

Presious Healthcare 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

What life is like for people using this service:

People using this service benefitted from a good, safe, effective, caring, responsive and well-led service. People and their relatives consistently told us how they were treated with kindness, compassion and respect. Feedback about the staff and the management team was consistently positive. One person told us, "[My relative] has never been happier." Another person told us that staff regularly went over and above and stated, "My care plan says the staff should be with me for 30 minutes, but they often stay longer if they need to get things done."

People's choices about how their care and support should be delivered was recorded in care plans and their care was delivered by a staff team who embodied the values of the organisation and considered 'caring' to be the most important value. People are given the opportunity to express their views and are involved in the planning of their care and support.

People received care that is responsive to their needs. Staff know and understand the people using the service. Confidence in the staff and management team is consistently high. A relative told us "I don't worry about [my relative] in that respect these days, they always get in contact with me and don't over react; there is always a measured approach to things."

The provider had a clear vision and strong values, this was embedded in the team by leaders who are visible, approachable and who lead by example. The staff team are motivated and enthusiastic about working for the organisation. We were consistently told by the staff that they were supported by managers who were always available when they needed support and advice.

More information in Detailed Findings below

Rating at last inspection:

This is the first time that service has been inspected – no previous rating

About the service:

Presious Healthcare is registered as a domiciliary care agency providing the regulated activity 'personal care' to the people who live in their own homes in Lincoln and the surrounding area.

Why we inspected:

This was a planned comprehensive inspection and was the first time the service had been inspected.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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.

Presious Healthcare 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Presious Healthcare is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection the agency was providing personal care to nine people.

The service had a manager registered with the Care Quality Commission. 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 visit because it is a small service 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.

What we did:

We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service

including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example, the local authority and members of the public.

We spoke with two people during our visit, and three relatives. We spoke with seven staff during our visit, we also spoke with the registered manager and the nominated individual. We received written feedback from one health and social care professional. We looked at care documentation for three people using the service and their medicines administration records. We also looked at three staff files, staff training and supervision planning records along with other documents relating to the management of the service. These included records associated with audits and quality assurance, staff duty rotas and policies and procedures relating to medicines, safeguarding, complaints and supervision.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes:

- The provider had a safeguarding policy which is reviewed regularly. The policy contained relevant and up to date information. Records showed staff received safeguarding training and told us how they would keep people safe from abuse and harm, they were clear about who's responsibility it was, how and when they would report concerns regarding people's safety. One staff member told us, "I'd speak to [the managers] first, but if I thought that it needed to go further I'd report it to adult social services, it's our duty to report it."

Assessing risk, safety monitoring and management:

- People's care plans identified risks and contained risk assessments to reduce and manage identified risks. Staff told us about risks to people and what they did to keep people as safe as possible. For example; One person was at risk of choking and had a swallowing assessment which had been undertaken by the speech and language therapist, staff told us how they blended food to the correct consistency and how they supported the person to eat safely, reducing the risk of choking.
- People were supported in their own homes by care staff visiting them. The provider had taken measures to assess environmental risks in people's homes to ensure that care could be provided safely. Most care was provided by two staff, where people needed support to be lifted, the provider had implemented risk assessments, provided training and guidance to the staff and had observed staff undertaking lifting tasks to ensure these were done safely. The director and registered manager took a hands-on approach to ensuring that staff were competent and confident delivering care which involved risk. One staff member told us, "I mostly shadowed [the director], [the director] likes to make sure we are working to their standard; [the director] is very good at training people. We get shown what to do and then [the director] would observe us before letting us do it on our own."

Staffing levels:

- People and their relatives consistently told us that the provider had never failed to deliver the care they expected. The amount of care people have is delivered according to their care plan and is agreed prior to the delivery of the care contract.
- Care is provided to people by staff who are familiar with them, the provider does not use agency staff. Staff are deployed using a roster system, one staff member told us, "The roster is always covered, if someone is off sick we sometimes get asked to cover but often [the registered manager] will sort it out – it is always in order."

Using medicines safely:

- The registered manager understood their responsibility to ensure the safe administration of medicines. The provider had a medicines policy which described the process which staff should follow when administering medicines. Where people were supported with medicines they were supported to keep them safely and securely in their own homes.
- Administration of medicines was recorded by staff and this was spot checked by the registered manager on a regular basis. Information about people's medicines was recorded and risks relating to the administration of medicines was managed. Records showed that people received their medicines as prescribed.
- Records showed staff completed training in medicines administration and their competence was checked by the registered manager before they first administered medicines and then annually thereafter. The provider had a process for dealing with errors.

