

# Prevention and Recovery Care and Support (PARCS) Ltd

## Regus House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Regus House is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 2 people were receiving personal care from the service

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. The provider also runs supported living services, but people in these services were not receiving the regulated activity of personal care, so they were not looked at as part of this inspection.

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

Risks to people's safety were not always assessed fully, and details around the care they required were not always documented. Systems and processes were not always in place to identify the lack of risk assessment and care planning. Care plans required further detail to ensure that people's individual needs, preferences and routines were reflected.

Safe recruitment practices were followed, and suitable induction and ongoing training was in place for staff. At the time of inspection, the service did not support anyone with the administration of medication.

People received safe care and were protected against avoidable harm, abuse, neglect and discrimination. People told us they were treated with kindness, compassion and respect. People and relatives we spoke with felt they had the time to develop good relationships with staff. Staff encouraged people to maintain their independence and do as much for themselves as they were able to.

People and their relatives knew how to make a complaint. No end of life care was being delivered. People felt that staff understood their needs well. The registered manager and provider understood their responsibilities, and worked in an open and transparent way. Staff were well supported by the registered manager.

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 this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 10 January 2022 and this is the first inspection.

### 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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### 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** ●

# Regus House

## 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 1 inspector.

#### 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.

#### 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.

We visited the location's office and started inspection activity on 22 March 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 1 person who used the service, and 1 relative of a person who used the service. We also spoke with 1 staff member, and the registered manager. We looked at documents including 2 peoples care plans, and 3 staff recruitment files, policies and audits.



# 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 and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Known risks to people were not always fully assessed. We saw that care planning information explained where people had specified medical conditions. A generic explanation of what the conditions were, was provided to staff, but a detailed assessment of risk specific to the person was not present. We found no evidence of harm caused to people, but this lack of assessment increased the risk of harm. After our inspection, the registered manager created detailed risk assessments to cover these areas.
- Environmental risk assessments lacked detail. The assessment of risk around people's home environment was not detailed and did not fully guide staff about working in people's homes. After our inspection, the provider showed us updated assessments to show the sufficient detail was now in place.
- Care planning documents contained a mixture of information. The provider was reliant on the assessments created by the local authority commissioners, to detail the specific care needs of the people they were supporting. The provider told us they had not been providing this care for long, and would be creating their own sufficiently detailed care plans. After our inspection, the provider updated care planning documents to show they were now in place.

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

- People were safely supported by staff. One person told us, "I am indeed in safe hands. It's very reassuring, [staff name] gave me lots of reassurance. I feel at ease with them."
- Staff had a good understanding of what to do to ensure people were safe. Policies on safeguarding and whistleblowing were in place.

### Staffing and recruitment

- Safe recruitment procedures were in place. This included ID checks, employment references, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us that staff arrived on time and provided the care they needed. At the time of inspection, the service was small and was only supporting 2 people personal care. Phone checks were made by the registered manager to ensure that staff were arriving on time to visit people, and providing the care they should be. The registered manager told us they would look in to using an electronic call log system should the service grow and more staff were out on calls.

### Using medicines safely

- The provider was not administering any medicines at the time of our inspection. However, staff had been

trained in this area, and systems were in place to support people with medicine administration should that support be required.

#### Preventing and controlling infection

- People told us that staff always wore the correct PPE (Personal Protective Equipment), and staff told us they had plenty of supplies. Staff were trained in this area.

#### Learning lessons when things go wrong

- Systems were in place and being used to record any accidents or incidents. This included analysis of any events, to ensure that lessons were learned. Staff we spoke with told us they regularly discussed any incidents that occurred, to identify potential causes, and reduce the likelihood of recurrence.



# 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 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 registered manager told us that people referred to the service would receive an assessment of their needs, before any care began. This included a face to face meeting with them and relatives if required.
- Consideration was given to ensure that staff and people were compatible in relation to people's preferences, background and culture, where possible.

Staff support: induction, training, skills and experience

- New staff were provided with a sufficient induction training programme which included shadowing more experienced staff and completing required training.
- People received support from staff who had the knowledge and skills to support them effectively and safely. Staff told us they received training they needed to meet people's needs. One staff member told us, "I have training which matches up to the needs of the people I am supporting."
- Training records showed that staff had undertaken a variety of training subjects to ensure they could work safely and effectively with people.

