

Prudent Health Services Limited

# Prudent Health Services Ltd.

## Inspection report

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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 ●

# Summary of findings

## Overall summary

The inspection took place on 17 February 2016 and was announced. This was because the service provides domiciliary care and we wanted to make sure that staff would be available. This was the first inspection of the service.

Prudent Health Services Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. The service currently provides support to four people.

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. However, on the day of the inspection, the registered manager was unavailable for most of the day and so the deputy manager of the service supported us through the inspection.

People were supported with their medication. However, guidelines on how prescribed creams should be applied were not always clear.

There was a lack of quality assurance systems in place to ensure that the quality of the service is maintained.

Staff knew how to recognise abuse and the actions to take if they suspected someone was at risk of harm.

There were suitable numbers of staff who ensured that people received their calls on time and were notified if they were running late. People were supported to have the same carer wherever possible.

Staff were provided with the training and support required to enable them to support people effectively.

People told us that staff sought their consent in line with the Mental Capacity Act (2005).

People who required support with meals were given choice in what they eat. Staff had a good understanding of how to meet people's dietary requirements.

Staff knew people's healthcare needs and knew the action to take if people were feeling unwell.

People and their relatives told us that staff were kind and caring. People told us that staff encouraged them to be independent and respect their dignity.

People were supported to be involved in their care. People were able to take part in their assessment and care planning and were given regular opportunities to state if they wanted any aspect of their care changing.

People and their relatives knew how to make complaints and were confident that any concerns raised would be acted on by the registered manager.

The registered manager sought feedback from people in order to assess people's satisfaction with the service and make improvements if required.

## 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.

Staff were able to identify abuse and knew the action to take if they suspected someone was at risk of harm.

There were enough staff to meet people's needs. People had the same carer provide their support wherever possible.

People were supported to take their medication.

### Is the service effective?

Good 

The service was effective.

Staff were provided with training to support them in meeting people's needs.

People's consent was sought in line with the Mental Capacity Act (2005)

People were supported to make choices about the meals they had.

Staff knew the action to take if people became unwell.

### Is the service caring?

Good 

The service was caring.

People were treated in a kind and caring way.

People were supported to be involved in their care.

People were supported to maintain their independence where possible.

### Is the service responsive?

Good 

The service was responsive.

People and their relatives were involved in the assessment and

planning of their care.

People were given opportunity to make changes to their care plan when required.

People knew how to make complaints. Staff were aware of how to support people to complain.

**Is the service well-led?**

The service was not always well led.

Quality assurance systems were not in place to ensure that quality care was maintained.

The registered manager sought feedback from people and their relatives to assess their satisfaction with the care provided.

Staff were aware of how to whistle-blow and were confident that any concerns raised would be managed by the registered manager.

**Requires Improvement** 

# Prudent Health Services 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 17 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in to provide the information we needed.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including notification of incidents that the provider had sent to us. Notifications are reports that the provider is required to send to inform us of incidents that occur at the service. We asked the local authority for their views on the service.

We spoke with one person who receives support from the service, two relatives, two members of staff, the deputy manager and the registered manager. We reviewed a range of records including care records for four people, three staff recruitment files, the staff training matrix, medication records and quality assurance audits.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe when staff were supporting them. One relative said, "[Relative] is absolutely safe, we have two carers and [relative] is so very safe with them". Another relative said, "Yes, [relative] is safe".

Staff we spoke with could identify different types of abuse and knew the action to take if they suspected someone was at risk of harm. One member of staff told us, "I would report [a safeguarding concern] to the manager and make sure that it was addressed". Staff told us and records confirmed that staff had received training in how to identify and act on any concerns. We spoke with the registered manager who informed us they encouraged staff to raise concerns and were available 24 hours a day for staff to report any safeguarding concerns to them. We saw that there had been no safeguarding concerns at the service. We spoke with the registered manager who told us how concerns would be acted upon and reported by the service.