Preventing and controlling infection:

- Staff completed training in infection control. Staff told us that the provider supplied them with sufficient personal protective equipment such as disposable gloves and aprons, they told us that they were provided with regular supplies and that there was always sufficient stock kept at the provider's office location.

Learning lessons when things go wrong:

- The provider had systems and processes for recording and reporting accidents and incidents. Staff told us that they knew how to report accidents and incidents and were aware of the importance of recording incidents accurately and clearly. The registered manager had a system for reviewing accidents and incidents on a regular basis and discussing this with staff to increase their awareness and ensure that they learned lessons when things went wrong.

Is the service effective?

Our findings

Effective – this means 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's needs were assessed prior to the service starting. The assessments were undertaken by either the registered manager or the director. People's desired outcomes were established at the point of assessment and then written up into people's care plans. Where people consented for their family members to contribute to their care planning this was recorded. One relative told us, "[My relative's] care plan is updated regularly, [the registered manager] and I talk about his care plan regularly over the phone, when I go over I will have a look at it and it's always up to date."
- Staff had a good understanding of people's needs and the care provided good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience:

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. All staff were provided with an induction when they began working for the organisation. One staff member told us, "I was really nervous at first, but I've got around that now, [the registered manager] showed me the ropes and the training has really helped." The staff consistently told us that the training that they had received had given them the knowledge they needed to care for people effectively. New staff told us that they were in the process of undertaking the care certificate. The care certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care. The provider had a schedule of mandatory training which all staff were expected to undertake including medicines administration, manual handling, first aid, safeguarding, infection control, fire safety, food hygiene, mental capacity and deprivation of liberty and person-centred care. Additional training covered specific needs such as dementia, end of life care and catheter care.
- Staff were supported to obtain recognised qualifications in care. Records showed that Approximately 40% of care staff held a recognised care qualification. The registered manager is currently undertaking a nationally recognised care qualification at level five, this helped to ensure that care staff had the skills and knowledge to provide care.
- Staff receive regular supervision and spoke with high regard about the support the managers provided to them. One staff member told us, "They [the registered manager and director] are always there, I can't fault them to be fair, they are absolutely brilliant."

Supporting people to eat and drink enough with choice in a balanced diet:

- People received support to maintain their own independence and prepare their own meals and some

people had support from staff to achieve this. A person told us, "Food is very good, I have cereals in the morning, meat, mash and vegetables for dinner. It's prepared well and they wear gloves – I feel safe then. I don't look at the dates on food, they [the staff] do it for me; if it wasn't for them I'd eat out of date food."

Ensuring consent to care and treatment in line with law and guidance:

- The service was working within the principals of the Mental Capacity Act 2005 (MCA). At the time of the inspection visit no person using the service was being deprived of their liberty. Policies and procedures as well as staff training on the MCA ensure that staff can identify any person who may need advocacy or care in their best interests. People's mental capacity and ability to make decisions was respected by staff who understood the principals of the MCA. People were offered choices in all areas of their care and wellbeing.
- Care plans were developed with people and we saw evidence that people had consented for the care to be provided in the way that they had agreed.

Is the service caring?

Our findings

Caring – this means 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:

- People and their relatives spoke with conviction about how kind and caring the provider was towards them. One person told us that in recent years they had become more isolated due to their health. They told us that they had longed to see a much-loved relative who lived over 100 miles away and that it had been their dream to see them again in person. They told us that unbeknown to them, as a surprise, the director had been in contact with their relative and arranged for them to travel and meet their relative for the first time in 30 years on their birthday. The person told us, "It meant so much to me, I cried tears of joy; [the director] did all of this off their own back; [the director] is a gentleman". When we asked the provider why they had chosen to do this for the person, they told us that a core value of the organisation was to deliver care that comes from the heart.

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

- The provider had developed an open and transparent culture where people and their relatives felt confident to express their views confidently. A relative told us, "I made a suggestion the other week, we've been talking about getting my [relative] a bit more mobile and building their confidence. They [the provider] are always open for a discussion, whatever I am asking they are quite willing to see what can be done; nothing is too much trouble."
- We saw written compliments from people who used the service. In two compliments received, people stated, "A company is only as good as the people who run it and you and the staff run it great, good on you," and, "I wish to thank you all for the service you've given me, perfect in all ways".

