

# Prestige Healthcare Solutions Ltd

# Prelle Healthcare

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place 5 December 2018 and was announced.

Prelle Healthcare is a domiciliary care agency. It provides personal care for people living in their own homes. At the time of the inspection the service was supporting 24 people for around 115 hours per week. 12 out of the 24 people were receiving the regulated activity, personal care. The service is registered to provide services to younger adults or older people living with dementia, learning disability and/or autistic spectrum disorder, mental health needs, physical disabilities or sensory impairment.

The service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Our last inspection at Prelle Healthcare took place on 30 May 2018. The service was rated Inadequate overall. We found the service was in breach of four of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. There were breaches in Regulation 12: safe care and treatment, Regulation 17: good governance, Regulation 18: staffing, Regulation 19: fit and proper persons employed. We also found the service was in breach of the Health and Social Care Act 2008, Section 33, failure to comply with conditions of registration and Care Quality Commission (Registration) Regulations 2009, Regulation 14, notice of absence.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions asking if the service was safe, effective, responsive and well led, to at least good. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we found sufficient improvements had been made to meet the requirements of regulations. However, further improvements are expected and we have made three recommendations to the provider.

There was a manager at the service who was registered with the CQC. A registered manager is a person who has registered with the 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.

During the inspection we received very positive feedback from people who used the service. They said the service was well-run and the management team were approachable and friendly. Since the previous inspection the provider had introduced new systems to evaluate and improve the quality and safety of the services provided. Through our checks of the provider's audits we saw the provider could question poor practice, respond to areas of risk and make improvements to the service. However, as many of the quality

assurances systems were relatively new or in development, they needed to be tested over time.

People who used the service told us they felt safe. We found there were sufficient numbers of staff to meet people's needs and it was evident that staff had been safely recruited. There had been two recorded safeguarding concerns since we last inspected, in each case the service had notified the safeguarding authority and taken all appropriate action mitigate the potential risk of harm. We have made a recommendation about notifying the CQC of certain incidents.

Systems were in place to manage medicines in a safe way. We saw records were kept when medicines support was provided. However, when medicines support was not required, such as when people were staying in hospital, this was not always appropriately recorded in people's administration record so that gaps were clearly explained or accounted for. People who used the service had no concerns with the support they received for medicines.

People told us the service was very reliable and staff stayed as long as they should. We found people received support from the same staff which promoted good continuity of care. People told us staff were caring and kind and as a result of the emotional support they had received from staff, they felt safe and more confident. We saw the service promoted people's independence by supporting people to manage their own routines, such as cooking, cleaning and washing.

We saw evidence of a collaborative approach to planning people's care and support. People who received a service told us they were provided with a copy of their care plans which was reflective of their needs. We have made two recommendations about people's care records so they are reviewed more regularly and start including information about people's wishes for advanced care planning.

The service encouraged people to maintain a healthy diet and worked collaboratively with external services to promote people's wellbeing. Staff told us they enjoyed working at the service and had received support, training and supervision to help them to carry out their roles effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

## 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.

Staff knew how to keep people safe from harm and had received relevant training

Systems were in place which promoted the safe administration of medicines. Though minor improvements were needed to medicine records so that gaps in administration were clearly explained.

There were enough staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

The service had commenced regular supervision and appraisal of all staff for development and support.

Staff had been provided with relevant training to make sure they had the right skills and knowledge for their role.

Meals were prepared to good standard, which also reflected people's preferences.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People and their relatives said staff were very caring in their approach.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care plans contained a range of information and staff understood people's support needs. We have made a

recommendation about the frequency of care reviews as they were at risk of not being accurate or reflective of people's needs.

We have made a recommendation about advanced care planning as people's views and wishes were at risk of not being respected.

People said they felt listened to by the management team.

**Is the service well-led?**

The service was not always well-led.

We found some of the provider's systems or processes were not established or embedded, and therefore could not evidence sustained improvement over the entire inspection period.

We have made a recommendation about notifications to the CQC.

The service promoted a positive and open culture, where people who used the service had confidence in the management team.

**Requires Improvement** 

# Prelle Healthcare

## **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 checked whether the registered provider was 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.

Inspection activity for this inspection started on 4 December 2018 and ended on 6 December 2018. We gave the service 24 hours' notice of the inspection site visits so that people who used the service could be contacted about us visiting them at home and because the service is small. When we visited the office, we wanted to ensure the registered provider who was managing the service would be available. The inspection team consisted of two adult social care inspectors.

