

## Pride & Joy Homecare Ltd

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### Inspection report

Unit 3, 192 Beardall Street  
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Nottingham  
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Website: none

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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?

**Requires improvement** 

### Overall summary

We undertook an announced inspection of the Pride and Joy Homecare Ltd on 7 October 2015. We told the provider a few days before our visit that we would be coming, so that we could access the necessary records. This was the first inspection of this service.

Pride and Joy Ltd is registered to provide personal care to people in their own homes. This is a small service and was providing care to 10 people when we carried out this inspection.

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

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe when receiving the service. They were kept safe and free from harm as all risks had been thoroughly assessed. There were just sufficient staff to provide the service and the registered manager had

# Summary of findings

contingency plans in place if there were any sudden staffing shortages, so that people's needs were always met. There was a safe recruitment process for all permanently employed staff.

People were confident that care would be provided at the planned times unless they received a phone call about changes.

Staff said they had received sufficient training to carry out the tasks needed and felt they could request more if the need arose. Care plans were in place, which detailed how people wished to be supported. Consent and agreement was always sought and staff were aware of making decisions in people's best interests if absolutely necessary. Support was given to ensure people had sufficient to eat and drink and they had assistance to call for medical help if needed.

People found the current staff were caring and provided an appropriate service that met their needs. Staff were always respectful and left things tidily.

The service was able to respond to people's specific needs to enhance their quality of life. Any concerns or complaints were investigated and responses were given by the manager.

Staff felt supported by the regular contact they had with the manager and through discussion in staff meetings. The registered manager led by example and took on some of the care tasks herself. This meant some management tasks were not always completed and she was trying to arrange further support to assist with managing the service.

# Summary of findings

## 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 safe

People were protected from harm as staff understood what action they needed to take to keep people safe. All risks to people were assessed so that action was taken to reduce any risk of harm.

People's needs were met safely by the staff available and recruitment for new care staff was on going.

People had safe support from staff when needed with their medicines.

Good



### Is the service effective?

The service was effective.

People's diverse and specific needs were met by appropriate staff training. New staff worked with the manager or other experienced staff to increase their knowledge and awareness.

People made their own decisions about their care and staff always consulted them about all aspects of the support they needed.

People also received appropriate support with meeting their health care needs and staff gave support as requested and needed with eating and drinking.

Good



### Is the service caring?

The service was caring.

People valued having positive caring relationships with the staff.

People and their relatives were at the centre of planning the care and support they needed and staff always consulted them about all aspects of the support they were providing.

Privacy and dignity were respected.

Good



### Is the service responsive?

The service was responsive.

People received care that was personalised just for them and met their individual needs.

People were encouraged to make a complaint if they needed to and could do this in person, by telephone or in writing. The manager followed a clear process to ensure people were satisfied with the action taken.

Good



### Is the service well-led?

The service was not consistently well led.

Requires improvement



# Summary of findings

There was a registered manager, who led by example, and supervised staff, but some management tasks were not always completed and recorded.

A system was in place to assess and monitor the quality of the service provided, but needed formalising.

# Pride & Joy Homecare 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 was planned to check 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 inspection took place on 7 October 2015 and was announced. The provider was given notice because the location provides a small domiciliary care service and we needed to be sure that someone would be available.

Before we visited we reviewed the information we held about the service including information that the provider is required to inform us about by law. The manager had

completed a Provider Information Return (PIR). 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. Reviewing this information helped by directing us to focus on specific areas of the service.

The inspection was undertaken by one inspector who spoke with two people who were using the service. The inspection also involved speaking to staff and a review of records. We also spoke two relatives of people that used the service.

We reviewed some records held at the agency's office. These included a sample of three people's care records, information from staff training records and the outcomes of complaints and comments about the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe when they were being cared for by staff from the service. One person told us, “I feel safer when they’re here.” Another said, “I always feel safe with the staff they send.”

Staff told us they had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff knew how to recognise signs of potential abuse and understood the relevant reporting procedures. We saw an induction record that included training in safeguarding adults and a staff member also confirmed they had information about the whistle blowing policy. They said they would not hesitate to report any concerns. The CQC had not received any safeguarding concerns since the agency started operating. People also had information in their folders in their homes about who to contact if they had any concerns about their safety. This all helped to protect people and keep them safe.

The manager carried out assessments of all risks to individual people using the service and to the staff whilst they were supporting them. We saw examples of completed risk management forms that included environmental risks and any risks due to the health and support needs of the person concerned. There was clear information about action to be taken to minimise the chance of harm occurring. This showed that risks were identified and managed to keep people safe.

One person told us they felt the service could do with more staff as the manager was often covering for staff that were not available. The registered manager told us that the number of staff employed was determined by the number of people currently using the service and their needs. A temporary staff member was covering for a member of staff who was on long term sick leave. The registered manager explained that she tried to recruit staff that were living in the same geographical area to provide care to specific people. This was not always possible and some travelling was needed. The manager encouraged people to contact

her if any staff were more than 15 minutes late. People told us staff usually arrived around the expected times and that they received a phone call from the manager if their usual person was not available, so they knew who to expect in their place.

