

Precious Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Precious Care Services Ltd provides domestic services and personal care to older people; people with learning disabilities or autistic spectrum; physical disabilities; people living with dementia and people who misuse drugs and alcohol. The service was providing a regulated activity to 16 people who were using the service at the time of our visit.

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

At our previous inspection on 14, 15 and 17 November 2016 we found a number of breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach in the Care Quality Commission (Registration) Regulations 2009. The provider was given an overall rating of 'inadequate' which placed them into special measures. We took enforcement action against the provider due to the concerns found.

We asked the provider to take action to make improvements in the areas of person-centred care; meeting nutritional and hydration needs; fit and proper persons employed; staffing and notifications of other incidents. After our visit we asked the provider to complete an action plan with a date when they would be compliant. The provider submitted the action plan by the required timescale and informed us improvements would be made by 31 January 2017.

During this inspection we found the provider had made significant improvements to reduce the risk of harm to people. However, further improvements were required in the service's quality assurance systems to ensure any shortfalls would be promptly identified and addressed.

People were overwhelmingly positive about the caring attitude of staff. We heard comments such as, "They (staff) engage in a positive and affectionate way. You can tell they're caring rather than just coming to do a job and leave." Staff had a good understanding of people's care and support needs; people and their relatives were involved in making decisions about their care and staff knew people's individual communication skills, abilities and preferences.

People and their relatives said they felt safe from abuse; staff were aware of their responsibilities to keep people safe, medicine competency assessments still had not been completed for staff. Recruitment procedures were not thoroughly checked for accuracy. Staff job application forms contained missing information. We have recommended the service seek current guidance on the completion of medicine competency assessments in a timely manner.

Staff had received relevant training and supervision; people's nutritional needs were met and people or

those who represented them had signed to give consent to the care and support delivered.

Assessment of care needs were completed and updated to ensure care and support delivered reflected the care people said they wanted. Care plans were personalised and detailed people's preferences for care. People and their relatives said the service was responsive to their needs.

People felt the service was well managed and provided them with safe, caring and effective care. The registered manager had undertaken relevant training and changed their work practice to ensure the service was managed effectively. However, further improvements were required with the thoroughness of audits and the completion of reports. We recommend the service seeks good practice on how to complete audits of recruitment records and ensure information submitted to the CQC is fully completed.

This 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 have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People and their relatives said they felt safe from abuse.

Staff were aware of their responsibilities to keep people safe.

Medicine competency assessments were not carried out.

Recruitment procedures were not thoroughly checked for accuracy because staff job application forms contained missing information.

We have recommended the service seek current guidance on the completion of medicine competency assessments in a timely manner.

Is the service effective?

Good 

The service was effective.

Staff had received relevant training and supervision.

People's nutritional needs were met.

People or those who represented them had signed to give consent to the care and support delivered.

Is the service caring?

Good 

The service was caring.

Staff had a good understanding of people's care and support needs.

People and their relatives were involved in making decisions about their care.

Staff knew people's individual communication skills, abilities and preferences.

Is the service responsive?

Good 

The service was responsive.

Assessment of care needs were completed and updated to ensure care and support delivered reflected the care people said they wanted.

Care plans were personalised and detailed people's preferences for care.

People and their relatives said the service were responsive to their needs.

Is the service well-led?

People felt the service was well managed and provided them with safe, caring and effective care.

The registered manager had under relevant training and changed their work practice to ensure the service was managed effectively.

There were improvements with quality assurance systems. However, further improvements were required with the thoroughness of audits on recruitment records and the completion of reports. We recommend the service seeks good practice on how to complete audits of recruitment records and ensure information submitted to the CQC is fully completed.

Requires Improvement 

Precious Care Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which was carried out by one inspector and took place on 6 and 7 July 2017. The provider was given 48 hours' notice that the inspection was going to take place. We gave them notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Before our inspection we asked the provider to complete a provider information return (PIR) form. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the service. We looked at statutory notifications the provider was legally required to send us. Statutory notifications are information about certain incidents, events and changes that affect a service or the people using it.

