

Presanne Care Consultancy Ltd

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## Inspection report

Unit 6, The Old Court House  
Orsett Road  
Grays  
RM17 5DD

Date of inspection visit:  
09 May 2022

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Presanne Care Consultancy Ltd is a domiciliary care agency providing personal care to people living in their own homes. 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 two people were receiving personal care and a third person was in hospital.

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

People told us they felt safe and comfortable with the staff in their own homes. Risks to people had been recorded and managed. Where a risk to one person had not been identified, a risk assessment and care plan were put in place straight away to mitigate the risk. Staff had been recruited safely and there were enough staff to care for people safely and meet their needs. Staff understood and followed good infection control practice.

Staff had completed an induction and mandatory training. Competency was monitored through spot checks and regular contact via phone calls. People gave their consent before staff provided support. Staff supported people with food and drink and to access healthcare services to live healthier lives.

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.

People felt respected and cared for by staff. Staff had a caring attitude and treated people like they would their own family member. People and their relatives felt involved in and listened to about the care provided and were able to express their views and opinions. Staff understood how to treat people with dignity and encourage them to maintain their independence.

People's needs and choices were recorded and assessed to ensure they could be met. Staff took time to get to know people and understand the support they needed. Information about how to give feedback and make a complaint was provided to people. People told us they had no cause to complain but felt confident to do so.

The registered manager was approachable and open and sought feedback from people and staff. People and staff spoke highly of the registered manager and felt the service was well managed. The registered manager had good oversight of the service and was developing a quality assurance system. The registered manager worked with other professionals and was keen to develop themselves and improve the service.

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 the last inspection

This service was registered with us on 28 July 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the timescales for unrated services.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Presanne Care Consultancy 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 Health and Social Care Act 2008.

#### 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 May 2022 and ended on 18 May 2022. We visited the location's office on 9 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three members of staff including the registered manager. We spoke with two people who received support from Presanne Care Consultancy Ltd and one family member about their experience of the care provided. We looked at three people's care records and two staff files in relation to recruitment and supervision. We looked at a variety of records relating to the management of the service including policies and procedures.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We reviewed documentation including training data 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel very safe. [Registered manager] always tells me what they are doing so I know what's going on."
- Staff knew how to keep people safe and were able to describe the different types of abuse and what they would do if they had concerns. One staff member said, "If I had any concerns I would go straight to the registered manager. I know I could also contact the police or CQC."
- The registered manager understood their responsibilities in relation to safeguarding and how to raise these with the appropriate authority. There was a safeguarding policy in place for staff to follow and the registered manager confirmed staff would have access to all company policies to ensure they understood their responsibilities.

Assessing risk, safety monitoring and management

- The registered manager had a pre-assessment process in place to ensure they were able to meet people's needs and provide the correct level of support.
- Staff knew about people's individual risks, and care plans and risk assessments contained the information they needed to support people. One staff member said, "The care plan is very important. If there are any changes, I will contact [registered manager] and get the care plan updated."
- The registered manager had completed risk assessments relating to the environment. These identified any potential risks in the home to ensure both staff and people were kept safe.
- We identified a risk assessment was missing for one person which the registered manager put in place straight away.

Staffing and recruitment

- Staff were recruited safely. The registered manager had suitable pre-employment checks in place such as references and Disclosure and Barring service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff employed by the agency to deliver the care calls required each day. One person said, "Staff come when they say they will. They spend the whole time with [relative] doing what they are meant to."

Using medicines safely

- People using the service were managing their own medicines.
- The registered manager had a policy and systems to manage people's medicines and staff had received

training.

#### Preventing and controlling infection

- Staff were trained in infection control and had received training specifically relating to COVID-19 including the use of personal protective equipment [PPE].
- Both the staff and people using the service were confident about infection control measures in place. One person said, "The hygiene is really good, [staff member] wears a mask, washes their hands and does everything right."
- Staff had been completing lateral flow tests [LFD]. The registered manager explained they had only been able to do one test a week for the previous two weeks due to difficulties with supplies, but this was now resolved. A staff member said, "We use lateral flow tests, but we have not been able to get these. I know testing is very important, I know I need to test twice a week. [Registered manager] is sorting this out."
- The registered manager had completed COVID-19 risk assessments for people using the service to ensure staff were aware of any risks and how to manage these.

#### Learning lessons when things go wrong

- The registered manager was keen to learn and improve the service. Whilst nothing had gone wrong, they acted quickly and positively on feedback received throughout the inspection.
- There was a policy in place to record incidents and accidents. Although none had occurred, staff knew how to use the reporting the system and the registered manager was clear about how they would respond.



# 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 needs and choices had been fully assessed. This included their likes and dislikes, religious preferences and how they would like staff to support them. The pre assessment had been used to write care plans and risk assessments.
- People and their relatives told us they were involved in the assessments and any reviews. A relative said, "When the care plans have to be reviewed, we speak on the phone or they are brought home and I sign them."
- The registered manager kept up to date with changes to legislation and national guidance and best practice. Policies and procedures were reviewed accordingly.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed they had received an induction, training and competency assessments suitable for their role. One staff member said, "I did some training at the training centre and some online training. [Registered manager] has taught me how to do everything."
- People felt staff were well trained. One relative said, "Staff are well trained, they are really good at what they do."

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

- People were supported to maintain a healthy diet. Care plans contained information about people's preferences and how to support them. One person followed a vegetarian diet.
- One relative said, "[Person] needed support. Staff help [person] to keep some independence with preparing food."

