

Pride Health & Social Care Limited

# Pride Health and Social Care Ltd

## Inspection report

Hambrook Lane  
Stoke Gifford  
Bristol  
BS34 8QB

Tel: 03332224057

Date of inspection visit:  
09 March 2022  
14 March 2022

Date of publication:  
23 March 2022

## 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

Pride Health & Social Care is a domiciliary care agency that provides personal care to people living in their own homes in the community. At the time of the inspection the agency was supporting one person with a 24-hour package of care. The provider supports people with complex care needs including learning disabilities, mental health and autistic people.

Not everyone who used the service received personal care. 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.

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

People were safe. Policies and procedures were in place to guide staff on how to keep people safe and what they had to do if they had concerns. Staff understood the risks to people's safety and wellbeing and what they should do to keep people safe. There were enough staff at the time of the inspection. A core team of staff supported the person providing 24-hour care. Contingency plans were in place to cover absence. Systems were in place to ensure the right staff were recruited.

Staff received relevant training to help them meet people's needs. Staff were well supported by the registered manager and the management team. Staff had regularly individual and group supervisions. These along with spot checks were used to encourage continual learning and to make improvements to the service.

Staff respected people's rights to privacy, dignity and independence. They knew the person they were supporting well and described care that was person centred and very much led by the individual.

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. Care was planned with the person enabling them to lead a full and active life doing things that mattered to them. Staff supported the person to learn new skills such as budgeting, shopping, cooking and household chores.

Right support: Model of care and setting maximises people's choice, control and Independence; Right care: Care is person-centred and promotes people's dignity, privacy and human rights; 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 provider monitored and reviewed the quality of service. This included checking the views of the person using the service about the care and support they had experienced and any areas for improvement. As the service grows the registered manager knew that more formal systems would be needed to seek the views of relatives, people, staff and other stakeholders such as surveys.

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 and update

This service was registered with us on 3 April 2018 and this is the first inspection.

Why we inspected

This was a planned inspection to provide the service with a rating.

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.

# Pride Health and Social Care 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 team consisted of one inspector.

#### Service and service type

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

The service had a manager registered with the 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 the service 48 hours' 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 8 March 2022 and ended on 14 March 2022. We visited the location's office on 9 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since registration with us. We sought feedback from health and social care professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We reviewed a range of records including the person's care records, medicines administration and recruitment records for three staff, training records and records relating to the management of the service.

We spoke with a relative, the person using the service, five members of staff and a visiting health professional. In addition, we received feedback via email from a further three health and social care professionals. You can see what they told us in the main body of the report.

#### After the inspection

The registered manager continued to send us information including the service user guide.

# 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 received care that was safe. A relative said they felt their loved one was safe. The person told us they felt safe, knew the staff team well and would speak to their relative or the staff if they had any concerns.
- The provider had policies to keep people safe from abuse. An easy read guide was available for people using the service, which clearly described what constituted safeguarding and what they should do if they had any concerns by raising their concerns with staff and the registered manager.
- Staff completed safeguarding training. Staff described their role in keeping people safe and the importance of sharing information.
- Safeguarding concerns were dealt with appropriately and shared with the local authority safeguarding team and the Care Quality Commission.

Assessing risk, safety monitoring and management

- The person was kept safe. Before receiving a service, the registered manager met with the person to ensure they could meet the person's individual needs. This was an opportunity to discuss any risks. Health and social care professionals were very much part of the care package to ensure risks were managed safely.
- There were clear risk assessments in place to keep the person, staff and others safe. These had been devised in conjunction with health and social care professionals. The person had an easy read care plan, which included the support that was needed to keep them safe.
- Environmental risk assessments were completed to ensure the home was safe including guidance on what to do if someone suspects a gas leak or fire. These were kept under review.

Staffing and recruitment

- The provider completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- The person was cared for by suitable numbers of staff. The person was supported by a consistent team of staff. The person told us, they liked the staff and shared similar interests demonstrating there was a good matching process in place.
- Contingency plans were in place to ensure that there were always suitable numbers of staff supporting the person that were familiar to them. This was very important to the person. Where there had been absences both the registered manager and the provider had provided additional support and cover.

Using medicines safely

- Systems were in place to ensure this was done safely should people require support with their medicines.

This included policies and procedures, staff training and routine spot checks to ensure staff were competent.

- The person told us they were happy with how the staff supported them with their medicines.