Respecting and promoting people's privacy, dignity and independence:

- People were supported by staff who understood the principles of dignity and respect. A relative told us, "They respect [my relative's] dignity so well, in the past I have had to address personal hygiene issues with another provider, but [the director] has managed to solve this sensitive problem, they are fantastic. My [relative] feels confident with the team and trusts them, my [relative] has never looked so clean and tidy, it's excellent – I can't describe how well they have done".
- Staff demonstrated a clear understanding of how they respected people's privacy and dignity when providing care. One staff member told us, "It's a key part of my role, I am in their home and their personal space, I ask permission and suggest sensitively that we close doors and curtains to keep things private and dignified."
- People were supported to be as independent as possible by staff who positively promoted independence.

A staff member told us, "I make sure I give people options, I ask people if they want to take their medication, I don't tell them, I ask people if they would like to do something."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

How people's needs are met:

People's care was delivered according to their preferences and wishes. People and their relatives told us consistently that people's care was provided in the way that they wanted it. Care plans reflected people's health and wellbeing needs and evidenced input from health and social care professionals.

Personalised care:

- Care plans were sufficiently detailed to reflect the care and support provided. The registered manager had implemented a process to ensure that care plans were up to date and reviewed them every three months.
- People provided consent for care to be delivered. People signed their care plans to confirm that they had been involved in discussions about their care.
- Staff understood the principals of person centred care. One staff member described it as simply, "Putting people first," another stated, "I get to know people by communicating with them and reading their care plan and notes, I ask them what their preferences are, I ask questions."
- The management team knew people who used the service well; their hands-on approach towards providing the service meant that they could ensure that the staff team were providing care in a way that people wanted.
- People told us that the provider was approachable and considerate to people's changing needs. A relative told us, "If we wanted anything changing like the support times, we ask [the registered manager] and they sort it out for us, we can approach them and talk to them."
- During our visit we observed the registered manager responded to a call from a concerned neighbour of a person using the service. Although it was not part of the person's contracted care package, the registered manager arranged for a staff member to visit the person and check their welfare.

Improving care quality in response to complaints or concerns:

- People told us that they knew how to complain and that they felt confident in doing so. One person told us, "I haven't needed to complain, but if I needed to I know they would do their best." The registered manager told us that people were provided with a service user guide and a statement of purpose. A relative told us that they had received and read this.
- There had been one complaint during the last 12 months. The registered manager had kept a record of this and showed us how the complaint had been responded to and resolved. This was in line with the organisational policy regarding complaints.
- We saw two written compliments from people using the service in the last 12 months which the provider had kept on file both. One compliment thanked the managers and staff team for nine months of "excellent

care".

Is the service well-led?

Our findings

Well-Led – this means 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.

Leadership and management:

- The director and registered manager adopted a hands-on and visible style of leadership which meant that people and relatives felt reassured and supported. We were consistently told by people and their relatives that they had confidence in the management team and that concerns would be responded to efficiently.
- Staff told us that the culture within the team was open and inclusive. All staff we spoke with described a positive and supportive working environment, that they felt valued and enjoyed working for the organisation. One staff member told us, "[The director] values everyone," another staff member told us, "Everyone works as a team, if you are not sure about something we help each other."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- The provider had a clear vision and set of values which outlined the principles of high quality and person-centred care. People, relatives and staff consistently told us that the managers spent substantial amounts of time to ensure that the standard of care was good and that the staff are competent and confident in their roles.
- The registered manager told us that they delivered the service in an open and transparent way. A relative told us, "There were so many issues with the previous agency I was quite worn out to be honest, but I don't have that hassle now – if there is something wrong [the registered manager] tells me, I don't worry anymore."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- Staff understood their roles and responsibilities well. Staff told us that they were supported by experienced managers who have invested time demonstrating the expected standards of care required.
- The provider used a quality assurance and audit system to regularly check that the service met regulatory requirements. People told us that managers visited them at home and check that things were being done correctly. A relative told us, "[The registered manager] comes in and spot checks the tablets and sometimes they work alongside the carers."
- Records showed that the registered manager understood their responsibilities to tell us about important things related to the service and submitted statutory notifications as required.

Engaging and involving people using the service, the public and staff:

- People and their relatives were regularly asked for their views regarding the service using a survey; the results of the surveys were used to plan improvements to the service.
- Team meetings were held regularly for the staff, minutes were distributed to everyone in the team so that important messages were communicated.

Continuous learning and improving care:

- Audits showed the quality and safety of services had been regularly checked. The provider had a process for ensuring that shortfalls identified in audits were rectified quickly. Accidents and incidents were reviewed to ensure that necessary improvements to people's care were made.

Working in partnership with others:

- The provider had developed positive working relationships with other health and social care professionals in the local community. Records showed that people were supported to access the GP and district nurses when required. One professional we spoke with told us, "I have no concerns from my experience, it's good to work with an agency that is willing to engage, they are proactive and maintain good communication."