We asked the provider to send further documents after the inspection and these were included as part of the evidence we collected.

During our visit, we spoke with one person; two relatives, two care workers and the registered manager. We reviewed four care records, four staff records and records relating to the management of the service.

Is the service safe?

Our findings

At our previous inspection on 14, 15 and 17 November 2016 we found breaches in Regulation 12, 13, 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered manager did not fully understand their role and responsibilities in keeping people safe. Staff were not kept up to date with safeguarding and medicines training (including medicine competency assessments); the safeguarding policy was not kept up to date and allegations of abuse were not always reported. Where people sustained unexplainable injuries there was no evidence to show the service had taken appropriate action. Risk management plans were not in place to promote people's safety. We found unsafe recruitment practices.

We took enforcement action and issued requirement notices against the provider and instructed them to complete an action plan with a date for compliance. After our visit the provider sent us an action plan by the required deadline. This stated that improvements would be made by 31 January 2017.

At this visit we found the provider had introduced effective systems to prevent people from being abused. The registered manager had undertaken safeguarding training and had ensured that staff had or were booked on refresher training. This was confirmed by a review of staff files and our conversations with staff. Staff were confident about the processes to follow and knew about the various types of abuse and associated behaviours. We noted the service's 'safeguarding vulnerable adults' policy was now up to date and made available to all staff. The service had developed a 'person centred' form which captured amongst others, information and events which related to alleged abuse. The registered manager explained this enabled them to have all the information easily accessible and in one place in the event they were required to carry out an investigation. A review of statutory notifications received from the provider since our last visit in regards to allegations of abuse, showed the provider had taken appropriate action and notified us and other relevant agencies. We noted completed body maps where unexplainable injuries had occurred, documented appropriate action had been taken. This meant the service had effective systems in place to protect people from improper treatment.

Relatives felt their family members' were kept safe from harm. They told us they had no concerns about staff and this was supported by one person who used the service who commented, "I do very much (feel safe from harm)."

Since our last visit the service had reviewed and changed its risk assessments. These are documents used to identify risks that could potentially cause harm to people, with instructions on how they should be managed. Identifiable risks covered fire; health; equipment; social; food; social; falls; capacity and environment. For example, where people were prone to falling, care records contained clear detailed information on how staff should handle falls. These were also referred to in people's risk management plans. Where people had medical conditions, risk management plans showed what staff were required to do to minimise or mitigate those risks whilst still maintaining people's freedom of choice.

Recruitment processes were in place however, further improvements were required. Since our visit there

had been no recruitment of new staff members. We reviewed three staff files and found the majority had all the necessary checks undertaken. We found written references were sought in two staff files but not evidenced in one. In the same staff file we noted the staff member's job application was not fully completed in relation their employment history. The registered manager told us they had undertaken audits of all staff files but acknowledged this was an oversight on their part and they would get the staff member to complete the missing information. They provided us with a valid explanation as to why there was no reference from the staff member's previous employer. However, the registered manager had failed to document this information in the staff member's file. This meant that robust recruitment checks would need to be in place for new staff to ensure people were not placed at risk of unsafe care.

People's medicines were managed and administered safely by staff. Staff were confident of the processes they had to follow and demonstrated a good understanding of the procedures in their discussions with us. Management had devised a new system of recording when they had collected medicines from the pharmacy on people's behalf. Staff training records confirmed some staff had now undertaken the relevant training whilst others were booked to attend training. At the time of our visit there were no medicine competency assessments in place. The registered manager informed us they were in the process of updating the service's medicine policy to be in line with the national guidance in respect of 'Medicines in Domiciliary Care'. They told us they would be developing a competency assessment based upon this guidance. This would ensure people received support with their medicines from staff who had their ability to administer medicines assessed on upon current best practice.

