

# Pride Community Healthcare Limited

# Pride Community

# Healthcare Main Office

## Inspection report

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Tel: 01424541002

Date of inspection visit:

24 May 2023

31 May 2023

15 June 2023

Date of publication:

04 July 2023

## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Pride Community Healthcare is a domiciliary care agency registered to provide personal care. The service supports people living in their own homes. At the time of our inspection there were 4 people who were being supported with personal care.

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

Systems were in place to ensure safe care and support was provided. There was a small group of staff who supported a small group of people. Staff knew people and their individual care needs well.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if any potential abuse was raised. Any risks to people or staff were assessed and responded to. Staff handled prescribed topical creams safely.

Staff had the skills required to meet people's needs. A suitable training programme including an induction and assessment of competencies was undertaken, to ensure staff had the relevant skills and experience to perform their designated roles.

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.

Staff were kind and caring and were committed to providing the right care in the best way possible. It was important to them to provide personalised care that met people's needs and preferences. People and relatives told us people's privacy, dignity and independence were always respected and promoted.

The registered manager provided strong and consistent leadership. The culture and ethos was positive with people being the central focus. The welfare of staff was seen as important and promoted. Systems were in place to review and monitor the quality of the service with regular contact and review with people and their relatives.

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

### Rating at last inspection

This service was registered with us on 8 April 2022 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### 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 Community Healthcare Main Office

## **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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager is also the nominated individual (NI) and a director of the company. The NI is responsible for supervising the management of the service on behalf of the provider.

#### 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 24 May 2023 and ended on 15 June 2023, when feedback from professionals was received. We visited the location's office on 24 and 30 May 2023.

#### What we did before the inspection

We used information shared by the local authority and professionals who worked with the service. 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 this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and 2 staff members. We spoke with a person who used the service, a relative of a person who used the service and received feedback from 3 professionals. We looked at a range of documents including 2 care plans, 2 staff files and policy and procedure documents relating to training, complaints, recruitment and medicines. We also looked at documents relating to the management and contingency planning.

# 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 were protected from the risk of abuse. As staff had a good understanding of people's needs and individual preferences and had completed safeguarding training.
- Staff understood how to recognise different forms of abuse and how to respond to them quickly to protect people. Staff had worked with safeguarding procedures before and used them to raise concerns when needed.
- The provider gave an example when they had worked with the local authority on safeguarding issues in a previous job and demonstrated a good understanding of local safeguarding procedures.
- The service had a Whistleblowing policy which was available to staff. Whistleblowing is a way of an employee notifying the appropriate authorities of any malpractice. The registered manager was aware this needed to provide alternative contacts if the concerns related directly to the providers and was updating relevant contact details.

Staffing and recruitment

- Staff were recruited safely. The provider had a robust recruitment procedure in place.
- All staff had a Disclosure and Barring Service check. 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.
- People and their relatives told us there were enough staff to support them safely. They saw regular staff who had enough time to provide individualised care and support.
- Staff told us they had enough time with each person and were not rushed. One said, "I can spend some time chatting as well, which they really enjoy."

Using medicines safely

- At the time of inspection people were only supported with the administration of topical creams. Staff had a good understanding of the creams they were using and what they were being used for.
- Appropriate records were used to record where prescribed topical creams were being used and where they were applied.
- The registered manager confirmed the service would not undertake additional medicine administration until staff had received further medicine training. This training would include practical assessment and a competence assessment.
- A full medicine policy was available to support safe medicine practice.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety were assessed and monitored effectively. For example, risks associated with people's mobility were reviewed and responded to. One person was having difficulty using the stairs. The registered manager involved the Occupational Therapist (OT) and supported the family with changing the bedroom facilities to the ground floor.
- Suitable risk assessments and staff guidance were in place to ensure people were moved safely. For example, people who needed the use of equipment to move were assessed by the OT, appropriate equipment was sourced and staff received training on its correct use.
- Environmental risk assessments were routinely completed, any risks identified were responded to. For example, fire safety measures were reviewed. Where potential risks were found the registered manager supported people to contact the East Sussex fire and rescue service. They in turn provided free smoke alarms and advice.
- Staff knew people well and responded to people's individual risks and safety. For example, One relative told us, "I know he is safe with the staff, they know the best way of doing things."

#### Preventing and controlling infection

- Policies and procedures were in place to support staff to follow effective infection prevention and control. There was a good supply of PPE available to staff at the office and staff took soap and paper towels to facilitate good hand washing practice.
- Staff were up to date on the government guidelines. Staff received updates on infection control through the 'WhatsApp' group if necessary but had regular contact with the registered manager.
- The registered manager supported staff to follow best practice ensuring they were able to test for COVID19 if they had any symptoms and to take time of work if unwell.



