

Pre Care Services Ltd

# Main site

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Main Site, also known as Pre Care Services, is a domiciliary care agency. It provides personal care to adults living in their own homes, some of whom required end of life care. At the time of the inspection, the service was supporting nineteen people.

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

Improvements were required to ensure records in relation to people's care and management of staff were complete and accurate. The provider's internal audits were not effective and had not identified the issues found at this inspection.

There was no evidence medicines were not administered safely, however there were still several issues with the quality of medication records. The provider was not always following their own medication policy or best practice guidance and regulations.

We could not be sure the equipment used to support people was always safe. We found inconsistent quality in how risks to people's care were documented.

Recruitment processes did not always evidence robust checks had been completed to ensure staff were safe to work with people using the service. Staff followed appropriate infection control procedures and enough personal protective equipment was available.

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 in the service supported this practice. However, we found the provider's understanding around the application of the requirements of the Mental Capacity Act was not robust. We had a recommendation for the provider to review this area.

Staff told us they enjoyed their job and felt well supported through by management. We found there was a system in place to ensure staff were inducted and shadowed experienced members of staff. Staff received varied training; however specific training to meet the needs of people required end of life care had not been offered.

People and their relatives told us staff were caring and provided a service that made them feel safe, promoted their independence and had a positive impact in their lives. People were supported by staff who were caring and respected their dignity and privacy.

People and relatives told us they had been involved in setting up and reviewing their care and were confident that any concerns raised to the provider would be appropriately acted upon.

People, relatives and staff told us the service was well managed and managers were responsive,

approachable and directly involved in the delivery of care.

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 30 December 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and treatment, fit and proper persons employed and good governance at this inspection.

We made a recommendation for the provider to review good practice guidance in relation to the Mental Capacity Act.

Please see the action we have told the provider to take at the end of this report.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Main site

## 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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### 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 service is required to have a registered manager. At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

Inspection activity started on 15 March 2022 and ended on 23 March 2022. We visited the location's office on 16 March 2022.

### What we did before the inspection

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and

improvements they plan to make. Please see the well-led section of the full inspection report for further details. Before the inspection, we reviewed all the information we held about the service, including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people using the service and five relatives about their experience of the care provided. We gathered information from five members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at three staff files in relation to recruitment, training and 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.



# 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 requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely.
- We found people's allergies status was not recorded.
- Records for time sensitive medication did not evidence the manufactures instructions were being followed.
- One person's medication was being dispensed but not administered by staff. Although this had been put in place to promote the person's independence, there was not a risk assessment in place detailing the control measures. We discussed this with the provider and they contacted relevant healthcare professionals to review this person's medication.
- We saw evidence showing some staff had a recent assessment of their competency to administer medication but we could not confirm this was the case for most staff members because the provider did not have a system in place to record this.
- Medication audits were being completed but were brief and did not cover all relevant aspects of medication management.
- The provider was not always following their own medication policy. For example, their policy indicated "a full medication needs and risk assessment must be completed for each service user;" this was not in place during this inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medication was administered safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were supported with their medication in line with their preference. Comments included, "[Staff] bring my medication with a drink, know what I take, no problems."

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

- Risks to people's care were described in people's care plans as areas of need, some risks detailed the control measure in place to manage those risks however, other risks were not described in detail.
- Moving and handling risk assessments were not always detailed. We discussed this with the provider and saw evidence of further information being added to these risk assessments
- We could not be sure all the equipment staff used to support people with their moving and handling requirements was always safe to use. This was because the provider did not have a system in place to

evidence that all the hoists and slings used by people had passed the Lifting Operations and Lifting Equipment regulations. We discussed this with the registered manager, they showed us one record of these checks but this did not cover all people being supported with moving and handling requirements.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks to people's care were managed safely. This placed people at risk of harm and it was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were confident in describing how they would manage risks to people, including what to do in emergency situations.
- People and relatives told us they felt the service provided safe care. Their comments included, "Definitely safe. [Staff] just great, kind, put [person] at ease, communicate with us" and "[Person is] looked after in bed, turn [them] on each visit and know how to use hospital bed."