#### Preventing and controlling infection

- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. Some staff did not wear masks when in the person's home. This was shared with the registered manager who said this would be discussed with all staff. Staff confirmed they had access to sufficient PPE they required and had received infection control training.
- The person's care plan included information on how to keep them and staff safe during the pandemic. This included information about wearing mask when in the person's home.
- We were assured that the provider was accessing routine testing for staff in line with government guidance and for the person they supported when showing symptoms.

#### Learning lessons when things go wrong

- The provider had systems to investigate incidents and accidents and then learn from them. Any changes required to care planning documents were implemented and communicated with staff. This included communicating with the person and their family. There had been very few incidents and no accidents.



# 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

- Before people received a service, their needs were assessed. This was to ensure their needs could be met and enabled the service to plan the resources the person needed to keep them safe and ensure they were matched with the right staff.
- There was a transitional plan in place for the person they supported. Staff spent time getting to know the person before they moved into their own home. This had helped with the success of the placement for this person. Health and social care professionals were complimentary about the service and the support given to the person leading up to the person moving into their own home.
- It was evident the person was very much involved in their care and the care and support was very much tailored to their needs. Moving forward the registered manager said they would like to build on this for other people with complex care needs.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction before they supported people. This was in line with the care certificate and covered training to enable staff to keep people safe. Updates were provided at regular intervals. A member of staff said, "they are hot on keeping us updated". Another member of staff said they had done lots of training relevant to their role.
- Training had been bespoke and relevant to the individual they were supporting. Health and social care professionals had been involved and had delivered the training before the person had moved into their own home. This included supporting the person with their mental health and a diagnosis of autism. A professional said, "The workers engaging with X all seem to have received a positive level of training specific to the individual they are supporting and so have a good awareness of their individual needs".
- Staff confirmed they were supported in their role with regular one to one and group supervision. Group supervision took place every two months with records being maintained. The registered manager said this was vital and helped with the success of the placement ensuring staff were supported with clear lines of communication.

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

- A support plan was in place to guide staff on supporting the person with healthier eating and drinking. Since the person moved to their own home staff and health and social care professionals commended the progress that was being made in relation to the person making healthier choices on what to eat and trying different foods.
- Food and fluid charts were in place to monitor the person's intake. Weekly weight monitoring was taking place. Staff said the person's weight was stable with some gain since moving to their own home. The speech

and language team were involved in the person's care.

Staff working with other agencies to provide consistent, effective, timely care

- The person was supported by a team of health and social care professionals. Regular meetings were taking place to ensure the person's needs were being met. Feedback from professionals was positive in relation to the progress the person was making and how they had settled into their new home.

Supporting people to live healthier lives, access healthcare services and support

- The person's health care needs at the time of the inspection were being met by the hospital they had resided in. The registered manager told us that this would change when the person had been fully discharged. The registered manager said the person would then be registered with a GP, dentist and an optician in the local community. Planning for this had already started.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training on the Mental Capacity Act and understood the importance of the legislation to protect people they supported. They were working with other health and social care professionals, the person and the family to ensure the person's rights were protected.
- Capacity Assessments were being completed for day to day decisions such as budgeting. It was evident the person was able to make choices on how they spent their time.

# 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

- Feedback from a relative was positive about the person's experience telling us, "Really good, (name of person) is happy and the staff are really lovely". The person told us they liked the staff team, and they treated him well telling us, "absolutely going really well, happier now". Meaning since they had moved into their own home.
- Staff described the care and support that was being provided in a very person-centred way with the person being very much involved. They spoke about the person in a kind and caring way.
- Health and social care professionals spoke positively about the staff interactions and support given to the person. Comments included, "compassionate person-centred care", "a good level of care" and "generally been very positive and the workers engaging with them all seem to have received a positive level of training specific to the individual they are supporting and so have a good awareness of their individual needs".
- Staff had received training in equality and diversity and human rights.

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

- Staff described to us how they supported the person to make day to day decisions on how they wanted to spend their time. In response to the choices the person was making, an activity planner had been devised. It was evident this was kept under review with the person.
- The person told us they had a copy of their care plan and staff had spent time discussing this with them. They confirmed they made day to day choices including how they wanted to spend their time and when and what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff supported the person 24 hours a day, seven days a week. Staff confirmed there were opportunities for the person to have private time. They told us the person would often request to spend time on their own in their bedroom or the lounge. Staff would spend time in another room within close proximity in case the person needed any assistance.
- The service placed great importance on supporting and encouraging people to maintain and promote independence and have control over their lives. Staff described how they were supporting the person to learn new skills such as budgeting, cooking, cleaning, laundry and shopping. The person confirmed they were very much part of these activities.

