

P&R Services, Investments & Trading Ltd

# P&R Health Care Solutions

## Inspection report

Unit G3, Hartford Court (West)  
Weston Street  
Bolton  
BL3 2AW

Tel: 01204938066  
Website: [www.pandrcare.co.uk](http://www.pandrcare.co.uk)

Date of inspection visit:  
20 January 2022

Date of publication:  
09 February 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

P&R Health Care Solutions is a domiciliary care agency, providing personal care to people living in their own homes. At the time of the inspection there were five people using the service.

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

There were systems and processes in place to help safeguard people from the risk of abuse. Appropriate risk assessments were in place with guidance around how to minimize the risks. Staff were aware of infection control procedures and used personal protective equipment as required. Medicines were managed safely at the service.

People told us staff were kind and they were well cared for. People's needs were thoroughly assessed and regularly reviewed to ensure relevant changes could be made to their care plans. People told us communication with the care staff and management team was excellent and their views and choices were respected.

Staff were recruited safely and all appropriate documentation was evident within staff files. There was a thorough staff induction and training was on-going. Staff said they were well supported by the management and they felt it was a good agency to work for.

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.

Complaints were addressed promptly and appropriately Regular quality assurance audits were completed and any issues picked up were addressed with appropriate actions. The service worked well with other professionals and agencies.

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 19 October 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection to look at all five domains and to rate the service.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# P&R Health Care Solutions

## 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 Care Act 2014.

#### 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.

The service had a manager registered with the Care Quality Commission. 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.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager, the director and two members of care staff.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at 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 for 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

- There were systems and processes in place to help safeguard people from the risk of abuse.
- Staff had completed safeguarding training and were aware of how to recognize and report any concerns.
- There were currently no safeguarding concerns. However, documentation was implemented to ensure there would be an overview of any future safeguarding concerns, for monitoring purposes.

Assessing risk, safety monitoring and management

- Individual and environmental risks were assessed and managed.
- Care plans included risk assessments for issues such as falls, mobility, nutrition, hydration and personal hygiene. Actions to mitigate the risks were clearly documented.
- Risk assessments were reviewed regularly and updated as required.

Staffing and recruitment

- Staff were recruited safely and all appropriate documentation was evident within staff files.
- The service had a continuous recruitment policy to ensure staffing levels remained sufficient to meet the needs of people who used the service.
- People told us there were no missed visits and staff stayed the required length of time to complete all required tasks.

Using medicines safely

- Where people were assisted with medicines, this was done safely.
- There was an appropriate medicines policy and procedure in place.
- Staff had completed medicines training and refresher training was to be completed regularly.

Preventing and controlling infection

- There were policies, procedures and up to date guidance in place with regard to infection control.
- The service had good supplies of personal protective equipment in place and staff used this as required on all visits.
- All staff had completed infection control training and were made aware of updates to guidance when they visited the office.
- We discussed with the registered manager the need formalise the communication system with staff, around reading required information and updates. A new system was implemented immediately following the inspection to address this.

Learning lessons when things go wrong

- Lessons were learned from complaints and incidents at the service.
- We saw evidence of how a concern had been addressed with appropriate measures to ensure this did not reoccur.

# 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 were fully assessed prior to the service beginning. One person told us, "The manager did a good assessment. I wanted flexibility and they have been really good with that."
- People and their relatives, where appropriate, were involved in the assessment and care planning process.
- Care plans evidenced on-going monitoring of people's needs to ensure changes were documented and addressed promptly.

Staff support: induction, training, skills and experience

- Staff files evidenced they were supported with an induction, initial training and shadowing with another worker, prior to commencing work alone.
- Training was on-going, some courses, such as moving and handling, were delivered face to face by an in-house qualified trainer. Other training was completed on-line.
- The registered manager kept an overview of all training to ensure refresher courses could be completed in a timely way.
- Although staff and management communicated regularly on an informal basis, staff supervision sessions were in the process of being implemented. This would help ensure staff and management had the opportunity to discuss work issues, training needs and any concerns in a more formal and structured way.

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

- People were supported with eating and drinking if this was part of their care package.
- Any issues with nutrition were recorded within the person's care plan and addressed as needed.
- Staff had completed training around nutrition and hydration

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

- Care plans evidenced how the service worked with other agencies when required, such as social work teams.
- Any advice given by health professionals was followed by the service.
- During the inspection a relative requested an adult social care reassessment for their loved one to look at any further support they may be able to access. The registered manager immediately provided support to the person with this request.

