

Prepare4care Ltd

# Prepare4care Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement**



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

### About the service

Prepare4care is a domiciliary care agency which provides care and support to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 55 people were receiving personal care. Most of the people supported were older people or people with a physical disability. The service is also registered to provide support to younger people, people with learning disabilities or autistic spectrum disorder and mental health conditions.

### People's experience of using this service and what we found

New staff were not consistently recruited safely. The registered manager took immediate action during and following the inspection to address this.

People were supported by a regular team of staff who arrived on time and stayed the length of time they should. One person said, "We have a regular team of lovely carers and they have all adapted amazingly to how I need to be supported."

People told us they felt safe receiving care and support from Prepare4care. Risks to people's health, safety and welfare were regularly assessed, monitored and reviewed. Action was taken to keep people as safe as possible. People were protected from the risks of abuse, harm and discrimination by staff who were regularly trained to recognise signs of abuse. People received their medicines safely and on time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

- Model of care and setting maximises people's choice, control and independence

People were supported to make choices and to be as independent as possible. People were empowered to

reach their personal goals, and this had positive outcomes for people. Staff spoke compassionately about the people they supported.

#### Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

People received care and support that was planned with them and centred on them as an individual. There was a holistic approach to planning people's care where people's physical, psychological and social care needs were assessed with them. People's privacy and dignity were respected, and their human rights protected.

#### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

The registered manager and staff worked as a cohesive team and followed a clear set of values. There was clear, visible leadership and the registered manager led by example. People, relatives and staff spoke positively about the leadership of the service.

People's care and support needs were assessed before they began using the service to make sure staff could meet their needs. Regular reviews were completed to see if people needed any changes to their care packages. Care plans were written with people and their relatives to ensure people's needs were at the centre of the care they received. These gave staff detailed guidance about how people preferred to be supported. People told us they were supported to be as independent as possible and staff encouraged and empowered them to reach their personal goals.

People told us they knew how to raise a complaint or inform the service about the good practice of staff. People did not have any complaints. Feedback, received through regular spot checks, quality assurance surveys and regular telephone calls to people, was positive. People were regularly reminded about how to provide any feedback as this was encouraged by the management team to make sure they could provide a good quality of service.

People, relatives and staff said they felt the service was well-led. They told us communication with the office was good and they would recommend the service to others. People had confidence in the leadership of the registered manager and the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 25 June 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the length of time since the service registered with CQC.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** 

# Prepare4care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection activity started on 14 October 2021 and ended on 21 October 2021.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people and three relatives. We spoke with the registered manager, HR manager, deputy manager and two staff. We reviewed a range of records. This included three people's care plans, associated risk assessments and multiple medication records. We looked at three staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with two more staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality surveys and quality assurance records.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- People were not always supported by staff who had been safely recruited. We reviewed three staff files. Full employment histories had not been consistently obtained and satisfactory explanations of gaps in employment had not been addressed. Some new staff had only completed the years they were employed and not included months. The registered manager could not be assured they knew the person's full employment history. One person's work history showed dates of employment different from those on the reference received from the employer. This had not been identified or addressed by the registered manager.
- During the inspection the registered manager updated the application form, in line with Schedule 3 of the Health and Social Care Act, to ensure future applications were in line with good practice. Following the inspection, the registered manager reviewed the whole recruitment process and created new supporting documents. They had begun to audit all staff files to identify and address further gaps. We will follow this up at the next inspection.
- Criminal record checks with the Disclosure and Barring Service had been completed to help make safer recruitment decisions. Two references had been obtained for each person. Health questionnaires had been completed.
- People were supported by a regular core staff team. One person told us, "There are three or four carers that come in and help me. We get on well. We can have a laugh together" and a relative commented, "It has made a massive difference having consistent carers." The registered manager commented, "We pride ourselves on the continuity of carers."
- People and relatives told us the staff arrived on time and stayed for the required time, sometimes staying longer to complete a task. They said the office contacted them on the rare occasion of their care call being later than expected due to unforeseen circumstances. People said they were not rushed. One person told us, "Prepare4care are excellent. They are always on time." Staff said they had plenty of time to chat and engage with people and never felt they had to rush people. There had not been any missed calls and call times were closely monitored.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, discrimination and avoidable harm. Staff were able to recognise signs of abuse and completed regular safeguarding training. They knew how to report concerns and felt confident the registered manager would take the right action to protect people.
- The registered manager reported safeguarding concerns to the local authority, Care Quality Commission (CQC) and, when necessary, the police in line with good practice.
- Staff wore a uniform and an ID badge to ensure people knew who they were when completing care calls.

### Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe with the support they received from Prepare4care. A relative said, "I feel safe when I go to work that [my loved one] gets the support they need. [My loved one] is very safe."
- Risks to people's health, safety and welfare were assessed, monitored, managed and regularly reviewed. When a risk was identified there was clear guidance for staff about what to do to reduce risks. For example, when a person's skin was at risk of breaking down, there was information for staff about how to safely reposition the person, along with detailed information about early signs of pressure areas and when to seek advice. Staff were knowledgeable about providing this support.
- People's homes were assessed to make sure the environment was safe. Staff used a key safe to access people's homes safely. People told us staff always called out when they came in.

### Using medicines safely

- People told us they received their medicines safely and on time. A relative commented, "The carers know [my loved one] really well. They always make sure they use her creams and they do all her medication."
- When people needed prescribed creams to help keep their skin healthy, a body map was in place to make sure creams were applied to the right areas.
- Records of administered medicines were checked to make sure people were receiving them as prescribed. When people had medicines on an 'as required' basis, such as pain relief, staff recorded why it was given and checked it had the desired outcome.
- Staff completed regular medicines management training and their competency was checked by senior staff.

### Preventing and controlling infection

- People and their relatives told us staff wore personal protective equipment (PPE) when providing care and support. Staff said they had plenty of PPE and were able to replenish their stock as needed.
- Staff completed infection prevention and control training to make sure they followed the correct processes.

### Learning lessons when things go wrong

- Accidents and incidents were clearly recorded by staff and, when needed, a body map was completed. There was a clear reporting process and all reports were reviewed by the registered manager to ensure that any action, such as a referral to a health care professional, was completed on a timely way. Care plans and associated risk assessments were reviewed and updated to reflect any accident.
- The registered manager reported accidents to the local authority safeguarding team and CQC in line with best practice.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs were assessed with people and their relatives before they began using the service. This made sure staff were able to meet people's needs. Care plans were detailed and included a detailed overview of what support people needed on each call and how to provide the support in the way the person wanted.
- People were involved in the planning of their care and support. They were able to share information about protected characteristics under the Equality Act 2010. For example, details about people's religious and cultural preferences and any specific needs were recorded.
- There was a holistic approach to planning people's care where people's physical, psychological and social care needs were assessed with them. When people were living with a health condition, such as Parkinson's disease, there was detailed information for staff about how the person may present on a bad day, the common signs and symptoms of the disease, and how best to provide support.
- People's care and support were planned and delivered in line with current evidence-based guidance and best practice. For example, a malnutrition universal screening tool was used to assess if people were at risk of malnutrition.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a comprehensive five-day induction and training. During the induction staff knowledge and competence, in topics such as safe moving and handling and medicines administration, were checked. A relative said, "The staff are very professional. I think it is down to the training. The carers know exactly what they are doing. The training is what makes the difference."
- One staff commented, "The induction was really good and there was time to go through things. Every step of the way I was supported by [the registered manager]."
- Staff met with their line manager on a regular basis to review their practice and discuss their personal development. When shortfalls were identified, such as through a spot check, these were followed up with the member of staff, a personal development / improvement plan implemented, and staff were monitored to make sure improvements were made.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat well and drink enough. Some people were provided support to cook their meals, some needed support to eat their meals and others required no support. This was clearly recorded in people's care plans. People's meal preferences and any known allergies were also recorded.
- A relative commented, "[My loved one] has dementia. I am so glad he has carers that understand. When they feed him, they know it takes a long time, they take their time, they don't rush him."