People and relatives felt there were sufficient staff to meet their care and support needs. This was based upon the numbers of staff who attended and the frequency of their visits. Comments ranged from "Yes, there's enough (staff)" to "We've had no problems with staffing. They (staff) do arrive on time." This was supported by comments from staff which included, "Yes, (there are enough staff), I don't struggle and I am quite happy with the rota. If I want a holiday there's no problem getting the time off" and "There could be more (staff) but at the moment we are fine." We found sufficient staff was available to meet people's care and support needs.

Is the service effective?

Our findings

At our previous inspection on 14, 15 and 17 November 2016 we found breaches in Regulation 18 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We made a recommendation for the service to seek current guidance on undertaking mental capacity assessments. This was because staff were not appropriately inducted, trained and supervised. Staff were not aware of how to apply the Mental Capacity Act 2005 (MCA) to their work practice and people's nutritional needs were not consistently being met.

We issued requirement notices against the provider and instructed them to complete an action plan with a date for compliance. After our visit the provider sent us an action plan by the required deadline which stated improvements would be made by 31 January 2017.

People and their relatives felt staff had the required skills to look after them. One person told us that staff were, "Very trained."

During this visit we found staff were now appropriately trained and supervised. As there was no recruitment of new staff members we were unable to assess how effective the induction programme was. We reviewed staff training records and found staff had received all of the service's essential training or were booked onto relevant courses. One staff member commented, "The training courses we attend update us on any changes. If I require further training I can speak to management about this, they are approachable." Another staff member told us, "I have carried out both e-learning and face to face training and have found them quite helpful." A training matrix was on display which showed training courses staff had undertaken. We noted it did not indicate when training had expired and brought this to the attention of the registered manager. We found people received care from staff that were appropriately trained to effectively carry out their job roles.

Staff received appropriate support. Supervision records showed regular meetings took place and documented the level and areas of support discussed with staff. For example, one supervision record documented the registered manager had met with a staff member as they were not completing medicine administration records (MAR) correctly. The staff member was able to talk about the level of support they needed and what had been agreed was documented. We reviewed the staff member's file and saw they had been booked to attend additional training for medicines. Staff told us they were able to talk to the registered manager about any issues or concerns and felt fully supported. This meant people received care and support from staff who were effectively supervised.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

Staff had received training in relation to the MCA and were able to demonstrate how they would support people who were not able to make specific decisions. Staff said if they had any concerns about people's

ability to make specific decisions they would immediately inform the registered manager. They gave us examples of how they had encouraged people to make their own choices. This was in reference to food people wanted to eat; the clothes they wanted to wear and how personal care was carried out. The service had taken on board our recommendation and ensured mental capacity assessments were undertaken where people were unable to make specific decisions. Person centred forms contained evidence of best interest meetings with involvement (where possible) from people; their families and health professionals. Relatives stated the service always sought consent in regards to various aspects of care. This was supported by consent agreements viewed in people's care records. These were signed and dated by people (where possible); their relatives or other representatives. This meant people received care and support by staff who worked in accordance with the MCA legislation.

People's nutritional needs were met. The service had a comprehensive assessment that captured people's nutritional and hydration needs. Where it was identified people required support in this area, the service devised care plans that showed how people would be supported. For instance, food and fluid charts documented the dates and time people ate and the types of food eaten. A staff member told us how they supported a person at meal times, "I would discuss meals with [name of person]. I enable them to make choices and incorporate salads and vegetables in their meal, which I know they like." Where people had medical conditions that impacted on the types of food they could eat, risk management plans were in place that indicated the level of risk and what staff should do to minimise them. Person-centred forms showed the service had made appropriate referrals to health professionals in order to effectively meet people's nutritional needs.

People had access to health and social care professionals. Care records documented the health professionals involved in people's care. Staff told us they accompanied people to health appointments. This was confirmed by relatives who spoke positively and with appreciation for the support their family members' had received. One relative when describing the effectiveness of the service commented, "We have noticed a very marked improvement in his [family member's] well-being and general health. This showed the service was effective in supporting people to achieve good health outcomes."

