

Precious Hope Health & Home Care Ltd

Precious Hope and Home Care Limited - Milton Keynes

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

This inspection took place on 22, 25 January and 2 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available.

Precious Hope and Home Care Limited – Milton Keynes provides personal care to people in their own homes. At the time of our inspection we were informed that seven people were using the service.

The service did not have a registered manager in post. 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.

The registered manager for the service had resigned in December 2015 however they had yet to cancel their registration with the Care Quality Commission (CQC). The provider told us they had appointed a new manager for the service and they had taken up post in January 2016. The newly appointed manager had submitted the relevant documents to CQC to begin the registered manager application process.

Records in relation to complaints did not always fully evidence how the provider investigated complaints, the actions taken or whether complainants were kept informed of the outcome of complaints.

Staff knew how to recognise signs of abuse and what they needed to do to protect people from abuse.

Risks to individuals were identified and managed. The staff knew how to manage the risks to people using service.

Staffing arrangements ensured there were sufficient numbers of staff available to meet people's needs. The recruitment systems ensured that staff had the right mix of skills, knowledge and experience and were suitable to work with people using the service.

Staff were trained in the safe administration of medicines and where the service was responsible people were supported to take their medicines safely.

Staff received regular training which provided them with the knowledge and skills to meet people's needs. They also received regular supervision and support from the provider.

Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation.

Where the service was responsible, people were supported to have a balanced diet.

Staff met people's day to day health needs and took appropriate action in response to changing health conditions.

People were treated with kindness and compassion and their privacy was respected. The staff understood and promoted the principles of person centred care.

People's needs were assessed and their care plans reflected how they wanted to receive their care and support. People using the service and/or their relatives were involved in care reviews.

Quality assurance systems were used to measure and review the delivery of care and identify areas for improvement.

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 had received training on safeguarding and knew how to recognise signs of abuse and the reporting procedures.

Risks to individuals and the environment were identified and managed.

Staffing arrangements ensured there were sufficient numbers of staff available to meet people's needs.

The recruitment systems ensured that staff had the right mix of skills, knowledge and experience and were suitable to work with people using the service.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular training which provided them with the knowledge and skills to meet people's needs.

Staff received regular supervision and support.

Staff sought people's consent before providing any care and support.

Staff were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation.

Where the service was responsible people were supported to have a balanced diet that promoted healthy eating.

Staff took appropriate action in response to people's changing health conditions.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

Staff ensured people's privacy was respected.

Staff understood and promoted the principles of person centred care.

Is the service responsive?

Good ●

The service was responsive.

Complaints were responded to by the provider.

People's needs were appropriately assessed.

People's care plans had sufficient detail to reflect how they wanted to receive their care and support. Closer attention to documenting the actions taken and the outcomes of investigation would provide a more robust audit trail.

People using the service and/or their relatives were involved in care reviews.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Records in relation to complaints were not sufficiently robust to evidence how complaints were dealt and the outcomes of investigations.

There was no registered manager in post. However a new manager had been appointed and they had submitted the relevant documentation to register with the Care Quality Commission (CQC).

Staff understood the ethos and vision of the service.

Quality assurance systems were used to measure and review the delivery of care and identify areas for further improvement.

Precious Hope and Home Care Limited - Milton Keynes

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.'

The inspection took place on 22, 25 January and 2 February 2016. It was announced and carried out by one inspector.

Before the inspection, the provider 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.

We reviewed information we held about the service including statutory notifications submitted to the Care Quality Commission (CQC). Statutory notifications include information about important events which the provider is required to send to us by law.

We received feedback from commissioners that placed and monitored the care of people using the service.

We spoke with one person using the service and two relatives of people using the service. We spoke with the registered manager and two care staff.

We reviewed the care records belonging to three people using the service, including risk assessments and medicines records. We reviewed three staff files that held information about their recruitment, training and

on-going support. We also looked at management records relating to the quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe and they had no cause for concern about their safety. One relative said, "I feel that my [family member] is safe in the hands of the staff, I have not had any cause to think otherwise". Another person said, "If I ever thought my [family member] was not safe in the hands of the carers, I would speak with the manager straight away".

Discussion with the care staff confirmed their awareness of safeguarding people from abuse and the safeguarding reporting procedures. One member of staff said, "I would like to think that people feel safe when I am providing their care". Another member of staff said, "We have received training on abuse and how to report any safeguarding concerns we might have".

Systems were in place for staff to report accidents and incidents, and the provider was aware of their responsibility to notify the Care Quality Commission (CQC) of incidents constituting abuse or serious injury.

Risk assessments were carried out on the home environment and specific risks posed to staff and the person. We found they outlined key areas of risk, such as falls, manual handling and the risks of developing pressure area sores. They included information on equipment in use and what action staff should take to promote people's safety and independence; and to minimise any potential risk of harm. We saw the assessments were reviewed regularly and updated as and when people's needs changed. The care records contained the emergency contact details for people's relatives and their GP's.