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

- People received support to access healthcare services. One relative told us, "[Registered manager] drove relative to the opticians recently."
- The registered manager worked in partnership with healthcare professionals such as GP's. Staff had supported one person to access their GP when they were experiencing problems.

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 MCA 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's consent to their care and treatment was documented in their care records. The registered manager met with the person and their family to undertake an assessment of the person's needs. The person's needs and preferences had been discussed and their consent had been obtained before the care package had started. One person said, "I am always offered choice. If I am not feeling well enough for a bath, [staff member] will offer me an alternative."
- Staff had received training about MCA and knew how to support people with making decisions. One staff member said, "Sometimes people can't make decisions at all, but I should support them to make decisions."

# 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 told us they were treated with respect and kindness. A relative told us, "We treat them [staff] like family, they really respect [person]." A person said, "I am happy, happy, happy. We do lots of laughing."
- Staff were respectful of people's cultural and religious beliefs. One person attended their preferred place of worship when they could. This was documented in their care plan and staff told us about this when we spoke with them.
- Staff spoke warmly about the people they cared for. A member of staff said, "I love working with [person], they are so nice and like a family member to me." Another staff member said, "I can't wait to see [person] tomorrow, I have really missed them."

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

- People and their relatives were complimentary about how the service communicated with them and involved them in decisions about care and support. One person said, "[Registered manager] writes everything in a book, my [relative] reads it and feels really reassured." A relative said, "We get lots of updates from [registered manager]."
- The registered manager and staff continually assessed and reviewed people's needs and discussed any changes with people and their families. One person said, "[Registered manager] always asks if I need anything, I'm not very assertive but they know to ask me."
- Care plans were reflective of people's current needs and had been reviewed but not as regularly as the company policy stated. The registered manager told us they had made sure any changes were documented and would make sure they reviewed the care plans as per the company policy.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity when supporting them with their personal care. This included closing curtains whilst supporting them to wash. One staff member said, "I close the windows and curtains. This is to keep [person's] dignity. I encourage family members to do this as well."
- People's independence was promoted. The registered manager had worked with a NHS supplier to source a specialised chair for one person so they could stand up safely by themselves.

# 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's care plans were individual and specific to their needs detailing their preferences, likes, dislikes and how they wished to be supported. The registered manager told us, "I review people's needs all the time and discuss any changes with people and their families." A staff member said, "I got to know [person] from their care plan and from spending time with them."
- People received care that was flexible and tailored to their needs. One person told us, "[Registered manager] is very flexible. They are happy to change the time of my visit and always call to make sure I'm ok." A relative said, "[Person] is very clean. Staff are really good at doing the cleaning how [person] likes it to be done."
- The registered manager ensured people were cared for by staff they felt comfortable with. One person said, "I couldn't cope with someone different every day; the continuity is what I need. [Registered manager] lets me know it's them at the door. Their timing is fantastic, this really sets my mind at ease."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew how people liked to communicate. One person's family were able to act as interpreters to support the person during care reviews and medical appointments.
- People's communication needs had been documented in their care plans, including if they wore glasses or hearing aids.

Improving care quality in response to complaints or concerns

- No complaints had been received since the service started operating. People told us they knew how to make a complaint and felt they would be able to do this. One person said, "[Registered manager] gave me a complaints leaflet that included the details of an external agency that I can contact if I need to. I would most definitely feel confident to raise any concerns with [registered manager]."

End of life care and support

- The service was not currently providing end of life care to anyone. People's wishes and preferences had not been documented in their care plan. We spoke to the registered manager about this and they confirmed

they would speak to people and include the relevant information.

- The registered manager spoke to staff about caring for people at the end of their lives during induction, but staff had not completed any training. The registered manager confirmed they would ensure staff completed this training.

# 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was passionate about providing good quality care to people. During the inspection we heard how the provider wished to be known as a service that provided consistent, quality care to people.
- There was a positive culture at the service. People and their relatives were involved in the care provided and felt their views were listened to. One person said, "I am very happy, we are really comfortable with [registered manager]. It's very hard to always be happy, [registered manager] has been fantastic, "and , "We were so sceptical at the beginning, but we couldn't have picked anyone better."
- Staff told us they felt involved with the service and the registered manager openly encouraged this. One staff member said, "[Registered manager] is always ready to talk. I send them an email and I always get a response straight away."
- People and staff had been invited to share feedback about the service through surveys, quality visits and phone calls. Comments received were positive.
- Staff told us, and records confirmed staff had regular conversations with the registered manager where they could seek support. One staff member said, "I feel really supported in my role. [Registered manager] takes my family situation into account, I recommend [registered manager] all the time."

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

- The registered manager had good oversight of the service. However, as this was a new provider, their systems for auditing were not yet established. There were some audits in place and the registered manager was working towards a more robust auditing system.
- Policies and procedures were in place to support the running of the service. The registered manager told us they were planning to have staff spend a day in the office to read and review all the policies as part of their induction.
- The registered manager understood their responsibility to those they supported as well as their staff. They said, "I will only look to take on new people if I can provide them with a really high quality of care. I want the staff to be able to spend quality time with people and provide the best care possible. I won't be able to do this if I take too many people on without the right staff."
- The registered manager understood duty of candour. This requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and

a written apology.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they were studying for a degree in health and social care and belonged to a range of organisations where they could keep up to date with the law and providing care. They also listened to feedback from others and continuously looked for ways to improve delivery of care.
- The registered manager worked in partnership with other organisations. They had recently commissioned an external company to audit the service. Areas for improvement had been identified and they were working through an action plan.