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 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Consent was gained from people to share information with other professionals and this was evidenced within care plans.
- Staff had completed MCA training and demonstrated an understanding of capacity issues and best interests.

# 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; Respecting and promoting people's privacy, dignity and independence

- People told us they were well treated and supported. One person said, "Yes, I am happy. They [staff] are very nice. They listen to what I want and do everything I need." Another person said, "They [staff] are very friendly people and they do all that is needed for me."
- People and their relatives felt staff were respectful of people's diversity and encouraged independence. However, one relative felt staff could be more assertive in meeting their loved one's needs, as the person often refused care agreed in their care plan. Although staff cannot go against people's wishes, the relative felt they could have been more proactive in encouraging and persuading the person to accept care which, in their opinion, was important to the person's well-being. We spoke with the registered manager, who was aware of this issue and was actively working with the person and relative to try to resolve this to everyone's satisfaction.

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

- Care plans evidence people were supported to express their views and be involved in decision making with regard to their care and support.
- Telephone reviews and formal reviews were completed regularly and people were asked for their views on how the care and support was delivered.
- People told us they could reach the office any time to discuss their care and support. One relative said, "Up to now we are very happy and satisfied with the arrangements. The manager has been very cooperative."

# 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

- There was evidence within care plans that people's choices were taken into consideration when planning support. For example, one person told us, "I have a regular carer, which is important to me, and someone else comes if they are off."
- On assessment the service attempted to match carers to each individual to help ensure compatibility.
- Care plans included relevant health and personal information to guide staff in how best to provide care to each individual. People's preferred routines were recorded and worked with.
- The service was flexible so people could choose to change things if they needed to. A relative told us, "They [staff] are lovely people and very accommodating when changes occur. For example, when times of visits need to be changed."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

People's individual methods of communication were clearly documented and care staff were aware of each person's needs in this area.

- Staff used people's preferred ways of communication, and used tools such as written communication, gestures and body language or speaking more clearly if required.
- All information produced by the service could be accessed in other languages or large print as required.

Improving care quality in response to complaints or concerns

- There was a complaints and compliments file where all these were documented along with responses and actions taken.
- An overview and monthly audit was implemented following the inspection to ensure any themes or trends would be picked up.

End of life care and support

- The service was not currently supporting anyone who was nearing the end of their life. However, staff had completed training in this area.
- Should someone nearing the end of their life still require support from the service, they would work alongside other professionals, such as district nurses, to deliver the support required.

# 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

- A positive culture was promoted by the service and they practiced in a non-discriminatory way.
- There was evidence within care files of what was important to people, such as their religion, family relationships and interests. Support was given where needed with these matters.

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 management team were aware of the duty of candour and were open and honest about all aspects of the service provision.
- Response to complaints demonstrated a willingness to listen to concerns and work to address them appropriately.

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

- We spoke with the registered manager, the director and care staff, all of whom demonstrated an understanding of their roles within the service.
- The registered manager was aware of notifications of significant incidents such as serious injuries, deaths and events that stop the service, required by CQC.

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

- The service engaged well with people using the service and their relatives via regular telephone monitoring and visits by the registered manager to review care packages.
- People told us communication with the staff and registered manager was excellent. One relative said, "Communication is very good. Care staff leave notes if there is anything to communicate with us. The manager checks regularly to see if we are happy with the service."
- Staff felt well supported and reported they could call in to the office to speak to the registered manager any time they needed to. One staff member commented, "I have good support from management, I can talk about anything. They are very friendly and will change things around if necessary. It's a good agency."

Continuous learning and improving care

- Regular audits of documentation and medicines records were in place and were monitored to help inform

learning and improvement to service delivery.

- Regular spot checks were completed to ensure staff were adhering to all requirements. These were made more formal following the inspection to ensure there were up to date records.
- Regular communication with people who used the service and their relatives helped ensure care delivery remained appropriate and improvements could be made where needed.

Working in partnership with others

- The service worked with social workers when required to set up care packages for people using the service.
- The service also had links with district nursing services and other health and social care professionals.
- The registered manager ensured all correspondence, information and guidance from the local authority was read and implemented as required.