

Priceless Care Services Ltd

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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?

Good ●

Summary of findings

Overall summary

About the service: Priceless Care Ltd is a domiciliary care agency. It provides personal care to people living in their own home. It provides a service to 12 older adults.

People's experience of using this service: People told us they received a good service and felt safe with the support they received from staff. Arrangements were in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Recruitment processes were in place to make sure the provider only employed workers who were suitable to work in a care setting. There were arrangements in place to protect people from risks associated with the management of medicines and the spread of infection.

Care and support were based on detailed assessments and care plans, which were reviewed and kept up to date. Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. People's rights were protected by staff who understood the Mental Capacity Act and how this applied to their role. Where appropriate, people were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services, such as GPs.

Care workers had developed caring relationships with people they supported. People were supported to take part in decisions about their care and treatment, and their views were listened to. Staff respected people's independence, privacy, and dignity.

People's care and support considered their abilities, needs and preferences and reflected their physical, emotional and social needs. People were kept aware of the provider's complaints procedure.

Effective management systems were in place to monitor the quality of the care provided and to promote people's safety and welfare.

Rating at last inspection: The rating at the last inspection was Good. The report was published 18 July 2016.

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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.

Priceless Care Services Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and an assistant inspector who made phone calls to people or relatives in their home.

Service and service type:

Priceless Care Ltd is a domiciliary care agency. It provides care to people living in their own homes.

The service had a manager who was also the provider and was registered with the Care Quality Commission. This means that they 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 visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on the 5 February and ended on the 6 February 2019. The office day of the inspection took place on 6 February 2019. Phone calls to people and their relatives took place on the 5 February 2019.

What we did:

Before inspection: We reviewed the information we had received about the service since the last inspection. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

This information was used to plan our inspection and was taken into account when we made judgements in this report.

During inspection: We looked at three care files, three staff files to review recruitment, training and supervision records. We looked at records of accidents, incidents, complaints and compliments and reviewed audits, quality assurance reports and surveys.

We spoke with the registered manager/provider and the administrator and two care staff provided information via a questionnaire. We spoke with one person and six relatives over the phone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and had access to the providers safeguarding policies.
- People and relatives said they felt safe when they received care. One person said, "I feel safe with them, they are lovely girls."

Assessing risk, safety monitoring and management

- Risk assessments including health, safety and environmental risks were all in place and documented. This ensured, as far as possible, people were protected from avoidable harm.
- Other risk assessments included "moving and assisting", which ensured people who required support with mobility had appropriate measures in place to prevent slips, trips and falls.
- We saw that there were never any missed calls. If a care worker was unable to attend the registered manager attended. People and relatives we spoke with confirmed this. One relative said, "The manager comes out to us too and she does what the carers do as well she is brilliant."

Staffing and recruitment

- Staff and people who used the service raised no concerns about staffing levels.
- We saw staff had been recruited safely by the provider.
- We were told by the registered manager and staff, that people saw the same consistent staff team and people we spoke with confirmed this. Comments included, "They are all familiar to me" and "Yes, they are familiar faces and my [name person] has her little favourite."

Using medicines safely

- We looked at the systems in place for medicines management and found they kept people safe.
- Staff received a medicine competency check at least annually or more often if required.
- Audits of people's medication administration records (MAR) took place monthly and a full medicine audit took place twice a year.
- We found there was nothing in place to support the application of creams such as a topical medication administration chart. The registered manager put these in place on the same day as the inspection.

Preventing and controlling infection

- Staff had access to plenty of personal protective equipment (PPE)

- An audit for infection control took place twice a year and spot checks on staff took place at least eight times a year.
- Feedback from two people we spoke with stated they were concerned that staff were not changing gloves between providing personal care and preparing food. We passed these comments onto the registered manager who said infection control was really important and staff were aware of this. They would be addressing this with staff again via supervisions and staff meetings.

Learning lessons when things go wrong

- Action was taken by the registered manager when things went wrong. For example, one person dropped a medicine during administration. Staff looked everywhere and couldn't find it, the person moved, and the tablet fell out from a crease in the person's neck. The action the registered manager took from this was that all staff must carefully observe people taking their medicines and not to do other tasks whilst doing this observation. The registered manager confirmed this was checked during spot checks on staff administering medicines.

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

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 had pre-assessments of their support needs before commencing with the service.
- The pre-assessment looked at previous medical condition, current medical conditions, likes, dislikes and personal preferences.
- If the registered manager felt they were unable to meet a person's needs they would not take on the package of care.

Staff support: induction, training, skills and experience

- We saw that staff training was up to date. We confirmed from our review of staff records and discussions that staff received training which was effective and gave them enough information to carry out their duties safely.
- New staff were provided with a comprehensive induction and shadowing shifts. The registered manager always provided the care to new people first, so they got to know exactly what the person needed. They would then introduce the staff member to the person and step back once they knew the person was happy.
- People we spoke with said, "A new staff member has just started, they have been several times with the two [experienced care workers] watching them. They might ask the new person to do little bits, but they are there to learn and take it all in. They [new staff member] had to complete so many days of doing that and then had to do all their training. After that if everything went well they would start and wear their uniform. All very professional." and "There is a girl that was away because she was having a baby. I think she's only working part time but my god she is professional, she's come back now and she's really on the ball. They all get good training, nothing phases them. They would act well in an emergency situation."