One person had been warned that a regular visit would not be possible at a recent bank holiday. They had been given notice, so they could make alternative arrangements for support if needed. The person told us they had expected care on another day. No one had arrived, but they had not tried to contact the service at the time. On that occasion the person was safe and the manager was investigating the complaint. There were contingency plans in case staff were unexpectedly unable to attend. The manager would cover the work herself in the short term and had an arrangement with another agency should there be a need for continued assistance. This meant there was a system to ensure staff were always provided to carry out the planned tasks and meet people’s needs to keep them safe.

People were protected against the risk of receiving support from staff who were unsuitable for their role. Staff confirmed they had been through a robust recruitment process that made sure they were suitable for the work. We looked at the way checks were undertaken and found there was a clear procedure, so that no permanent staff could start unless they had appropriate references and been through satisfactory checks. Further records of checks were needed for a temporary worker and the registered manager was pursuing these to ensure people were supported at all times by staff who were all fit to meet their needs safely.

One person told us staff always reminded them to take their medicines and another person told us they didn’t need help, but staff had information about the medicines that were prescribed for them in case of any health problems arising. Appropriate training was given to staff in handling medicines and side effects they may notice. The care plans were clear about what assistance people needed with their medicines and there were records of this assistance being given. This gave assurance that medicines were handled and administered safely.

# Is the service effective?

## Our findings

People received an effective service. One person said, “I have regular care from a carer that knows what they’re doing.” Another person said, “The ones I have now seem to be trained to meet my needs, because the manager has shown them what to do.” One relative said, “It’s a very good service, because they know how to support my [relative].”

People’s needs were met effectively, because staff had received appropriate training. The manager told us staff were trained to meet the needs of the specific clients they were

working with by undertaking a five day shadowing and training scheme before they started to work alone with people. This involved observing experienced staff and being observed and mentored to ensure they were fully aware and competent in the tasks. Staff were also trained in key areas that relate to social care; moving and handling, first aid and health and safety, and medicines. Staff confirmed the training they had received and that they were observed by the manager to make sure they were competent. Some had received additional training where it was needed to specific meet needs, for example, catheter care. We saw lists with dates to give records of when the training had taken place. Staff were encouraged to undertake further vocational training and some had previously achieved advanced levels.

Consent for care was always sought in line with legislation and guidance. People or their relatives had made the choice to use the service. The registered manager told us they visited to assess what assistance was needed and discussed in detail with people how it was to be provided. People confirmed this had been the procedure and that they had received a copy of the agreement for their care. People knew they could telephone the manager between 6am and 10pm on any day should they wish to make any change to their care.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005 within a staff meeting. The 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. Staff told us how they encouraged and assisted people who were not always aware of, for example, the need to close curtains to maintain dignity. The majority of people using this service had full mental capacity and, in discussion with us, staff were aware of the principle of offering choices at all times. People told us staff asked them before they did anything. One person said, “They always do what I want them to.” A relative of another person said, “They seem to do things the way my [relative] wants. They’d be told if they didn’t.”

People had access to the food and drink they needed and were protected from the risks associated with eating and drinking. One person told us, “They always ask me what I want them to prepare for me.” A relative of another person told us that staff always ensured food was removed from the fridge if it was out of date. We saw a long list of preferred foods was recorded in one person’s file so that staff could discuss choices with the person. Staff confirmed that before they left their visit they always ensured that, if people were left alone, they had access to the appropriate food and drink they may need.

We saw records of the care given and of contacts with various health professionals. One person told us, “I can decide if I want to see a doctor, but I can talk to the carer about it.” A relative told us, “They have all the telephone numbers in a folder so they can contact a doctor when [person’s name] is not feeling well. They let us know too.” Staff told us they felt it was important to monitor people’s health. They talked to people about their health, recorded any changes in the care notes and reported concerns to the manager or directly to the person’s doctor’s surgery if it was urgent. This helped in ensuring people’s changing health needs were met.

# Is the service caring?

## Our findings

People described staff as, “Very kind and lovely” and “Always respectful.” One person said told us they had not always had a positive experience as not all tasks had been completed by two previous carers. This had been investigated and the person was satisfied that their current carer was very caring.

When a new member of staff started, they were always introduced by the manager. People told us that if they did not get on with any of the staff they told the manager and the staff were changed.

They told us the manager was very caring and helpful and demonstrated to new staff how to respect people at all times.

A relative of a person who used the service commented, “The manager provides a good caring service and makes sure the carers treat my [relative] as an individual.” People told us they were involved in developing their own care and support plans and had regular discussions with the manager. One person told us, “The carer asks me what needs doing and then gets on with it.”