#### Staffing and recruitment

- Recruitment of staff was not always done safely.
- Staff's employment history was not always recorded. There was no evidence that gaps in employment had been explored.
- Relevant references had not always been requested before commencement of employment and we could not verify the origin of the references sent.
- The provider showed us Disclosure and Barring Service (DBS) checks had been completed for staff but there was no evidence these checks had been completed before staff members started working. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment was conducted safely. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us care was provided by a consistent team of staff who knew people well. They told us staff did not miss visits, arrived on time most of the time and stayed for the required time. Comments included, "[Staff] arrive on time, may be late if previous person had a fall and [staff] had to wait for ambulance, but it is dealt with professionally and no missed visits, always turned up; when carer's car broke down once they sent another carer."

#### Systems and processes to safeguard people from the risk of abuse

- There were safeguarding policies and procedures in place. The nominated individual and registered manager knew their responsibilities in this area; however, during this inspection we identified one incident that should have been reported to the local safeguarding team. We asked the provider to do this retrospectively.
- Staff had been trained in safeguarding adults, knew how to identify signs of abuse and what actions to take if required. However, the provider told us of their intention to support children and staff had not received training in relation to safeguarding children. We fed this back to the provider.

#### Preventing and controlling infection

- Infection control procedures were in place.



- Staff told us personal protective equipment (PPE) was available. People and relatives confirmed staff used PPE during delivery of care. Comments included, "Staff wear masks and gloves, disposable aprons, put them on outside" and "All [staff] have PPE on, always kept [person] safe."

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider's understanding and practice around MCA was not robust.
- One person was being assessed due to memory problems, the provider and staff told us they did not feel this person fully understood some areas of their care. However, a mental capacity assessment had not been completed to ascertain this person was able to give consent or if a best interest decision was required for specific areas of their care.
- People's care plans had generic comments about their capacity but this was not decision specific. The MCA's principles determine that every person needs to be assumed to have capacity and if there are doubts about their mental capacity to make decisions, this should be assessed for specific decisions.

We recommend the provider considers current guidance on application of the MCA and takes action to update their practice accordingly.

- People told us staff asked their consent before supporting with care tasks. One person added, "I tell them what I want them to do."

Staff support: induction, training, skills and experience

- Staff went through an induction period and shadowed experienced members of staff before working independently.
- People and relatives said staff were knowledgeable and skilled.
- Staff received varied training; however specific training to meet the needs of people who required end of life care had not been offered. The provider told us of their intention to support children however, staff had

not received specific training in this area, although the provider told us this would be given to staff before the start of new care packages.

- Staff told us they felt well supported in their roles. We saw evidence of supervision meetings taking place and being scheduled.

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

- People were supported to eat a balanced diet that met their needs and in accordance with their preferences.
- Some people's care plans included information about their nutritional needs. For example, one person's care plan explained, "I can eat and drink independently, I need carers to prepare my meals. When my meal is prepared I need assistance placing my food right in front of me. I sometimes have problems with nausea and I am prescribed [medication for this condition]." However, we saw one person required encouragement with their meals and although staff was aware of this, not all approaches that the nominated individual and staff told us worked well with this person, were described in their nutritional care plan. We discussed this with the provider.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs were assessed and their care and support was planned through the development of a care plan.
- People's needs in relation to the protected characteristics under the Equalities Act 2010, were taken into account in the planning of their care. People's communication requirements were assessed and included in their care plans.

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

- People and relatives told us staff had contacted other healthcare professionals when required. One relative said, "[Staff] called the ambulance last night, they always notify me or contact if they have any concerns."
- The records we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services such as district nurses and palliative nurses.

