

Prudent Domiciliary Care Limited

# Prudent Domiciliary Care Limited (PBG)

## Inspection report

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22 February 2023

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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

Prudent Domiciliary Care Limited (PBG) is a domiciliary service providing personal care to people in their own homes. The service provides personal care to people living in their own houses or flats who required support due to needs relating to their age or living with physical disabilities. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 20 people using the service receiving support with personal care.

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

People were protected from the risk of abuse by staff who knew what to look out for and how to report concerns to their manager. Safeguarding alerts had been raised appropriately and relevant professionals consulted when required. Feedback on the staff was positive with people describing the carers as, "kind and caring," and "reliable and reassuring." Staff were on time and assisted people with the tasks they required.

Risks were assessed, and information provided to staff to mitigate these. Care plans held personal information on people and provided guidance for staff to be able to care for them well. People were supported to take their medicines on time and staff competency with this was assessed regularly.

People were supported to eat and drink enough to remain well and staff documented what people's intake was so that it could be monitored and shared with professionals if required.

Staff completed a company induction and a range of training modules when starting with the service and people told us they felt staff knew what they were doing and supported them well. Staff were supported by the provider and members of office staff, and staff told us they were available for support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us they were treated and were involved in making decisions about their care. Staff in the office contacted people weekly to seek feedback on what was working well and what could be

improved.

Checks and audits of the service were appropriate for the level of support being provided and were completed to ensure people were receiving good care and support. The provider had developed appropriate policies and procedures which provided guidance to staff and people using the service.

Staff told us they felt valued and supported by the provider and staff were happy working for the service.

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 14 December 2022 and this is the first inspection.

The last rating for the service at the previous premises was requires improvement, published on 11 September 2021.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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?

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

# Prudent Domiciliary Care Limited (PBG)

## **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 completed by 2 inspectors.

### 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was also the provider.

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 15 February 2023 and ended on 22 February 2023. We visited the location's office on 15 February 2023 and used remote technology such as electronic file sharing and phone calls to engage with people using the service and staff during the other dates.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people and 3 relatives who people had nominated to speak on their behalf, 4 members of staff and the provider. We reviewed a range of care records. This included 4 people's care plans and associated records. We looked at 4 staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service were also reviewed.



## 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Staff demonstrated knowledge of signs of abuse to look out for and told us how they would report these to the provider to ensure action was taken to keep people safe.
- There were appropriate policies and procedures in place to protect people from the risk of abuse. One person told us, "Oh yes I feel safe, they are all brilliant."
- Safeguarding concerns had been reported to the local authority teams correctly and the provider knew what actions were needed to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people being supported were identified and assessed appropriately. People had personal risk assessments which were relevant to their particular needs.
- Risk assessments were regularly monitored and reviewed by the provider, to ensure staff had the most up to information so actions were taken to mitigate risks.
- Actions were taken where risks had been identified and appropriate healthcare professionals such as community nurses or therapists were contacted to find ways of preventing the risks from re occurring.
- People were protected from risks of their environment. Potential risk and hazards within people's homes had been identified and appropriate risk assessments were in place.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Full employment histories had been checked, and any gaps were discussed and recorded. References obtained were appropriate and helped the provider to ensure new staff were of good character and safe to support people in their own homes.
- All staff had appropriate right to work checks and Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us they received care from staff who arrived on time, stayed the duration expected, and had built good relationships with them.

### Using medicines safely

- People received their prescribed medicines on time and in a safe way. Policies and procedures were in place and staff demonstrated knowledge of people's needs relating to medicine support.
- Medication administration records were used to record whether people had taken or refused their prescribed medicines, and these were audited monthly to ensure records were accurate and that there had been no medicines errors or omissions.
- Suitably trained staff followed arrangements in place to ensure people received their prescribed medicines. Staff competencies with this had been assessed by the provider.

### Preventing and controlling infection

- People told us the staff who supported them wore appropriate personal protective equipment (PPE) such as gloves, aprons and face coverings when supporting them with personal care.
- The provider had an up to date infection prevention control policy which had been shared with staff. This had been updated to include latest COVID-19 guidance and information.
- Staff understood their personal responsibilities relating to infection control and were able to source extra PPE from the provider when required.