# 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 were fully discussed and assessed before care and support was provided.
- These were detailed and took account of people's choices and preferences. For example, some people had specific requests relating to the time of their visits, to allow planned life activities.
- Individual support plans were written in conjunction with people to guide staff on the individual support people required. Any guidance from professionals were included within these. For example, an Occupational Therapist provided instructions to ensure suitable standards and legislation was followed.

Staff support: induction, training, skills and experience

- Staff members had appropriate skills, knowledge and experience to deliver effective support to people. People and relatives told us staff were trained to do their work. A relative said, "Staff are safe and confident in what they do."
- Staff told us they were very well supported and received the appropriate training to do their work. New staff completed an induction programme. Staff said, "I had a very good induction, it covered everything. The training was relevant and gave me additional information to support me to work in a new working environment. It's very different working in people's own homes" and "The training is very good, regular updates and additional training on areas of interest."
- All staff were encouraged and supported to develop. Staff members were supported to complete a National Vocational Qualifications (NVQ) in care. One staff member said, "I have wanted to complete this NVQ for a long time and have been promised in other places of employment, but here, they are actually supporting me to do it."
- Staff were continually monitored, assessed and supported using a variety of performance and development tools. These included observed practice, shadowing and working with staff, focussed discussions, along with regular supervision and appraisals.
- Supervisions sessions were held every other month and were used constructively to develop and support staff to get the best out of them. Staff told us their performance was complimented but ways of improvement were also raised. For example, ways of improving time management. One staff member told us, "I am encouraged and coached, and my confidence is growing."

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

- People's nutritional needs were met. Most people were supported by family members with their food and drink.
- Where people were supported with food and drink, the registered manager had ensured appropriate nutrition had been discussed and people's choices, preferences and needs had been responded to. For

example, staff were aware of people's nutritional medical needs and supported people to meet these with advice and guidance when needed. People's care records contained information on diabetes when required.

- Staff had received training on basic food hygiene and followed best practice. For example, when food was opened and placed back in the fridge this was labelled with stick on labels with the date of opening.

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

- The registered manager and staff worked closely with other agencies to ensure the appropriate care and support was provided in a safe and effective way.
- Staff updated each other, and the registered manager, on any changing need. Agencies involved were also updated. A professional told us, "Pride community have always contacted me with updates on how things are going with the patients I have referred."
- Professionals confirmed effective working relationships that supported good outcomes for people. "Due to our client's changing needs, they were able respond quickly by providing an additional care call, at the request of our client and his wife, thus supporting her with her role as a carer."
- Staff were aware of people's health needs and monitored these when needed. For example, skin was assessed during any care provided. Any problems were recorded, access and use of any required topical creams was facilitated.

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.

- At the time of inspection, everyone receiving personal care had capacity to make all decisions around the support they received and wanted.
- The registered manager was confident of what procedures to follow if people were having difficulty in making decisions for themselves. Staff had been trained on the MCA and leaflets were available in the office on supporting people correctly and working within the principles of the MCA.
- People and relatives said they had their choices respected. This included choices about personal and individual lifestyles. For example, people's homes were respected and only safety issues were raised if needed.

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

- People were treated with kindness and respected. People's individuality was celebrated with their views being central to any support and care provided.
- People and relatives were very complimentary about all the staff and their approach. A relative said, "They are so kind and nice, they take an interest in us. I am thankful we found them" and "I cannot praise them enough, we feel loved and cared for." A person said, "I feel I can say if I want something done in a different way, they always listen and respond."
- Professionals were positive about staff, their approach and the service provided. One told us, "I've referred several patients to pride community, excellent service. I would highly recommend again. Feedback I've received from a particular patient feels there is consistency with carers allowing them to build a trusting relationship and feeling like the patient had made friends, enjoys their visits, patient feels safe."
- Staff demonstrated kindness and caring and a commitment to people's well-being. The registered manager described how staff often completed extra acts of kindness in their own time. For example, running errands collecting medicines that were needed and transporting a wheelchair that needed repair.
- Staff worked with a small number of people. This enabled them to know and understand them and their relatives. This was important to staff and people who appreciated and valued the relationships formed.
- The registered manager promoted a caring approach and ensured people's birthdays were celebrated with a visit and a present, regardless of if they were receiving a visit that day or not.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and promoted their dignity and independence whenever possible.
- Staff treated people in a dignified way and were sensitive and discreet in their approach. A relative told us, "They are a very private person, staff go out of their way to make them feel comfortable. They make sure they have their vest on as soon as possible to maintain his dignity."
- Staff worked with people to encourage independence. One person said, "Staff are clear on what I am able to do for myself and give me time, I like to do some things for myself."
- Staff were respectful of people's own homes and understood they were invited visitors. A professional said, "Staff always act in a professional way."