# 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

- During this inspection, we received consistently positive feedback about the approach of staff on the care and support delivered to people. We asked people and relatives if staff were kind; people and relatives comments included, "Very friendly and professional, compassionate, treat [person] well and have a good laugh;" "Kind, really gentle, understanding, support me as well as [person], always willing to help, very professional, definitely respectful" and "Absolutely brilliant, couldn't wish for better team."
- Staff talked about people with kindness and consideration for their needs and preferences.
- People received care and support which reflected their diverse needs. People's needs in relation to their communication, religion and health were assessed. The nominated individual and registered manager had a good understanding of protecting and respecting people's human rights. They told us they discussed with people the gender of staff who provided support in order to ascertain preferences and clarify expectations.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they felt involved in planning and reviewing care.
- Staff recognised the importance of encouraging and supporting people to participate in their care where they were able. Relatives confirmed staff supported people to be as independent as possible. Their comments included, "Staff ask [person] if [they] wants to wash face, always give [them] a book with Queen's pictures and colouring books which [person] likes" and "[Person] is encouraged to do what [they] can."
- People's dignity and privacy was respected. People told us staff respected their choices. Relatives confirmed this, "Staff are kind, caring, absolutely treated with dignity and respect."

# 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's care plans were centred around their needs; we saw some included relevant details about people's health and care needs and preferences but others required further details of the strategies that worked well with people. We discussed this with the provider.
- People and relatives told us they received a flexible and personalised service that was responsive to their individual needs and preferences. People's told us staff responded appropriately.
- People told us they had been involved in the assessment of their needs; relatives confirmed this as well.
- Staff were familiar with people's needs and preferences.

End of life care and support

- The provider was caring for people who required end of life care and we saw relevant professionals were involved, when required. However, staff had not been offered specific training in this area.
- We reviewed care plans that detailed people's particular End of Life care wishes.

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 care plans detailed the support they required with their communication needs.
- The nominated individual and care coordinator told us how they currently adapt their communication and other ways they could adapt

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and told us they had not received any formal complaints.
- People and relatives told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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; Continuous learning and improving care

- During this inspection, we found concerns around the quality and accuracy of the records related to risks to people, medication, recruitment, training and understanding of the MCA.
- Quality assurance processes were not completed consistently, did not cover relevant areas and had not been effective in identifying issues and drive the necessary improvements. For example, although medication audits were being completed, these did not cover all relevant aspects of medication management and had not been effective in identifying the issues found at this inspection. Audits on staff's files had been completed but had not identified the issues found at this inspection. This shows quality assurance processes in place had not been effective in identifying the issues found during this inspection and in driving the necessary improvements to ensure the provider was compliant with regulations, following best practice and their own internal policies.
- The provider did not complete the required Provider Information Return. It is a requisite that registered providers send this information when requested.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives and staff told us the service was well managed and managers were responsive, approachable and directly involved in the delivery of care. One staff member told us, "I think the management are great; they take care of staff."
- The registered manager and nominated individual were receptive to the inspection process and told us they would focus on making the necessary improvements.

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

- People and relatives told us they would not hesitate to recommend Pre care services to others. Their comments included, " Service well managed, best ever service, literally no complaints which is unusual for

us, they are respectful of property and polite, would recommend" and "Definitely recommend them, highly satisfied, [person] calls them [their] little angels."

- People and relatives also told us care delivered had a positive impact on their lives. One relative said, "Nothing to compare them with, they have taken a burden off me."
- The service was not asking people and relatives to complete surveys or questionnaires; the provider told us compliments forms were in people's folders and a link had been created for people and relatives to provide feedback on the website.
- There were regular team meetings taken place; we saw evidence of relevant discussions about the service delivered.

#### Working in partnership with others

- Evidence we looked at demonstrated the service was in close contact with a wider professional team in the community to address specific needs of people, for example, GPs and social workers.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The systems in place to record management of people's medicines and risks to their care was not always safe.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  During this inspection, we found issues in relation to the quality and accuracy of records. The provider's quality assurance processes had not been effective in identifying these issues.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Staff were not recruited safely.