### Learning lessons when things go wrong

- The provider and staff understood their responsibilities to record and report any accidents and incidents or near misses. Staff told us, "If anything happens, we always report it to the office. We also record it in the notes. If I report something I am confident that action is taken."
- Incidents where things had gone wrong, were reported by staff and correctly recorded and investigated.
- Incidents were discussed in team meetings to enable staff to understand what had gone wrong and what needed to be changed to ensure they did not happen again.





## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider completed initial assessments of people before they started the service, or within 24 hours in the case of hospital discharges, to ensure people's needs could be met.
- People's care plans and risk assessments were kept under review and updated whenever there had been a change in need. This ensured staff had access to the most current and relevant information needed to be able to provide care and support.
- One person told us, "[provider] came the day the service started. Me and [provider] talked about the care and involved us in what we wanted from the service."
- Where people had needs relating to protected characteristics under the Equality Act 2010, which includes disability, sexual orientation, gender and religion, these needs had been identified which informed staff of any specific needs such as dietary requirements for different people's faiths.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. Staff completed a company induction and mandatory training modules which were based around the Care Certificate to ensure they had the knowledge to support people in a safe way. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- One person said, "The staff are trained well. They know what they are doing and are so kind. I do feel safe with them."
- The provider completed a range of spot checks and supervisions with staff. These held details of any support they required and identified any further development or training requirements.

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

- People were supported to eat and drink enough to remain well and in accordance with their care plans.
- Staff recorded in people's care plans what had been drunk, eaten or offered, so intake could be monitored and ensure people were eating and drinking enough. This information was also shared with healthcare professionals when necessary.

- Staff told us, "We use our notes to see if people have eaten and drank enough and then make an offer for something else or extra. We support people living with dementia. One person is adamant they have eaten before we arrive, but we can see they haven't. What I do in that case is make up some food and snacks and leave it for them. It's always eaten when I go back."
- Where people had medical needs relating to food and diet there was clear guidance for staff to follow to ensure they were supporting people to remain healthy.

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

- People's care plans contained details of the healthcare professionals involved in their care, such as GPs or consultants and people were supported to contact them when necessary by staff.
- The provider was working with occupational therapists to try and support one person to be cared for out of bed. Staff had followed instruction from professionals and fed back to them as to whether it was working well. Further plans had been developed by the professionals which staff were working towards with the person to achieve this outcome.
- The provider had clear systems and processes in place for referring people to external services such as a request for reviews by their social worker, to dieticians and speech and language therapists, to ensure any changes of need were identified quickly and action taken.
- People's care records included guidance for staff to follow about health related needs. For example, for people at risk of strokes, people with catheters, the provider had guidance from the NHS in place, which further enabled staff in understanding and meeting people's needs.

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.

- People's ability to make decisions about their own care and support had been assessed and staff had consulted with professionals and loved one where necessary.
- Details of others involved in people's care, who could support with decision making or advocate on their behalf, was present in care records.
- People were asked for their consent before completing care plans and assessments. Daily notes of visits completed by care staff had records of them seeking consent before supporting people's needs.
- One person said, "I was asked what I wanted from the very start. They always ask me what I want." And staff told us, "Even if I know people well, I still would always ask what they would like and check what they need. I always see if there's anything else I can do for them."



## 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

- People were supported and treated well. We were told staff were caring and supported them in a personal way, respecting their choices and staff treated them with kindness.
- People said, "They're all so lovely and kind and caring. They do everything I need them to. They wash me, get my meals, make sure I'm ok." And, "they treat him so well. He says they're his girls and he loves them."
- A relative told us, "I can hear them talking to him. They take their time. He is not rushed and rolled around etc. I have never ever experienced them rushing."