Staff we spoke with were able to identify risks to people and could demonstrate how they supported people to manage those risks. One member of staff explained how they provided support to one person and could explain the risks posed to the person and how they supported them with this. The member of staff said, "We use the bath board and hand rails [to support them to transfer] and check water temperatures". We saw that there were risk assessments in place that identified the risks posed and action required to reduce these. These records identified risks in health, medication and the environment. We saw that records were kept of any equipment the person requires, the date this was last tested and who to contact if there are any issues. This meant that there were systems in place to minimise risk of injury through equipment.

Staff we spoke with were aware of and we saw that there were procedures in place to identify accidents and incidents. The service had no accidents or incidents recorded. We saw that there was a monitoring form in place to ensure that trends were identified. The monitoring form covered actions completed and recommendations to reduce the risk of further incidents occurring.

People we spoke with told us that staff were always on time and that they had the same staff to support them. One person told us, "I have one main carer, they call if they are going to be late, I've never had missed calls". Relatives we spoke with confirmed this. One relative told us, "There are no missed calls, they let us know in advance if they are going to be late". One relative explained that they were supported to choose a member of staff if their main staff member was unavailable due to planned leave. The relative told us that, although this was not a regular occurrence, if the member of staff was going to be late, the service gave them an option of changing their call time to have their member of staff or having a different member of staff. Staff we spoke with felt there were sufficient numbers of staff to meet people's needs. One member of staff told us, "I really do think there is enough staff, the recruitment is good. The call times are enough to get jobs done and we get time allocated to travel between places". Records we looked at showed that people were given the same care staff and we saw that there had been no unallocated calls.

Staff we spoke with told us that prior to starting work they were required to provide two references and

complete a check with the Disclosure and Barring service (DBS). The DBS check will identify if potential employees have a criminal record or had been barred from working with adults. We checked the recruitment records of three members of staff and found that the necessary pre-employment checks had been completed.

People told us that they were supported to take their own medications. One person told us, "Staff remind me to take my medication; they always do this on time". Staff we spoke with could describe how they supported people to take their medications and told us they had received training in medication. We saw that where staff had prompted people with their medication, medication administration records (MAR) had been completed to confirm the person had taken their medication. We saw that records informed staff of what level of support was required with medication.

## Is the service effective?

### Our findings

People and their relatives told us that they felt staff had the training and knowledge required to support them. One person told us, "The staff are well trained". A relative said, "[The staff] are better with [relative] than I am".

Staff we spoke with told us that before they started work they were given an induction that included completing training courses and shadowing other members of staff. One member of staff said, "We went through the client profiles so I could know people's needs, I also shadowed with someone there telling me what to do". Another member of staff told us, "The training was brilliant, they go in depth with it and there were questions at the end to see what we had learnt. I really enjoyed it". Records we looked at confirmed that staff had been provided with training to support them in their role. We saw that where people had specific care needs such as sensory impairments or epilepsy, specific training in these areas had been provided.

Staff told us they received regular supervision and an annual appraisal. One member of staff told us, "[Supervisions] are helpful because if I have any issues, they are there to support you. I can get continuous feedback". Records we saw confirmed that supervisions and appraisals had taken place.

Staff we spoke with told us how they were kept informed of people's needs so that they had up to date knowledge to support people. One member of staff told us, "For new care packages, management will book me to come into the office and will go through the care plan with me". Another member of staff explained the procedure if there was a change to the support people required. The staff member said, "The office make me aware of any changes. I will be called into the office and they will go through it with me and give me a new care plan". The staff member told us they had this happen recently when a person's medication had changed.

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 as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. People we spoke with told us that staff sought their consent before supporting them. One person said, "They [the staff] always ask permission". Staff we spoke with confirmed that they ask for people's permission before supporting them with tasks. One member of staff told us, "I gain consent before asking if they [the person] are happy for me to do it [the task]. If they don't want me to and they refuse, I will just record it".

One person we spoke with had support from staff with their meals and told us they were given a choice of what to eat. The person told us, "They do my meals; I choose what I have and when I have it". Staff we spoke

with were aware of people's dietary requirements and knew the support people needed with meals. Records we looked at identified if people required support with meals. Where people needed this support, records gave staff information on people's likes and dislikes with food. We saw that one record gave staff information on how the person liked their tea prepared.