- Senior staff completed regular spot checks to ensure staff followed best practice and these checks included the safe handling of food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental health and emotional needs were recorded, monitored and regularly reviewed to check if any changes to their care and support were needed.
- People and their relatives told us staff supported them, when needed, to contact health care professionals. Relatives told us, "Prepare4care have been incredible. They ring regularly to check up and see if everything is OK. They arranged special cushions for pressure sores for [my loved one]. They keep chasing when something needs doing" and, "Staff contact health care professionals when needed. [My loved one] had a mark on her side, a blister, and they contacted the district nurses who came out. They really are 100 / 100."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff gained their consent before providing them with care and support. Staff confirmed this.
- People's care plans noted what decisions people could make and when they may need additional support. Staff understood, when people needed help to make more complex decisions, a meeting needed to be held with people's relatives and health care professionals to make a decision in the person's best interest.
- The registered manager said, "We really try and embed training into staff. For example, with mental capacity. Just because a person is living with dementia, it doesn't mean they cannot make a decision. It is about empowering them and supporting them to make decisions."
- When people had a lasting power of attorney, a legal document that lets a person appoint someone to help them make decisions on their behalf, the registered manager had reviewed this, and it was recorded in the person's care plan.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us the staff were caring. They said, "The carers are all very pleasant. They are well-dressed and look professional. They are all very caring" and, "They do everything I want. They are very kind and gentle." Staff knew people and their preferences well.
- Staff told us, "The care we give is absolutely brilliant. There is no having to rush. People get the time they should have and sometimes more if it is needed" and, "There is no cutting calls short and there is time to get from one person to the next. It is lovely to actually have time to chat with people and to have to do the job and rush out of the door. You really have time to get to know the clients and build a trusting relationship."
- People were always introduced to new staff before they began supporting them. One person told us, "When I have had a new carer it has been done in a really good way. There has been a really good handover. The existing carer has brought in the new carer for a number of sessions so they can read the notes and shadow them. They have been introduced to the family."
- The registered manager and staff recognised the importance of diversity and treating everyone equally. People's diverse needs were clearly recorded and respected by staff.

Supporting people to express their views and be involved in making decisions about their care

- People were at the heart of making decisions about their care and support. The registered manager and staff were passionate that people should be in charge of the support they needed. People told us, "They have a really dignified approach. Their approach is consistent. My care is led by me and how I like things to be done" and, "They show a genuine interest in me."
- People and their relatives were involved in the planning and regular reviewing of their care and support. One relative said, "Once a month I get a call from Prepare4care to check everything is going alright and to see if there is anything else that needs to be put in place."
- People had a choice about who provided their support. If a person decided they did not want a particular member of staff to support them this was respected, and alternative arrangements were made.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and respect. Staff had plenty of time to get to know people and build a strong rapport. A relative commented, "[My loved one] is treated with dignity and respect without a doubt. She is very lucky. There is a team of six carers to make sure there is always someone she knows."
- People's independence was promoted, and they were encouraged to do as much for themselves as possible. Care plans detailed the level of support people needed and how to encourage and empower people. People told us, "They are adaptable, flexible and I have gradually been able to reduce my care

package" and, "They have an unflappable approach. They are always adaptable. They are helping me get back on my feet. They have been so proactive with me. They have learned on their feet and understood and supported me."

- Regular spot checks were completed to monitor the service provided by staff. The registered manager commented, "Attitude and behaviour is monitored. This includes how they communicate with person and that they treat the person with dignity and respect. It also confirms people are given choices and they are enabled to do things for themselves."