Prior to this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury.

We contacted Sheffield local authority to obtain their views of the service. Their feedback was considered as part of our inspection findings.

During the inspection we spoke to three people who received support from Prelle Healthcare. We also spoke to the registered manager, the care coordinator and two care staff. We spent time looking at written records, which included four care record, three staff personnel files and other records relating to the management of the service.

# Is the service safe?

## Our findings

We checked the progress the registered provider had made following our inspection on 30 May 2018, when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. This was because people's medicines were not always managed in a safe way. At this inspection we found sufficient improvements had been made to meet the requirements of regulation.

Medicines were managed in a safe way, though some minor improvements were identified with people's medicine administration records (MAR). We saw accurate records were kept when medicines support was provided. However, when support was not required this was not always appropriately recorded in people's MAR. We saw evidence these records were regularly checked by the management team and gaps were investigated and followed up to ensure safe procedures were adhered to. For people who received 'warfarin' there was a separate administration record in place, which is good practice and was introduced following the previous inspection. Warfarin is a medicine prescribed to prevent harmful blood clots from forming or growing larger, with the dosage carefully monitored. The service had a medicines management policy so staff had clear guidance on their responsibilities in relation to supporting people with medicines. Staff confirmed they had received the appropriate medicines management training, which was refreshed at regular intervals.

We checked the progress the registered provider had made following our inspection on 30 May 2018, when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. This was because the provider failed to maintain an accurate and complete record of all incidents that had occurred at the service. At this inspection we found sufficient improvements had been made to meet the requirements of regulation.

The registered manager kept a log all accidents and incidents which had occurred, as well as any follow up actions taken. We saw one incident had occurred at the service since the last inspection and the service responded to risk, followed procedure and took appropriate action to promote people's safety.

We checked the progress the registered provider had made following our inspection on 30 May 2018, when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing. This was because the provider failed to ensure there were enough staff employed to meet people's needs. At this inspection we found sufficient improvements had been made to meet the requirements of regulation.

The service had sufficient numbers of staff employed to meet the people's care and support needs. At the time of this inspection the service provided approximately 115 hours of support per week and had a total of five staff employed. A care coordinator had been newly employed at the service to support with management responsibilities and care delivery. All people we spoke with confirmed staff had enough time to complete their care and support tasks and always stayed the full duration of their visit. We saw after each visit a record was completed by the visiting staff member. However, we identified staff were not always

recording the leaving time in the daily records, which is required to clearly evidence care delivered. We saw the provider had started to complete regular checks of people's daily records. These checks promoted people's safety by ensuring staff delivered care and support in line with their support plans. We need to see these improvements embedded before the next inspection.

We checked the progress the registered provider had made following our inspection on 30 May 2018, when we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. This was because the provider failed to operate effective recruitment procedures to ensure all staff employed were suitable to work. At this inspection we found sufficient improvements had been made to meet the requirements of regulation.

We found safe recruitment practices were followed. We looked at three staff files to check how staff had been recruited. We saw for each staff member the service obtained two references, proof of identify and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.

People who used the service told us they felt very safe when receiving support from staff. We saw a policy on safeguarding vulnerable adults was in place and the registered manager was clear about their responsibility to report safeguarding incidents as required and in line with safe procedures. All staff had completed training on safeguarding adults.

We saw the registered provider had a policy and procedure in place for controlling the risk of infection spreading. Staff confirmed they were provided with Personal Protective Equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures. People we spoke with had no concerns with infection control practices.



# Is the service effective?

## Our findings

We checked the progress the registered provider had made following our inspection on 30 May 2018, when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing. This was because the provider failed to ensure staff had received appropriate training and support as is necessary for them to carry out their roles effectively. At this inspection we found sufficient improvements had been made to meet the requirements of regulation.

Staff had received appropriate training and our discussions with staff members indicated they possessed a good understanding of people's support needs. The registered manager told us all new staff received a structured induction programme, which involved a period of compulsory training and shadowing. Since we last inspected the service the provider commissioned external training for all staff and implemented a training matrix, which helped the management team to monitor individual staff so their training could be renewed or added to where appropriate. We saw most staff had started the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme.