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

- People were involved in making decisions about their care. The provider and office staff completed reviews every month, which helped the team identify any quality issues quickly and take action to put them right.
- People were able to contact the provider as required to discuss their care and support. People and their relatives all knew who the provider was and how to contact them.
- One person told us, "There was one issue where I had a male carer – I really didn't want that, but I told my neighbour and she got onto the [provider] who sorted it straight away. Now I get two women all the time who are lovely. I love them all. I don't have any complaints at all but if I did, I would tell my neighbour and she knows who to contact as I can't hear well."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with respect, dignity and promoted their independence. "The carers are very kind and that means a lot you. Means a lot for [loved one]. I know they are looking after them properly. I'm very happy with this service. It's very comforting knowing that I can rely on these people."
- People's care records were stored securely on the provider's electronic care planning system. Staff had to log in with an individual pin code and could only see the personal information of people they were booked to support. This ensured people's information was kept confidential and in line with General Data Protection

Regulations.

- Care records emphasised what people could and could not do for themselves. We reviewed one care plan that stated the person could wash and dress their top half but not bottom. The daily notes we reviewed showed staff supported this person stating, "[Person] independently washed themselves and carer supported with legs and back."



## 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 personal and contained important information for staff to be able to provide care and support the way each individual wished for.
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note, and fluids taken. These records ensured good communication between staff, benefitting the care of the person.
- Staff told us they respected people as individuals. Staff described person centred care as, "This means taking care of the individual. Making sure their care is right and it's what they want."
- Care and support plans had sufficient information and guidance included to ensure individual care was delivered and responded to any changes in people's needs. Care plans were kept under review and were updated as necessary.

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 communication needs were assessed and recorded in care plans for example, the provider had recorded information for staff for a person who was unable to verbalise their pain. Records helped staff understand if any aids or specific guidance were needed to support people to make their preferences known.
- The provider told us they understood the Accessible Information Standards which was in the process of being developed and could be adapted for any future people that required information in a more accessible form such as Braille or large print.

#### Improving care quality in response to complaints or concerns

- The provider informed us complaints and concerns were taken seriously and were investigated in an open and honest way. We reviewed complaint records which supported this.
- People and relatives told us they knew who they could talk to if they needed to raise any concerns or make a formal complaint, telling us, "I can raise concerns to the office anytime."
- People and relatives told us they knew how to complain but had not felt the need to. They had raised concerns or suggestions, and these were listened to and acted upon.

#### End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- The provider was extremely passionate regarding providing exceptional care at the end of people's lives. We reviewed correspondence between the service and people's loved ones who had thanked the provider for the service given to people at the end of their life.



## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and staff demonstrated a clear understanding of their roles and responsibilities when supporting people.
- The provider understood the requirements of notifying the Care Quality Commission (CQC) of important events which had happened in the service. These had been submitted appropriately.
- Staff told us, "I think the [Provider] is very fair. They are approachable. If I need extra help, I can call the office, and there's one out of hours as well. If we need help, they would get someone to you."
- The provider and office staff had completed regular effective checks and audits such as, care plan audits, spot checks, and reviews to monitor the quality and safety of the service.
- Staff were encouraged to raise any concerns, report accidents or incidents and be honest when things had gone wrong. Staff explained the reporting structure and felt confident any concerns would be recorded and investigated appropriately.
- The provider had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service and staff were well-motivated. A member of staff said, "I really love my job. I hope to continue working here for some time."
- People and their relatives were positive about how the service was managed and the impact on their care. One person said, "I never have any trouble getting through to the office if I ring. They always sort what I

need."

- People and their relatives were encouraged to be involved in the care and support provided. We were told staff supported them the way they wished and also adapted the support when required.
- The provider held staff meetings, where issues or concerns identified were discussed.
- Care records we reviewed showed office staff had contacted each person regularly to see if everything was satisfactory. Where concerns had been raised these had been actioned appropriately.
- Feedback was sought from people, relatives and staff regularly. The provider told us they asked people and their relatives about their care every time they visited them or spoke to them. Records showed comments made by people and relatives had been largely positive.

Continuous learning and improving care; Working in partnership with others

- The provider and staff worked closely with health and social care professionals to provide effective and joined up care and support.
- The provider emphasised they were always learning. If they were unsure about something or a need they had not supported before, they would research and request support from professionals to ensure they were equipped to manage this.
- The provider had kept up to date with changes in legislation and best practice. They had developed relationships with the local authority and the local community medical teams.