ensure care and support provided was in line with their plan of care. That meant the registered manager was accessible to staff, people using the service and that they were assured that the registered manager was actively involved and committed to delivering quality care.

The registered manager was aware of their responsibilities to ensure people received safe and appropriate care and support in their own homes. The registered manager was aware of their responsibilities in relation to reporting to us of significant events that affected people's safety and wellbeing including any allegations of harm and abuse. They were aware of the revised regulations which the care services have to adhere to. The provider's policies and procedure we looked were reviewed and updated this 2015.

The registered manager currently audits people's care records against the daily records completed by staff, staff files and management information including complaints, policies and procedures, as they only provide care and support to four people. They told us that they were developing the current quality monitoring system to stipulate how often checks should be carried out and that they would be responsible for addressing issues in a timely manner. That meant people could be confident that the provider was taking steps to assure themselves that the service would be effectively managed and monitored to ensure quality of care remains consistent.

The service worked in partnership with other organisations such as the health care professionals to ensure people who used the service received care that was appropriate and safe. Care records we looked at showed that the registered manager made appropriate referrals to health care professionals and acted on their advice in meeting people's care and support needs.