People we spoke with told us that the staff would support them with their healthcare needs if required. One person said, "They [the staff] would definitely get the doctor out [if they were unwell]". Relatives we spoke with also told us that staff supported them with their health needs. One relative told us, "I can't imagine they would leave [relative] if there was a problem". Staff we spoke with knew the actions to take if they had concerns about a person's health. One member of staff informed us that they had previously had a concern about a person who they were supporting and so had called the office and arranged for the person to receive medical attention.

## Is the service caring?

### Our findings

People and their relatives told us that the staff were kind and caring. One person told us, "Staff are definitely kind and caring" and, "Even though they only have a limited time to do their jobs, I never feel like they are watching the clock". A relative said, "They are more than professional, I feel like [relative] is their only patient". Staff spoke about people in a caring way. One member of staff told us, "I try to make time to speak with people, even though I am there to support them, I also want to give people some company". Another staff member said, "If I am [at a person's home] longer [than required], that's my choice, I have plenty of time to talk to people".

People and their relatives told us they were involved in their care and supported to make their own decisions. One person said, "I think we have developed that relationship where staff know what I like and that's the advantage of having the same person". A relative told us, "I am always kept informed". Another relative said, "They keep me informed of changes, if there is going to be a change, they call. They have been very, very good". We saw and people confirmed that they received phone calls from management to check they were satisfied with the support they received and if they required any changes. One relative told us, "They ring once a fortnight to make sure we are happy".

People were supported to maintain their independence. We saw that feedback had been given to the management in which a person using the service had commented, "I always like doing what I can on my own and my carer gives me that chance". Staff we spoke with confirmed they encouraged people to be independent. One member of staff told us, "I like to encourage people to be independent. People have a right to this". We saw that records held about people reminded staff of the importance of ensuring people remained independent. Each person had objectives recorded in their care files and we saw that for one person their objective was to promote their independence.

People and their relatives told us that staff treated them with dignity. One relative told us, "[Relative] is treated with dignity". Staff we spoke with were able to demonstrate how they ensure people are treated with dignity. Staff gave examples including; calling people by their preferred name, offering to leave the room whilst people do their own personal care and giving people privacy when they have visitors.

The registered manager told us that no one using the service currently required an advocate but knew the actions to take to support people to access advocacy services if required.

## Is the service responsive?

### Our findings

People told us that prior to them receiving support from the service, there was an assessment carried out to ensure that staff knew what support was required. One person told us, "They came round and discussed the care plan". Relatives confirmed that an assessment took place before the care package started. One relative said, "We sat down and went through a list of what [relative] needed. They asked a lot of questions about [relatives] likes and dislikes". We spoke with the registered manager who told us, "Before we start, we do an assessment. We encourage family to be present. We then draft a care plan and send this out for the person to review and suggest any changes". Records we looked at confirmed that people had been involved in an assessment of their care needs and had been involved in their care plan.

People we spoke with told us they were able to review their care plan when required. One person told us, "I can communicate with the carer or call the office if I want something changing [in the care plan]". Relatives we spoke with confirmed that reviews of care took place. One relative told us, "I believe there are reviews. They rang a few weeks ago and asked a few questions about how [relative] is". Another relative said, "We have been invited to a review, they were really helpful". We saw that people were asked in surveys whether their needs were being met as described in their care plan. The deputy manager told us this was their way of ensuring that people were given opportunity to say if they required any changes to their care plans. One relative told us that they had requested a change in their relatives care plan as the current arrangement was not meeting their preferences. The relative told us that the care was amended and told us, "Everything is done to [relative's] specification". We saw that people were given the opportunity to change their call times over the Christmas period so that they could still attend their social events and have staff support at an alternative time to suit them. We saw that people had used this service and arranged alternative care times to meet their own needs.