Relatives said they had observed staff using moving and handling equipment, such as hoists and rota stands to safely move their family members. One relative said, "The staff always explained what they were doing to [family member] when using the equipment, it puts them at ease". They said, "I have every confidence that the staff know how to use the equipment".

Relatives said they thought there was sufficient staff to meet their family member's needs. One relative said, "[family member] always has two care staff to provide their personal care". Another relative said, "[name] always sends me an email with the staff rota, we always have two staff attend". They also said that one main carer regularly attended the calls. The provider informed us there had been a period where there had been a heavy reliance on using care staff from another branch of the company based in Leicestershire. They acknowledged that people using the service had not been satisfied with this arrangement and that they had successfully recruited sufficient staff from the local area to provide consistent care for people. One relative said, "I know they had some problems recruiting local people, we had staff travelling down from Leicester, but things are much better now".

People told us that care staff usually arrived on time and they always stayed for the full length of the agreed time. One person said, "If the carers are running a bit late they will always call us to let us know". All relatives said the staff stayed later when needed to ensure full support was provided. All the people spoken with confirmed they received a weekly staff rota from the provider. One person said, "Having the rota ensures we know which staff to expect".

The provider carried out appropriate checks on the staffs' eligibility and suitability to work at the service. We saw that the recruitment process ensured that applicants were suitable to be employed at the service. Written references were obtained from previous employers and proof of identity was obtained to demonstrate the applicant's eligibility to work in the United Kingdom. We saw that enhanced checks were carried out through the government body Disclosure and Barring Service (DBS). This meant that people were protected from being cared for by staff that were unsuitable to work with adults and children.

People using the service and relatives confirmed they received their medicines on time and that they had no concerns about how they were being supported by staff to take their medicines. We saw that assessments of people's ability to manage their medicines had been carried out to establish the level of support required to take their medicines. The provider confirmed at the time of the inspection that one person using the service required the staff to administer their medicines whilst other people using the service were supported by their relatives in taking their medicines.

The staff told us they had completed medicine training that included medicine administration and competency assessments were carried out to ensure they safely administered medicines to people. We saw that medicines audits were carried out by the provider and that medicines administration records (MAR) charts were completed appropriately by staff.

Is the service effective?

Our findings

The staff had the necessary knowledge, skills and experience to provide people with the right care and support. Relatives said they felt that the care staff knew about their family members specific care needs. One relative said, "The carers are lovely, they seem very well trained, they know what they need to do, it's also nice to see that the owner provides hands on care".

We saw that staff supervision and annual appraisal meetings were carried out. The staff said they met regularly with the provider for one to one supervision. They also said they met with the provider and their co-workers at staff meetings. We saw records that confirmed staff supervision took place and minutes of staff meetings confirmed they took place and work related matters and training needs were discussed at the meetings.

Staff told us they were provided with induction training and that they worked alongside an experienced member of staff before working alone. The provider said they only allowed staff to work alone once they were assured they were competent to do so.

One member of staff said, "The training is good we have a mix of classroom and on-line training, for example, moving and handling training using equipment is practical. Dementia training is on line". The staff member told us they had completed training on areas, such as, safeguarding people from abuse, fire safety, moving and handling (theory and practical), basic life support, food hygiene and medicine administration. The provider told us that some care staff had started working on modules towards achieving the care certificate accreditation. They told us they assessed each member of staffs learning style so as to ensure the best form of training was provided for them.

People told us the provider carried out spot checks to observe staff care practice with people using the service. The spot checks were also used as an opportunity to meet face to face with people to seek feedback on the care they received and identify areas of good practice as well as areas for further improvement.

The care staff always sought people's consent and permission before they carried out any task or personal care. Relatives said, they observed staff explaining what they needed to do and asking people for their permission before carrying out any care tasks. One relative said, "I hear the staff asking [family member] for their permission to provide personal care, they ask if they are ok and would not do anything if [family member] was not happy with it". One member of care staff said, "I always explain what I am doing and I respect people's decisions".

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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff told us they had received training on the MCA 2005 and there was evidence of this within the training records seen. People's care records contained assessments of their capacity to make decisions about their care.

People's nutritional needs were assessed and care plans had information about their dietary needs and preferences and the level of support needed to eat and drink. The provider confirmed that the current people using the service were not dependent on staff to eat and drink as they lived at home with relatives. The care staff explained that during their visits they checked that people had been provided with sufficient amounts of food and drink and that on some occasions they helped prepare snacks and drinks for people using the service.

People were supported to access health services in the community. If people were unwell, the care staff contacted relatives and / or relevant health care professionals including the GP and the district nurse. The provider and staff told us they had good support from the district nursing services and the end of life specialist nurses.

Is the service caring?

Our findings

Relatives told us they felt that they and their family members were treated with dignity and respect. One relative said, "My [family member] is looked after so well, the staff are fantastic". Another relative said, "They look after [family member] so well, they are always so cheerful, it gives you a lift". The staff understood what privacy and dignity meant in relation to supporting people with personal care.