The registered manager had started regular supervisions of all staff, which was an improvement over the last inspection. They had also commenced checks of staff competency by observing their care and support in practice. This helped to ensure staff delivered effective care. Without exception staff told us they felt well supported by the management team. We need to see these improvements embedded in practice at the next inspection.

We checked the progress the registered provider had made following our inspection on 30 May 2018, when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. This was because the provider failed to maintain an accurate and complete record of people's circumstances in regard to their arrangements for consenting to care and treatment. At this inspection we found sufficient improvements had been made to meet the requirements of regulation.

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. 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.

In the case of Domiciliary Care applications must be made to the Court of Protection. We found no DoLS had needed to be made.

. At the time of the inspection the registered manager told us everyone who used the service had the mental capacity to consent to their care and support. Although the MCA was not applicable at this inspection, we found the management team and staff were aware of the requirements under the MCA and had systems in

place to assess people's capacity, where appropriate. For people who were able to consent to their care and support, this was obtained as part of the provider's admission process. People told us staff always consulted them before delivering care and support.

People told us they received appropriate support from staff at mealtimes. They said staff cooked food to a good standard, which also reflected their cultural preferences. We information about people's meal support was clearly recorded in their nutritional support plans, which helped guide staff on people's food and drink preferences and dietary needs.

Systems were in place which ensured people's needs were assessed before a new care package commenced. Staff were then selected to meet the person's requirements. We saw the service supported people to maintain good health by working collaboratively with external health services. For example, in one record we checked staff had identified a pressure injury on a person's leg and subsequently notified the district nursing team to ensure they received appropriate care and treatment for this. A body map was implemented so the service could monitor the person's recovery. We also saw the service supported people to access services, which were not directly related to people's emotional and physical health but contributed to their overall wellbeing. For example, one person told us the registered manager had supported them to access a social worker so their care and support entitlement could be reviewed. This shows care and support was individual to people's needs.

It was evident the registered manager was in frequent contact with people who used the service and staff. Staff told us they worked well as a team and shared relevant information either verbally or, if appropriate via a text message to staff. Effective communication ensures people receive consistent, timely, coordinated, person-centred care and support.

We found examples which demonstrated staff had a good understanding of people's individual communication needs. One person we spoke with told us their sight had recently deteriorated and they were now registered blind. They said Prella Healthcare had supported them through this difficult change and they were very happy with the support provided. We saw staff went the extra mile to ensure this person's communication and support needs were met. For example, information was passed on verbally, systems were in place so they were aware if it was a carer or stranger trying to enter their property, ready meals were ordered from morning to evening so these could be accessed independently, staff were aware to clear the environment of trip hazards and ensure key possessions were always in reach, such as a phone or walking aids, the service was also contactable at a push of a single button and staff actively encouraged their independence by supervising certain domestic tasks.

## Is the service caring?

### Our findings

People confirmed staff were always caring. During home visits we observed staff had a very good rapport with people and their interactions were very kind and encouraging. Staff described to us how they provided support in a respectful manner, while they maintained the person's dignity. This included enabling people to make choices and respecting their decisions. One person said, "I feel like they're [staff] are my friends." Another person told us, "I'm happy with everything. I was little nervous initially transferring to Prella Healthcare. [Manager's name] introduced herself and all care staff so I feel safe as no strangers. It [Prella Healthcare] is a life line."

The service had a collaborative approach to planning people's care and support so it was delivered in a way they liked. One person who used the service said they took part in reviews where they could voice their opinions about the care and were involved in decisions about any changes. We saw records of reviews which evidenced these discussions.

Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private. When we spoke with the care staff they demonstrated a caring and compassionate manner and clearly understood how to deliver the personalised care and support the person required. Staff knew how to treat people with dignity and respect.

## Is the service responsive?

### Our findings

The registered manager told us everyone who received a service had a care plan in their home which was reflective of their needs. We saw the quality of people's care plans had improved since we last inspected the service and records contained clear information about which element of support staff were required to provide at each scheduled call. For example, in one person's care record it directed staff to assist them with washing and dressing in the morning call and in the evening call to prepare dinner. The registered manager told us they had almost reviewed all people's care plans, with approximately five care records left to do. Our checks of people's care records showed the next scheduled review was 12 months from the review date. We recommend the provider increases the frequency of care reviews so the length of time between each review is shorter. This will help ensure people's care plans remain relevant and up to date as well as allow people regular opportunities to discuss their care and support needs. We need to see these improvements embedded in practice at the next inspection.

