

Prudent Health Services Limited

# Prudent Health Services Ltd

## Inspection report

Broadwell Road  
Oldbury  
West Midlands  
B69 4BY

Tel: 01213141363

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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 Health Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. The office is based in Oldbury, Birmingham. The service provides care and support varying from short visits to 24 hours a day support.

### People's experience of using this service:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. We discussed the principles of the MCA and consent with the management team and found they had a good awareness in accordance with domiciliary services.

People supported by the service and their relatives told us the staff who supported them were polite, reliable, caring and professional in their approach to their work. They spoke positively about the quality of service provided. One relative told us, "The staff are good, caring people. We couldn't wish for any better."

People's care and support had been planned in partnership with them. The management team told us, "Right from our first meeting, which is just an introductory meeting, we reassure people, our aim is to support people to be as independent as possible."

The service worked in partnership with healthcare professionals and families to ensure people's health care needs were met. People were supported to attend healthcare appointments to ensure their health and wellbeing was maintained.

Staff spoken with told us they were supported by the management to do their job, we are always told the people we are caring for comes first.

Safeguarding policies and procedures were in place and the management understood the actions to take should there be any incidents.

The management team used a variety of methods to assess and monitor the quality of the service. This enabled Prudent Health Care to continually monitor the service and identify areas where improvements can be made.

Rating at last inspection: Good (Report published 13 April 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. Ongoing monitoring included information that quality had improved. We checked this in looking at the quality and safety of the service.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to

monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

## 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 Safe

Details are in our safe findings below

Good ●

### 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 has improved to well-led

Details are in our Well-Led findings below.

Good ●

# Prudent Health Services Ltd

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One adult social care inspector carried out this inspection.

#### Service and service type:

This service is an domiciliary care facility. It provides personal care to people living in their own homes. It provides a service to older adults.

The service did not have a registered manager in post. This post became vacant in January 2019 and a recruitment process was in place. The owner/registered provider was present at the inspection, She was supported by an operational manager, assistant and deputy manager and an human resources manager.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to be sure members of the management team would be available to speak with us.

#### What we did:

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

As part of the inspection we used information the provider sent us in the Provider Information Return. 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.

During the inspection we spoke with four people who were supported by Prudent Health Care, 2 relatives, members of the management team and 5 staff members,

To gather information, we looked at a variety of records. This included care plan records relating to three people who used the service. We also looked at other information related to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The service had safe, effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- The management team maintained good records of any potential safeguarding referral which provided evidence that they acted on anything that could constitute abuse.
- People we spoke with told us they felt safe. Comments included, "The people that come are lovely, I am never worried or frightened."
- The service had safeguarding policies in place which were reviewed regularly to ensure they were current.
- Relatives spoken with expressed no concern over the safety of the people receiving care. One relative told us, "The staff are always kind and considerate."

Assessing risk, safety monitoring and management

- Risks to people were managed so they were safe but without restricting their freedom, choice and control.
- Staff described the processes used to manage identifiable risks such as seizures and falls.
- Information had been recorded in people's care records, providing clear guidance for staff on each person's agreed risk management approach, and had been reviewed regularly.
- One person said, "Of course I feel safe, the girls know what they are doing."
- Risk assessments we saw had been reviewed regularly to identify if there had been any changes in people's risk and needs.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted and action taken.
- Incidents were discussed at staff meetings and any learning points discussed and implemented. Staff spoken to said, "We always address issues at staff meetings and everyone is asked for their views on how we can make sure that mistakes are not repeated".

Staffing and recruitment

- We found the registered provider had recruitment policies and procedures in place that they were followed when employing new members of staff.
- We checked three staff recruitment records. They contained all the information required by legislation. The records evidenced Disclosure and Barring Service (DBS) checks had been undertaken. This ensured people employed were of good character and had been assessed as suitable to work at the service.
- We looked at how the service was staffed and found appropriate arrangements were in place. People who were supported by Prudent Health Care, staff and relatives all told us there were no issues with staffing. A

staff member told us, "Adequate time was available to carry out tasks without rushing people or keeping our next visit waiting."

#### Using medicines safely

- Not all people using the service were supported with their medication.
- Where people were supported, we saw medicines were managed safely and in line with good practice guidance, "Managing medicines for people receiving social care in the community." (National Institute of Clinical Excellence, 2018.)
- Staff told us they had received regular training and competency checks to ensure they had the suitable skills to carry out the task safely. Records seen confirmed this.
- The management team had an auditing system in place to check that all staff were administering medication correctly. Spot checks were also carried out.

#### Preventing and controlling infection

- The registered provider ensured infection control procedures were followed. Staff received effective training and regular audits were undertaken to ensure standards were maintained.
- Staff had access to protective personal equipment such as disposable gloves and aprons. During the visit two staff came to the office to collect some disposable aprons. They told us, "There is always stock available and we are receiving training all the time."



# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to receive support from the service. The information gathered included people's preferences, backgrounds and personal histories. This enabled staff to know people well.
- People received timely support to access healthcare services and professionals when they needed help. One person told us, "If I am not well the carer will arrange for the doctor to come and see me at home straight away."
- The service supported people flexibly to meet people's healthcare needs. One person said, "If I let them [staff] know I have a GP appointment, or something like that, they are very flexible and will come earlier or later that day to fit around my appointment time."
- The management continued to remain in contact with health and social care professionals. This supported them to provide effective, safe and appropriate care which met people's needs and protected their rights.