People using the service and their relatives said they were involved and in control of making decisions about their care. One relative said, "The owner of the company keeps in regular touch with us, they explain anything we're not sure about". Another relative said, "We have met the new manager he was introduced to us when he first started, It's lovely to actually meet the people that are running the business". We saw records of the visits carried out by the provider within people's care plans.

People told us they were addressed by staff by their preferred name and that the staff were always polite and respectful towards them. One staff member said, "It's very important that you treat people the way you would want to be treated, to be respectful and kind". The provider told us when allocating staff they tried to allocate the same staff to people so that relationships could be developed. One relative said, "I know most of the staff, generally we have the same staff attend the calls, any new staff always come with an experienced member of staff".

Staff said they understood the importance of building trusting relationships with people. They were also mindful that they also needed to know the needs of all people using the service, in the event they needed to attend to their care. We saw evidence within people's care plans that a core staff team regularly attended people's care.

The care plans we reviewed contained information about people's choices and preferences. People using the service and their relatives told us they were involved in setting up and on-going reviews of their care plans. We also saw that confidential information about people's care was only shared with professionals involved in their care.

Is the service responsive?

Our findings

People were encouraged to raise any concerns or complaints they had about the service. One relative said, "I have not had any cause to complain about the care [family member] receives, we are very happy with the care from the service". Another relative said, "The owner works closely with us, if I ever needed to speak with her about anything, I know she would do whatever she could to sort it".

The complaints procedure was made available to people using the service and the provider responded to complaints about the quality of the service. We saw that copies of email correspondence were kept on file regarding complaints about the service. For example, a complaint had been received about staff not adequately attending to a person's catheter care. The provider told us in response all staff had received catheter care update training, which was also evidenced in the staff training records. However we saw the actions taken by the provider were not communicated in the email correspondence with the complainant. Closer attention to documenting the actions taken and the outcomes of investigation would provide a more robust audit trail.

We saw that each person had a care plan in place that were regularly reviewed and updated as and when their needs changed. The staff were able to tell us in detail how they provided individualised care for people using the service. For example, they said they closely monitored the skin condition of a person identified at risk of developing pressure area sores. They said they assisted the person to change position in bed to help minimise any pressure damage and at each visit they checked the pressure relieving equipment, such as specialist mattress was in good working order.

Relatives told us that the provider visited their family members at home before care packages was offered to carry out pre assessments. They said they listened to what they had to say and took into consideration their preferences, likes, dislikes and wishes. They said the provider kept in touch with them to discuss and update their care plans to make sure they reflected their current needs and wishes. In discussion with the provider they were able to tell us in detail the needs of each person using the service. They said they provided hands on care, which kept them fully up to date with people's changing needs.

The provider sought feedback from people using the service on the service delivery. Within each person's care plan there was evidence of people being asked for feedback on the care they received. The comments were positive, for example, "[Staff name] is very competent; they use their initiative and are a credit to the company". No areas for improvement were identified from the surveys completed by people using the service.

Is the service well-led?

Our findings

The registered manager had resigned in December 2015. The provider had appointed a new manager who took up post in January 2016 and their registered managers' application was in progress with the Care Quality Commission (CQC).

Closer attention to recording the range of actions taken by the provider in response to complaints would provide a more robust audit trail of how complaints are dealt with. For example, copies of emails were kept on file where the provider had acknowledged complaints made by people using the service. However they did not demonstrate how the provider had investigated the complaints, the actions taken, the outcomes or whether they had informed the complainants of the outcomes.

At the time of the inspection people using the service and relatives were pleased with the caring attitude of the provider and staff and all expressed satisfaction with the quality of the service provided.

People using the service and their relatives said they felt their views were valued and respected. People said they knew who the provider was and that she kept in regular contact with them. Relatives commented that the provider carried out spot checks and that she was 'hands on', they also said they liked to meet the person that managed the service.

People using the service and their relatives were pleased with the quality of care they received and they had good relationships with the staff that attended their care.

People were actively involved in developing the service. People using the service and their relatives said the provider sought feedback on their experience of using the service. We saw records of people being asked their views on the service and all of the comments were positive. One person said "My [family member] had a spell in hospital, they stopped talking and eating, and since coming home [family member] is doing fantastic with the help they get from the care staff".

The staff said they received support from the provider. One member of staff said, "We work well as a team, help and advice is always available if we need it". Another member of staff said, "I love my job, it's very rewarding".

Staff told us they felt supported. They all commented on how approachable the provider was and how they could speak to her for advice and support whenever they needed to. The provider told us they regularly worked alongside staff, which enabled them to lead by example, and discreetly observe and monitor care practice.

Quality monitoring systems were in place to assess the service people received. We saw that audits were carried out on care plans, risk assessments and other records in relation to the management of the service.