Another person told us, “I can speak to [the carer] about anything. We get on well.”

One of the staff told us, “I have a good working relationship with each of the people I go to. We have a good chat together.”

There was information available about advocacy services in the information pack that each person had, but no one we spoke with felt they needed the service at present. One relative said they would always make sure their family member’s rights were respected.

Staff were respectful and maintained people’s dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falling. One of the staff said, “We have to respect their independence, but make sure we help when needed.” One person told us, “They are always respectful and leave everything tidy.”

# Is the service responsive?

## Our findings

People told us the registered manager was very good at listening to what they said about the help they needed.

Two people told us they received care that was personalised just for them and met their individual needs. The registered manager explained that she received information from a social worker, met with people and consulted their family about their needs. Once the assessments were complete and the care plan was drafted the registered manager sent it to people to make changes if needed. After the plan was agreed, people could, and did, contact the registered manager at any time to request changes.

A relative of one person told us, “We have regular discussions with the manager. She is very responsive to any particular changes and they are helping my [relative] to stay at home.” They told us staff were aware of the person’s specific preferences and interests so they could respond appropriately to them.

Staff told us they had read the assessment and plan for each person’s care and, from our discussions, we found they were knowledgeable about people and knew how to respond to specific needs. Staff we spoke with were aware of people’s preferences and interests, as well as their health and support needs. We saw examples of written records of

events and care given. Staff told us they always recorded this information to make sure it was handed over to the next staff member, especially if different staff were attending.

The registered manager gave us examples of responding to particular individual needs and interests. They provided one person with a sketch pad to maintain and develop their interests in artwork. They had also arranged for a wheelchair to be provided for one person and assistance from a specialist cleaning company for another person.

A local authority representative told us they had found the service provided a speedy response when they requested them to meet the needs of a particular person. This had provided support for the whole family and helped the person to maintain their independence.

People had a copy of the complaints procedure in their information folders at home. People were encouraged to make a complaint in person, by telephone or in writing and there was a clear process to deal with it. One person said, “I did complain and the manager made an appointment to come and see me. She does take things seriously.” The manager gave us a summary of action taken following two complaints. There was no separate record of complaints and investigations, but we saw detailed notes of the investigations in a diary notebook and the manager had recorded that each person was satisfied with the outcome. This showed that the service was responsive to any complaints they received.

# Is the service well-led?

## Our findings

People who used the service and their relatives all knew the registered manager by name and had met her regularly. Two people told us they were concerned that there was currently no one to support the registered manager in the office, but they could always contact her by phone and leave a message if needed. We discussed this with the registered manager, who had started the business herself as a director of the company. She told us she had decided to recruit an assistant manager, who would have responsibilities for co-ordinating the care. Meanwhile, the manager had support from a senior carer, who covered the coordination of care if the manager was not available. Another director of the company was also involved in providing some support and dealt with finance.

The registered manager told us they had found staffing the service to be challenging. There had been a high turnover of staff and some long term sickness. Only one member of staff had remained constant during the last 12 months and there was currently one permanent vacancy.

Staff told us they felt supported by the regular contact they had with the manager and through discussion in staff meetings in addition to training. Regular staff meetings had taken place and we saw some notes made of these meetings held every two to three months. Staff told us they found it very helpful to meet together and discuss things.

The registered manager told us that new staff were given information about the ethos of the company during recruitment and during their induction training. Staff confirmed this and said they had a copy of all the policies they needed to follow.

Staff received regular support and advice from the manager via phone calls as well as regular individual face to face meetings. Staff felt the manager was available if they had any concerns. One of the staff told us, "I know if I have any problems I have support from the manager." They said the manager was approachable and kept them informed of any changes to the needs of the people they were supporting.

The manager told us she led by example and she always did all the care planning and reviews herself. This gave her insight into people's needs and how to meet them. She made changes to care plans as needed and whilst providing care and support herself. New staff shadowed her or a senior carer, so that they understood what was needed before they worked alone.

The registered manager monitored the quality of the service without the use of a formal survey, but in person during her own regular visits to people or at separate times by telephone. She also had regular contact with relatives of people using the service. One relative told us that the manager was frequently asking them if anything could be improved or changed. One relative said, "I've told her I'm satisfied with the service. It is a good service, because my [relative] is being looked after with everything they need at the moment and is safe."

The registered manager told us about unannounced spot visits to people's homes during the time staff were giving care. This enabled them to see the staff working in the way they would normally work and they checked that the company's procedures were being followed. The manager gave immediate feedback to staff about what is going well and what needed improvement. They also discussed things further in one to one supervision meetings to clarify the information or to look at any further support and training needed.

The registered manager made sure people knew about the complaints system, but was also aware that a better system of recording complaints was needed instead of the notes she kept herself. The registered manager told us she was recruiting a larger pool of staff to include an assistant manager so that the service could develop and allow more time for the registered manager to make improvements to the overall management and systematic auditing of the service.