# 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

- The care package for the person had been devised over a period of ten months before they had moved to their own home. This started with the person slowly being introduced to the care team that would be supporting them. This enabled the person to build trust with the staff and for the staff to get to know the person.
- Staff and health professionals were very positive on how the service had managed this transition working with the person at their own pace. Staff and professionals confirmed since the move to their new home the person was more engaging with staff and was trying new experiences such as ice skating, spending time with family and was asking to do more activities. It was evident the person was thriving in their new home, making more eye contact with staff, widening their dietary intake and speaking out about how they wanted to live their life.
- The person had a very personalised package of care, which had structure to enable them to return to the community. The person had a clear plan of care that enabled staff to provide consistent care and support taking into consideration the views of the person.

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.

- The registered manager met the AIS and key information could be provided to people in alternative formats if necessary.
- Both the person's care plan and service user guide were in an easy read format. The person had copies of these within their own home for easy reference. Staff had spent time discussing this with the person to ensure they understood the support that was in place.
- Care plans included a section on how the person communicated. This was clear and enabled staff to understand the person and monitor the general wellbeing on how they communicated. The person had flash cards that were used to help them to articulate how they were feeling in respect of their mental health and wellbeing. Staff recorded the outcome of the discussion as part of the person's risk assessment for going out and doing activities.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The vision of the service was very much about supporting people with complex needs to return back to the community with full integration to achieve positive outcomes for the person.
- Staff understood their roles, which was to support and guide and encourage new skills such as home making, shopping, budgeting and day to day activities both within the person's home and the local community.
- There was a structured activity planner for the person, which included activities of their choice such as football, ice skating, going for walks and fishing. Staff said they had also supported the person to go to the pub for a glass of coke to play snooker and more recently darts. The person's relative confirmed there were lots of activities taking place as this was what their loved one liked to do.

#### Improving care quality in response to complaints or concerns

- There was a clear complaints policy. People and their representatives were encouraged to raise any complaints and concerns. There had been no formal complaints. However, the person said that on occasions staff do sleep at night. This was shared with the registered manager to investigate and respond. Assurances were provided this was not acceptable and would be investigated.

# 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

- The registered manager was passionate about providing bespoke services to people with complex needs to enable them to have positive outcomes living in their own home. Moving forward they were planning to provide packages of care to people with complex needs enabling them to integrate back into the community from long stay mental health institutions.
- Staff were motivated, empowered and supported to deliver high quality care in line with the service's mission statement. Staff said they felt valued and enjoyed supporting the person to lead an active lifestyle based on their wishes enabling them to be part of their local community.

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 was aware that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- Staff knew they had to report concerns to the registered manager/office and were confident that these would be acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the nominated individual had good oversight of the service. They completed regular spot checks at least two times a month to meet with staff and the person.
- Staff received individual and group supervision, which enabled the management team to have good oversight on what was happening and respond to any concerns or make any adjustments to the care plan.
- Regular meetings took place involving staff and other stakeholders to ensure the success of the placement for the person. Feedback from professionals was positive in respect of the care and support and oversight the management team had. A health professional said, "There is an open dialogue with the service and staff contribute to numerous multi-agency meetings".
- Spot checks were completed to ensure the person was receiving the care and support they needed and any risks to the person and others were minimised. The care plan was kept under review at least three monthly or when needs had changed. All relevant stakeholders had been consulted to ensure risks were minimised keeping the person and others safe.

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

- Staff said there was good communication and they felt valued in their roles. Staff told us they enjoyed their role and they could contact the office staff, registered manager or the nominated individual for advice at any time.
- As part of the regular spot checks the person's views were sought on the care and support that was in place and whether any adjustments were needed. Records were kept of these so that this could be monitored on subsequent visits to ensure the person's wishes had been met.
- The service was providing care and support to one person at the time of the inspection. The registered manager recognised as the service expands there was a need for more formal methods of gathering views of people they support, relatives, staff and stakeholders in the form of surveys.

Continuous learning and improving care

- Staff confirmed they had received bespoke training to enable them to support the individual. This had been delivered by health and social care professionals involved in the person's care prior to being supported by Pride Health & Social Care.
- It was evident from talking with the registered manager and staff there was continual learning as they were getting to know the person, which included making adjustments to the package of care. A health professional told us "We have found there has been strong and effective leadership in finding solutions and making robust plans". This showed there was continual learning and improvements to ensure the success for the person in reaching their goals and aspirations.

Working in partnership with others

- The registered manager and the staff worked collaboratively with health and social care professionals and other stakeholders in the person's care.