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

- At the time of inspection, staff were not supporting anyone with food or drink. Systems and processes were in place so that this support could be provided as required, including recording systems to show how much people were eating and drinking.

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

- Staff provided people with support around their healthcare when required. One person said, [Staff name] drove me to the clinic. She reminds me of my appointments if anything crops up. I would forget without her help."
- Staff were proactive in their support around people's health and ensured that appropriate healthcare was sought promptly when required.
- Details around people's basic health requirements were documented in care plans.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff we spoke with had a clear understanding of mental capacity and people's rights and had received training in this area. At the time of inspection, nobody using the service required any legal authorisations to be in place.

# 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

- People were supported by staff who were kind, caring and respectful. One person told us, "I'm very happy with the care I receive. I get on very well with [staff name]." One relative of a person said, "The care is amazing compared to the previous company we were using, I can't fault them at all. They are always on time. We are genuinely so happy with [staff name]."
- Staff we spoke with understood people's needs clearly and spoke positively about the care they were able to provide people.

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

- People and their relatives were involved in making decisions about their own care and support. One relative told us, "The staff keep me involved, if anything important happens they tell me." The registered manager told us, "We try to get people to express their wishes, involving family in reviews, listening to people."
- Staff understood the importance of involving people in decisions about their care where possible, and this was documented in care planning

Respecting and promoting people's privacy, dignity and independence

- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location. Staff were aware of keeping information safe and data protection.
- People and relatives told us their privacy and dignity was respected and promoted by staff at all times.

# 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained information about people's needs, but further work was required to ensure care plans were person centred, and fully informed staff about people's likes, dislikes, and routines. Care planning documents given to the provider from the local authority documented some aspects of people's preferences, but the provider had not fully integrated this information into their own plans. After our inspection, we saw improved care plans that the provider had created.
- The registered manager and staff member we spoke with understood the needs of the people they were supporting and knew them well.
- People and relatives we spoke with confirmed that staff knew them well, and the care they received was personalised to them. One person told us that staff encouraged them to go out into the community as much as they were able to.

### 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.

- The registered manager was aware of the requirement provide accessible information in different formats. At the time of inspection, this had not been required.

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

- A complaints policy and procedure was in place which enabled complaints to be recorded and dealt with formally. We saw that when complaints were made, a detailed record was kept and actions were taken to address issues promptly.
- People we spoke with understood the complaints procedure and told us they were comfortable to use it if required.

### End of life care and support

- At the time of inspection, nobody was requiring any end of life care or support. The registered manager was aware of the requirements should this care be needed.

# 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; Continuous learning and improving care

- Known risk to people had not been fully assessed, and staff were reliant on care plans given to them and created by the local authority. Improvement was required to ensure that care planning documents and risk assessments were thorough and contained all the required information to care for people safely and effectively.
- Systems and processes had not been established to identify this lack of documentation, and take prompt action to ensure a complete and contemporaneous record of people's needs were kept.
- We found no examples of harm to anyone using the service, but this lack of oversight meant there was increased risk of harm to people.
- Following our inspection and feedback, the registered manager did take action to improve the care plans and risk assessments in place. Other audits and checks were in place and were effective.
- Staff understood their roles and what was expected of them. Staff felt supported by the registered manager. One staff member said "The manager is always available on the phone to support."
- The registered manager understood their role and the needs of their staff team. Staff were clear about their responsibilities, and who to report to if they had concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the support they received was positive, and felt staff attitudes towards them were open and empowering. Relatives we spoke with were positive about the support their relatives received, and told us that positive outcomes were achieved.

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 registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service were engaged with. The registered manager used questionnaires to gather feedback from people on the quality of their care. Telephone calls were also made to check in with people

on staff timing and general checks on care.

- Team meetings were held for staff, to discuss various subjects and provide any updates in areas such as training, communication, updates on people using the service, and cleanliness.

Working in partnership with others

- The registered manager was open and honest during our inspection and receptive to feedback. Contact with other health and social care professionals was made when required to ensure people got the support they needed.