People we spoke with told us the standard of care provided was good. Each of the four care records we reviewed were person centred and reflected the persons preferences and choices. This helped staff to know what was important to the people they cared for and helped them take account of this information when delivering their care. We identified people's care plans did not refer to any aspect of end of life care, there was no inclusion of people's personal or cultural preferences in the event their wellbeing deteriorated. At the time of our inspection, the service was not supporting anyone who required end of life care. Although no one required end of life care it is good practice to have systems in place to enable people to discuss and record their future health and care wishes, thus improving the likelihood of these wishes being known and respected at the end of their life. We recommend the service seek advice and guidance from a reputable source regarding advance care planning.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services. Each care plan recorded the support people needed with communication. For example, if they had adequate vision and hearing.

Systems were in place to manage complaints and a copy of the complaints procedure was provided to all people who used the service. People we spoke with said they had no concerns but knew who to go to if they did and felt confident these would be dealt with appropriately. The service had received one complaint since we last inspected and it was evident the provider had followed their process. For people or staff who had less serious concerns the provider recorded these in a 'concerns book', so these could be responded to or where appropriate, help the service provision improve based on lessons learnt.

## Is the service well-led?

### Our findings

We checked the progress the registered provider had made following our inspection on 30 May 2018, when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. This was because systems and processes which helped assess, monitor and improve the quality and safety of services provided were either not operated effectively or established. At this inspection we found sufficient improvements had been made to meet the requirements of regulation.

We saw the provider had introduced new systems to evaluate and improve the quality and safety of the services provided. For example, we saw the service had started monitoring staff competency through regular spot checks, which were then recorded, so any issues of poor practice can be identified and followed up. Because this monitoring system had only recently started the provider was not able to show us evidence staff were consistently providing safe and quality care throughout the entire inspection period. Similarly, we saw the provider had only recently started a more robust process of auditing people's care and medicine records, which meant prior to this we were not able to see clear evidence issues of poor practice were being identified and acted upon. We need to see these improvements embedded in practice at the next inspection.

We found the systems for gathering stakeholder feedback were not yet established. The provider told us they had developed a satisfaction survey and it was their intention to send this to people who use the service after the inspection. The provider should actively seek the views of not only the people who use the service but anyone associated with the service, such as health and social care professionals, commissioners and other relevant bodies, about their experience of, and the quality of care and treatment delivered by the service. Feedback should be listened to, recorded and responded to as appropriate. Stakeholder feedback is a vital part of driving improvements to the quality and safety of services.

We checked the progress the registered provider had made following our inspection on 30 May 2018, when we found a breach of Section 33 of the Health and Social Care Act 2008, failure to comply with conditions of registration. This was because the provider was operating in breach of their conditions of registration, in that they were operating from a location address that was different to the address they had registered. At this inspection we saw the provider was still operating in breach of their conditions of registration. However, we saw clear evidence they were in the process of registering the correct location address with the CQC and their application had been received.

We checked the progress the registered provider had made following our inspection on 30 May 2018, when we found a breach of Regulation 14 of the Care Quality Commission (Registration) Regulations 2009, notice of absence. We found no identifiable incidents since the previous inspection and the registered manager was clear on their responsibilities of reporting to the CQC, therefore the service is no longer in breach of this regulation.

We saw there had been two recorded safeguarding concerns since we last inspected, in each case the service had notified the safeguarding authority and taken all appropriate action mitigate the potential risk of

harm. However, the provider had failed to notify the CQC for each safeguarding incident, which is required by law. The provider had made the CQC aware of the two safeguarding incidents prior to the inspection but had not followed this up by sending the corresponding notification. Based on our discussions with the registered manager we were assured they understood their legal responsibilities to notify the CQC for certain events or incidents and this was an oversight. We recommend the provider start submitting notifications to the CQC.

The management team consisted of a registered manager and a care coordinator, who was a new appointment and had prior experience in health and social care. We saw evidence of an open culture within the management team and staff told us they always felt listened to. People we spoke with during home visits all praised the registered manager and said she was approachable and organised.

We found the service was no longer in breach of any regulations, however, further improvements were expected. We have also made three recommendations in this report about notifications to the CQC, care reviews and advanced care planning. The registered manager recognised further improvements were required and assured us they would continue to act on our feedback.