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

- Where needed staff supported people to have their choice of food. Care plans documented how food or drinks should be presented.
- One person we spoke with said, "It is all healthy food, I am on Slimming World and they [staff] help me make those choices." Another person said, "The girls are brilliant and help me make meals."

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

- We saw staff worked closely with external healthcare professionals such as district nurses.

- The service also worked with GP, palliative care teams and social workers when people required additional care.
- Staff supported people to hospital appointments or to arrange chiropodist appointments.

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 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 confirmed that staff sought their consent before providing personal care and we saw evidence of signed consent in people's care plans.

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

People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- People and relatives were very positive about the care and support they received. Comments included, "I will tell you straight away, it doesn't matter what they do, the company and the girls that come here are brilliant. They are superb, magnificent. Everything they do is good", "They are absolutely wonderful", "They are golden girls they really are" and "The care [named person] gets is second to none, they are so nice with me as well."
- Each person's care plan documented a brief history of their lives, such as where they worked, and what they liked doing. For example, one person enjoyed reading poetry and acting.
- The registered manager matched staff to the people they cared, in terms of interests and personalities.
- The registered manager got to know people really well, they knew people's preferences and used this to tailor the care for the person the way they wanted.

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

- The registered manager and staff supported people to make decisions about their care.
- Where necessary, we were told they would seek professional help to support decision making for people.
- One relative we spoke with said, "They [staff] are very good at gaining [named person's] consent."

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they promoted people's independence. One staff member said, "I encourage the service users to do as much as possible for themselves."
- People and relatives we spoke with said, "They absolutely promote independence", "If I need support with my mobility they [staff] put a hand on my back if I am struggling and gently support me" and "They [staff] always encourage [named person] to use their walking frame before the wheelchair." One relative said, "When it was first suggested [named person] needed care, they were mortified. A week after starting they thought what was I thinking. Their [staff] thing is, if your hands are working you can wash your bits [laughs]."
- People and relatives said staff were dignified and polite. Comments included, "The girls are pleasant, polite and knock on doors", "They [staff] are very aware of [named person's] dignity, the first thing they do is say hello [person] and always say goodbye"

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained some good personalised information such as the person's life history.
- There were detailed plans with step by step guidance on how each call should go from entering the property to leaving the property.
- Care plans were reviewed and updated three monthly or more often if needs changed. One person said, "My care plan is reviewed every three months, as my health decreased, my care plan changed" and "They [staff] do all reviews and updates in the care plan every day."
- People's needs were identified, including those related to protected equality characteristics such as age, disability, ethnicity and gender, and their choices and preferences were regularly reviewed.
- People were supported to access activities of their choice in the community.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint.
- The service had received no complaints since the last inspection.
- People and relatives we spoke with said, "I have no complaints" and "I only had one complaint, because they [staff] pushed the bed against the wall it ripped the wallpaper and the plaster. But bless them they got somebody in and it's all been repaired, the manager handled it well."

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- Staff had received training on end of life care.
- We saw evidence of thank you cards from family regarding the service they received at this time.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager conducted a comprehensive list of audits [checks].
- Audits took place on people's daily notes and medication administration charts on a monthly basis. Care plans were also audited every three months or more often if needed.
- Twice yearly audits took place on infection control, health and safety and an overview audit. The overview audit included staff files, records and training.
- The registered manager also completed spot checks on staff about eight times a year. During spot checks they looked at staff appearance, attitude, records and time keeping.
- There was a business continuity plan in place which was detailed and included information about how to ensure provision of people's care in extreme circumstances such as severe weather.
- The registered manager actively supported the care staff in their roles. The registered manager said, "If a staff member is running late to a call, I will do that call for them."
- The registered manager said, "I tell all my staff if a half hour call takes an hour I don't care, the person comes first."
- People and relatives we spoke with were happy with the care provided. Comments included, "We have had a wonderful experience", "We are very happy with the care package", "On the whole we receive a good service" and "I would recommend them to anyone."

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

- People told us the service was well led.
- People and relatives said the service is well led. Comments included, "I met the manager in the first instance when they came to put the package together, she is nice" and "The management has been exceptional, we had a phone call in the middle of the night from Careline [emergency contact service] they [named person] could not get back into bed. I rang the manager who went straight round, we couldn't thank her enough, she reassured us everything was fine."
- The registered manager could explain their responsibilities well and stated they were there to care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's views were sought of the service they received.
- Surveys were sent out annually and all replies were acted upon. The last survey was starting to come back to the office. The ones received were all positive.
- Newsletters were sent to people who used the service. Information in these included how to make a complaint, introducing any new staff or staff news, any happy birthdays and information on raising money for charity.
- Staff meetings took place every couple of months. If staff could not attend they would receive a news letter informing them what was discussed.
- The registered manager had set up a message group called priceless. All members of staff were in the group and any updates were sent and shared on a regular basis. Staff would also pass on any new information about the people they cared for. For example, if a new medicine had been introduced.

Working in partnership with others

- The registered manager worked professionally with external agencies such as the local authority and occupational therapists.
- If they had any concerns about people, they would contact the occupational therapists for a reassessment.
- Staff had information on local services that they would pass onto people if they requested it. For example, a list of chiropodists and mobile hairdressers.