People and their relatives told us that staff knew them well. One relative told us, "Staff know my [relative] well". Staff we spoke with demonstrated a good knowledge of people's care needs, likes and dislikes. Records we saw held details about people's preferences with regards to their care and staff we spoke with knew this information. A relative told us, "We went through how we want things and they [the staff] have never strayed from that". Relatives told us that they were introduced to the staff before care started so that they could get to know each other. This was confirmed by the registered manager who told us, "We will take staff to their first call to introduce them to the family".

People and their relatives told us they knew how to raise a complaint with the service. One person told us, "There is information in my folder on how to complain". A relative we spoke with said, "On the first day, they went through the complaints procedure". Everyone we spoke to confirmed they had not had to raise a complaint but were confident that any issues would be resolved by the registered manager. Staff we spoke with knew the actions to take to support people to make complaints. One member of staff told us, "If someone had a complaint, I would support them to contact management". Records we looked at confirmed that no complaints had been received. We spoke with the registered manager about how complaints would be managed. The registered manager told us, "We have a 24 hour system so people can complain at any time". People we spoke with confirmed this. One person told us, "I have a mobile number I can contact if I

need anything, someone always answers".

## Is the service well-led?

### Our findings

The deputy manager told us that quality assurance audits were not undertaken at the service. The deputy manager told us this was due to the service being new and not having had care work for very long. The deputy manager explained that a 'Key Performance Indicator' form was being implemented that would assess on a monthly basis; the number of visits that were on time, the number of visits that were late or early and the total number of missed calls. We saw that these records were in place and ready to be used. We also saw that the deputy manager had made plans to analyse accidents and incidents to identify any trends and patterns but this had not been implemented as there had been no recorded incidents.

We looked at medication records and saw that where people required cream to be applied, the records did not clearly specify where this should be applied. In one record we saw that three different explanations as to where the person required their cream applying. We saw that staff knew where this cream needed to be applied but the records had not been accurately completed. This meant that people were at risk of not receiving their cream as required. We spoke with the deputy manager about this who advised they would put body maps in place indicating where creams should be applied.

We saw that the appropriate recruitment checks had been completed. However, we saw that for one member of staff, there was a conviction recorded on their DBS. We spoke to the HR manager about this who told us the reasons for the staff member's conviction. The HR manager was satisfied that the person did not pose a risk to people but had not carried out a risk assessment to ensure that any risks were identified and minimised. This meant that systems to ensure that risks to people were recorded and minimised were not always effective.

The lack of quality assurance audits had meant that the issues around medication and recruitment had not been identified and actioned by the registered manager.

People and their relatives spoke positively about the leadership of the service and told us they thought the service was well led. One person told us, "It's great, it's really made a difference". A relative said, "We don't have any concerns, no issues, they are very informative".

Staff also spoke positively about the management. One member of staff told us, "I do feel supported. [The registered manager] is always at the office and available. Any issues, he has always supported me and given me help". We saw that staff had regular supervisions with their manager as well as regular staff meetings so that staff had opportunity to discuss their work and any concerns with the registered manager.

Staff told us that they were encouraged and supported to raise concerns. One member of staff told us, "I am very comfortable with raising concerns". Staff we spoke with told us that any concerns raised would be acted on by the registered manager. One staff member told us, "They [the registered manager] would act on my concerns, I am confident of that". We spoke with the registered manager who was able to explain what action he would take if someone raised a concern with them. We saw that the registered manager knew what incidents he was required to notify CQC about, although he had not had to do this. Staff we spoke with

knew the whistle blowing policy and confirmed they knew the actions to take if they needed to whistle blow. Records showed that staff had been given a copy of the whistle blowing policy in their staff handbook. We also saw that this was also explained to staff in a meeting in December 2015. Staff we spoke with confirmed they had regular staff meetings to discuss the service.

We saw that the registered manager sought feedback from people through questionnaires. We saw that these had been sent out three times in the previous six months. The comments made in the feedback forms were all positive and indicated that people were satisfied with the care they were being given.

We saw that there was a manager available over a 24 hour period if people or staff required support and advice. People and staff we spoke with confirmed that when they have used this facility, management have always responded promptly and provided support.