Is the service caring?

Our findings

People were treated with kindness and care. People and relatives gave positive feedback about staff's caring attitude. One person told us it was the attitude of staff that made them believe staff cared and commented that staff were, "Very patient with me." Relatives provided various comments such as, "They (staff) engage in a positive and affectionate way. You can tell they're caring rather than just coming to do a job and leave" and "Staff show genuine concern and use affectionate terms calling them (family members) mum and dad rather than Mr or Mrs". This was supported by our conversations with staff, who spoke affectionately about the people they provided care and support to.

Staff demonstrated a good understanding of people's care and support needs. One person commented, "They (Staff) talk to me and know me as a person." A staff member told us what recreational activity another person liked to do. Information contained in people's care plans confirmed what staff had told us about the people they provided care and support to. This meant that positive relationships were formed with people and the staff who provided care and support to them.

People and their relatives were involved in making decisions about their care. Staff gave examples of how they achieved this with the people they cared for. Comments included, "I would ask [Name of person] what they would like to eat and they would decide" and "I discuss with people and they will make their own decisions." Care records gave clear instructions for staff to ensure people were involved and documented this had occurred. A relative commented, "Anything to do with my parents, I am always informed and involved." This showed people were supported to be make choices in regards to their care needs and those who represented them were involved.

Staff knew people's individual communication skills, abilities and preferences. This was because care records clearly showed people's ability to communicate and the level of support they required. One relative told us that although their family member was unable to communicate verbally, the care worker who supported them always seemed to get on with them; made them laugh and understood what they wanted by their facial expressions. Whilst another relative said that staff, "Took their time", when providing care and support to their family member who had a hearing impairment." This meant people were enabled to communicate their needs in a range of ways and staff were able to respond to them appropriately.

People were supported to be independent as much as possible. Staff comments included, "I would only support [Name of person] in the areas they require help" and "I would allow [Name of person] to do the things they can do for themselves. For example, they would select the food they want to eat from the fridge." People and relatives we spoke with confirmed what staff had said.

People and relatives said staff respected and listen to them. Staff ensured people had the privacy they needed. For instance one staff member commented, "I try and make them (people) feel comfortable and let them take the first steps. I ensure all doors are closed especially if family members are in the house." Staff were provided with equality, diversity and inclusion training, which enabled them to respect people's privacy, dignity and human rights.

Is the service responsive?

Our findings

At our previous inspection on 14, 15 and 17 November 2016 we found a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a potential for people to receive care and support that did not reflect what they said they wanted, as baseline assessments were not completed and people's individual care needs were not regularly reviewed and kept up to date.

We issued requirement notices against the provider and instructed them to complete an action plan with a date for compliance. After our visit the provider sent us an action plan by the required deadline which stated improvements would be made by 31 January 2017.

Relatives said they were given detailed information before their family members took care packages. Since our last inspection the service had developed a comprehensive initial assessment which captured all aspect of people's medical histories; care needs and preferences. We found initial assessments were fully completed which ensured the service could provide a care package that was specific to people's individual needs.

Care plans were personalised and clearly outlined people's preferences in regards to how they liked care to be carried out. These were regularly reviewed and kept up to date. Staff were knowledge about people's preferences and what they told us was confirmed by the care records reviewed and our discussions with relatives. 'Person-centred forms' which contained records of meetings held with other health professionals; people and their relatives to ensure the care provided was responsive to changes in peoples' care and support needs.

Relatives felt the service were responsive to their family members' needs. When discussing how staff was responsive to their family member's needs, a relative talked about how a staff member went out of the way to purchase a food item that had run out. The relative stated, "They (staff member) knew how much dad loved [Name of food item] and went out and purchased some. They bought it with their own money which they really did not have to do." Care records also documented the responsiveness of the service. For instance, we noted a person had sustained a minor injury which staff appropriately responded to. The person's care record documented the care worker had contacted the office who subsequently contacted the GP and the person's relatives were also informed.