# 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 received personalised care and support that promoted their individual choices, preferences and needs. Staff knew and understood people's individual needs and always shadowed other staff until appropriate knowledge and skills were embedded.
- Staff were flexible and willing to adapt their working schedules to suit people and accommodate any specific need or routine. For example, one visit needed to be a consistent early morning on weekdays. Another was needed to be flexible to correspond with a professional's visit. A professional told us, "Staff are always on time, patient reported that she is never left without a visit."
- People were actively involved in writing support and care plans. People were central to the process. Care documentation supported person-centred care. For example, clear guidelines were in place for personal care that included detail on soaps and creams to be used.
- Staff told us how important choice was for people. Professionals told us staff were responsive to people's needs and choices. One told us, "During a joint visit they showed open and clear communication with both our client and his wife and did their best to incorporate their needs/wishes and existing routine."

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.

- People's communication needs were assessed. This included the use of hearing aids and glasses, and any other preferences or needs.
- Currently people using the service were able to communicate verbally with staff and able to confirm their views.
- Staff were very sensitive and were good listeners. They described how they gave people time to share their views and emotions.

Improving care quality in response to complaints or concerns

- There was a system in place to record and respond to any complaint raised. There was a complaints procedure and the registered manager described how any complaint would be received and responded to.
- The complaints procedure was accessible. A copy of this procedure was held within the care documentation provided to people when the service was started.

- People and relatives told us they had not needed to make a complaint. "I cannot praise them highly enough." However, they said they would raise any concern with the registered manager, and would feel comfortable to do so.

#### End of life care and support

- At the time of our inspection no one was receiving end of life care. However, people had been supported at the end of their lives in the past.
- Assessments were used to enable staff to respond to people's end of life wishes.
- Staff had received training on end of life care and had worked closely with health care professionals to support people to have a pain free dignified death. A professional told us, "I have used this care agency once to support a palliative care patient during end of life. The carers acted in a safe way and were professional with all care and support."

# 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.

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 is also the registered provider along with their partner who works as a senior carer. When setting up the service they worked with a business consultant for support and to ensure compliance with all relevant legislation.
- The registered manager had experience of working at a senior level in the health and social care sector. They worked closely with staff and people and provided clear and effective leadership.
- Staff were confident with the management of the service. Communication was continual and ensured relevant information shared appropriately. Staff said, "I can always contact the manager at any time for anything, they always answer the phone."
- The registered manager reviewed and monitored the quality of the service, through regular contact and review of both outcomes for people and staff practice. Further quality reviews including a quality report were being implemented.
- People, relatives and professionals were positive with the management arrangements. They commented on the professionalism of the service but also the caring approach. One professional said, "They presented themselves as friendly and professional in their role."
- The registered manager was aware of their responsibilities including those under duty of candour. The relevant statutory notifications had been submitted to the CQC. They encouraged open and honest communication with people and their relatives, at all times. A relative said, "You can always speak to them about anything. You see the manager regularly."

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

- There was a very positive culture that promoted the well being of people, their relatives and staff. The registered manager was fully invested in promoting a quality, person centred service along with supporting staff.
- People were central to the service and were involved in a meaningful way. The registered manager consulted with people and their relatives regularly ensuring they were listened to felt valued and had control over the service provided. This was often a face to face conversation that ensured communication was productive and responded to any difficulties people had with expressing their views.
- Staff were committed to their work and the registered manager demonstrated a commitment to them. A

staff member told us, "They even supported me on a personal level to make sure I am OK." The registered manager used an external organisation to provide anonymous well being support to staff.

- Staff felt valued and spoke highly of the management who provided them with tailored support. A staff member told us, "I feel very valued we get bonuses for working hard."
- Staff told us they were listened to, and their views on care and the service were responded to. For example, when raising the need for practical training within supervision this was addressed.

Continuous learning and improving care; Working in partnership with others

- The registered manager responded positively to the inspection process and feedback in an open and honest way. They used information shared to review and improve documentation and practice. For example, they improved the recording for topical creams immediately. This demonstrated a commitment to improving care.
- The registered manager kept up to date with government and best practice guidelines. They belonged to a number of sector support forums, including registered managers groups. They accessed up to date guidelines and advice from a private professional organisation. This included advice on health and safety, and employment law.
- Staff worked well in partnership with other health and social care organisations. Effective links had been made and were used to support people's health and well-being. For example, recent joint work with an Occupational Therapist had enabled a person to remain at home and to be moved safely.
- Visiting professionals were positive about the working relationship with Pride Community Health care. One told us joint visits were facilitated to ensure staff understood the equipment and the best way of using it.