- People's and staff's confidential personal information were stored securely, in line with General Data Protection Regulations, to protect their confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff knew them well and were responsive to their needs. One person said, "I have spoken to the office and the staff there are always polite and helpful. The carers are in it to care. It has been a completely different experience to what we had before. This is how care should be."
- People's care plans were very detailed and written with people and their relatives to capture as much background information as possible. They included information about people's life history, hobbies, family and likes and dislikes. There was clear information about people's health conditions to enable staff to meet their needs in the way people preferred.
- People told us staff supported them in the way they preferred and encouraged them to reach their personal goals. One person noted on a recent survey, 'The carers are amazing, and they have helped rehabilitate me, so I now only require one call a day. I am happy with the service and could not fault the carers who visit me'.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were an important part of the pre-assessment and were incorporated into their care plans to follow AIS standards. When required, people had a communication passport to make sure other health care professionals knew how to support a person with their communication needs.
- Records, such as care plans, were provided in an easy to read format when needed to offer information in the way they could understand best. Alternative formats, such as larger print was used when needed.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain, had no complaints and were confident any issues would be dealt with quickly and effectively. A person had noted on a recent spot check, 'I have never made a formal complaint. Any minor issues I have had to report have been dealt with immediately'.
- One person told us, "They ring me to check on everything. I was so surprised. They asked, do I have any complaints? They were willing to listen, but I didn't have anything. But they were keen to know if something was wrong so they could put it right."
- People were provided with a copy of the complaints process when they began using the service. Reminders about how to complain were provided in the service's monthly newsletters. Any complaints received were thoroughly investigated and responded to in good time. The registered manager was open

and transparent when completing complaints investigations. When needed, lessons were learned, and staff received extra supervision or were disciplined in line with HR processes.

- Feedback was gained through regular spot checks, both face to face and over the telephone, and quality surveys. The registered manager reviewed these to identify areas of good practice and any areas for improvement.

#### End of life care and support

- People were supported by dedicated teams of carers, who received specialist palliative care training, when they were reaching the end of their life. The registered manager commented, "We have had some of the most amazing clients. It has been an absolute privilege to take care of them."

- Relatives had sent cards and letters to the service when their loved ones had passed away. The registered manager told us these were shared with staff so they could see the impact they had on people's lives. One recent card noted, 'I cannot thank you enough for everything you did for [our loved one]. You ladies did an amazing job throughout the whole time. And thank you again for making them look beautiful at the end.'

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us the service was well-led and they would recommend it to others. People said, "I can't think of anything that would improve Prepare4care" and "I would 110% recommend Prepare4care. They are brilliant, so competent." A relative commented, A relative said, "I get a text every week with an update about [my loved one]. I couldn't ask for more. I would recommend them to others, a hundred percent."
- People told us about the positive and inclusive way they felt supported. One person said, "They have built a rapport with [my family] that has been amazing. They came in and learned about what I needed and how I needed things to be done. They really have a sophistication about their approach."
- There was clear, visible leadership and the registered manager lead by example. The registered manager and staff spoke passionately about the values Prepare4care of 'Competent, Approachable, Reliable, Exceptional.'
- Staff told us they felt respected and valued. They said, "I was made to feel welcome from the minute I went for my interview. [The management team] were lovely and so passionate. I won't be going anywhere else. The communication is really good, and I feel very well supported" and "I feel completely valued. I am so happy in my job. I can't imagine working anywhere else now."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Regular checks and audits on the quality of service delivered were completed. When shortfalls were identified, action was taken quickly to address these. Care plans were regularly reviewed with people to see if they needed any changes to their support.
- The registered manager promoted an open, inclusive and transparent culture. The management team worked with the staff each day to ensure they were a cohesive team.
- The registered manager understood their regulatory responsibilities. They, and the management team, understood the duty of candour. This is a set of legal requirements that services must follow when things go wrong with care and treatment.
- Notifications of incidents had been reported to the Care Quality Commission and local safeguarding authority in line with guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us the communication was good. They said, "If they are ever running late, they let us know", "The communication is very good" and, "Communication with the cares and with the office is brilliant."
- The registered manager genuinely welcomed feedback to help identify any areas for improvement and to share and celebrate what was done well with the staff team. Regular surveys to assess the service were completed by people and staff. The results were reviewed by the management team to check for areas needing improvement. The surveys were all positive.
- People received a monthly newsletter from the service. These included current topics such as, the Government's Autumn / Winter plan, events taking place nearby and how to provide a compliment or complaint.
- Staff newsletters were also produced each month and included tips for good practice, refreshers about policies and tips and help for staff well-being. Staff told us, "It is a brilliant place to work. I feel confident talking to anyone in the office. I feel valued and I feel supported" and "We all work together; we call ourselves a family. We all just work closely and look out for each other."
- Staff liaised as needed with people's health care professionals and referrals were completed in a timely manner.