People and their relatives were aware of how to make a complaint. One relative told us they felt no need to make a complaint, whilst another relative said when they had it was dealt with to their satisfaction. We noted the service's complaint policy and procedure was accessible for people in their care records that were kept in their homes. This clearly explained what people should do if they wanted to raise a concern. Staff explained how they would handle complaints. This was found to be in line with the service's complaints policy. A review of complaints received showed they were responded to in line with the service's complaints policy.

Is the service well-led?

Our findings

At our previous inspection on 14, 15 and 17 November 2016 we found a breach in Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered manager failed to notify us of safeguarding incidents that had occurred in line with the required regulation. Systems to enable them to identify and assess risks to people's health, safety and welfare and management of the service were not effective and the provider information form (PIR) a document providers are required to complete explaining the operation of their services, was not submitted to us by the required deadline.

We took enforcement action and issued requirement notices against the provider and instructed them to complete an action plan with a date for compliance. After our visit the provider sent us an action plan by the required deadline which stated improvements would be made by 31 January 2017.

During this visit we found the registered manager had undertaken safeguarding training and demonstrated an understanding of the procedures to follow when reporting suspect or alleged abuse. Before our visit we reviewed statutory notifications in regards to alleged or suspected abuse, submitted by the provider. We found the provider had complied with their statutory duty; took appropriate action and notified the CQC and other relevant agencies when alleged or suspect abuse had occurred in a timely manner.

At our previous visit the registered manager had demonstrated a lack of understanding of the fundamental standards and their regulatory responsibilities. This was because they took on a 'hands on' approach by providing care and support to people rather than carrying out their responsibility of managing the service. During this visit we noted the registered manager had reviewed their work practice and now spent most of their time managing the service. This was evident when reviewing quality assurance systems in place. Initial assessments were comprehensive in order to capture information about people's current circumstance; their care and support needs and how they wanted them delivered. Risk management plans were in place in response to identified risks; consent agreements were signed by people or those who represent them and staff supervision notes showed staff were appropriately supervised. The service had reviewed its policies and procedures and ensured they followed national guidance and were kept up to date.

The provider had made improvements with its quality assurance systems however further improvements were required. Audits undertaken by the service covered amongst others, care plans; MAR sheets; accidents and incidents; staff training and staff recruitment records. Although there were no new staff members recruited since our last visit, the audit of staff records failed to pick up on the discrepancies we had found. The registered manager had stated they would be fully compliant with requirement notices issued by January 2017. However, during this visit we saw full compliance had not yet been attained. Although there were no new recruitment of staff since our last visit, people's welfare and safety were still placed at risk of unsafe care due to ineffective auditing of recruitment procedures.

Prior to this visit we asked the provider to complete a PIR. This contained information about the operation of the service. The provider had submitted this document within the specified timescale however, the

information submitted was incomplete. Therefore, the PIR could not be used to inform our judgements in this inspection.

We recommend the service seek current good practice on how to complete audits of recruitment records and ensure information submitted to the CQC is fully completed.

People and their relatives were overwhelmingly positive about the service. They spoke about their disappointment with the last rating given to Precious Care Services Ltd and felt the service provided by them was safe, effective and person-centred care. Comments included, "The service is definitely managed well. I think they (Management and staff) are doing a real good job", "It is (well managed)" and "Overall, my family are extremely pleased with my father's quality of care. We believe that this is due to the improvement in his care package and very much the thoughtful and professional way of Precious Care."

Staff had confidence in the registered manager and felt the culture of the service was open, supportive and they were provided with feedback. Comments included, "They are quite good, I can always see them face to face. The (registered) manager helped me to attend English classes and there has been improvement in my writing after attending the course" and "They (registered manager) are very open and will give praise and also tell me if I am doing something wrong."

People and their relatives said the service continually sought their opinions; listened and acted on them. This was evident in the care records reviewed and showed the service actively encouraged feedback about the quality of care and support provided.