Staff support: induction, training, skills and experience

- People were supported by staff who had received a comprehensive induction and training relevant to their roles. Staff training records confirmed all had access to a range of training which was designed to fully equip them for their role.
- Staff spoken with told us, "We have lots of training and every staff meeting addresses a topic."
- Staff received support and supervision in different formats which included face to face supervisions and spot checks within the community. These provided opportunities for staff to discuss their performance, development and training needs. As well as to receive feedback from the management team regarding their role.
- Staff received an annual appraisal with a member of the management team, this gave them an opportunity to discuss and provide feedback on their performance and set goals for the forthcoming year.

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

- When people required support with their meals, care staff provided this safely and considered people's choices with the meals they were given.
- The operational manager told us, "People's cultural and religious needs are always taken into account. Staff that share the same values and beliefs are matched with people using the service in order they can provide appropriate support with food preparation and nutrition."

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

- One person we spoke with told us that in the main staff attended on time.
- We saw timely action had been taken when people required the use of different services. For example, the management team involved the services of the Occupational Health Service and referred people back to the commissioning team for reassessment when people's needs changed and additional support was needed.

#### Adapting service, design, decoration to meet people's needs

- The service had systems to identify, record and meet people's communication and support needs. This was so they could adapt the service to ensure people's ethnic and cultural needs had been respected.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.
- We checked whether the service was working within the principles of the MCA. We established that all those who were supported at the time of our inspection were able to make decisions. Formal consent had been obtained from people, to ensure they were in agreement with the care and support they received.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity

- One person we spoke with told us staff were kind and caring, including the managers. Whilst we were unable to observe staff interactions with people, staff we spoke with showed empathy, sensitivity and kindness in the way they spoke about the people they were supporting. One staff member told us, "I love my job that is why I have stayed here so long."
- The staff we spoke with told us they felt they knew people well, including their likes and dislikes, hobbies and interests.
- Care records we looked at showed how best to communicate with people who may have been hearing or sight impaired.
- Staff told us training in equality and diversity was provided as part of induction to ensure staff had appropriate awareness, skills and knowledge to carry out their role and meet people's diverse needs.

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

- The registered provider recognised what was important for the person and ensured they supported them to express their views and maintain their independence.
- Care records we looked at contained evidence the person who received care or a family member had been involved with and were involved with developing their support plans.
- People we spoke with and their relatives all confirmed they were supported to express their views. One person told us, "I can ask for what I want and they always ask me how I am."
- The care plan documented people's diverse needs and assisted them to maintain their different requirements.
- The management team had information and knew about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with had a sensitive and caring approach when talking about the people they supported. They understood the importance of protecting and respecting people's human rights.
- Care records seen had documented people's preferences and information about their backgrounds and considered the support needed to maintain their individuality and independence.
- The staff members spoken with provided examples of various ways of supporting people that ensured people's privacy and dignity particularly when they were being supported with aspects of their personal care. For example, they said they asked people for their permission before being provided with support. One Staff member told us, "We will go back in our own time to be sure people are safe and comfortable."

- People's confidentiality was respected and people's care records were kept securely.

# Is the service responsive?

## Our findings

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

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

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

- Prudent Health Care provided care and support that was focused on individual needs, choices and routines of people they cared for. This was confirmed by discussion with staff and a relative of a person who received care from the agency. We were told, "They are extremely good, they know what they are doing and we often see one of the managers."
- Care was personalised and centred on the individual. For example, details in care records highlighted how they were to be supported and their daily routines.
- Spot checks were carried out by a member of the management team to ensure people were receiving their care as they preferred and as documented in the care plan and risk assessment.
  - A relative told us they were happy with how the support was delivered and explained, "All we have to do is ring and they usually respond straight away to any request."
- People who used the service told us, and care records we looked at evidenced people had been involved in the development of care plans. They included information relating to personal histories, individual preferences, interests and hobbies.

Improving care quality in response to complaints or concern

- Care records held in people's homes contained a complaints/concerns/compliments form that the person or their relatives could complete and submit to a member of the management team.
- The records we looked at showed the service had received a complaint. The management team were proactively working with the complainant to resolve the issues to find some mutually way to resolve the issues. An advocate was assisting with this process.
- There was a complaints policy and procedure in place within the service to guide staff.

End of life care and support

- The service is a domiciliary care agency. The aim of the service is to make independent living a reality by working with the people to overcome the obstacles of day-to-day life. The registered manager told us the service at present does not support people with end of life care. The service had provision for staff training in 'end of life care'.

# Is the service well-led?

## Our findings

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

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

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

- The service was well-organised and there was a clear management structure. There was no registered manager in post. The service was being operated by the registered provider, operational manager and assistant and deputy managers. Recruitment for the post of registered manager was currently being advertised and it was hoped that a new appointment would be made in the near future.
- The registered provider and operational manager told us Prudent Health Care followed all current and relevant legislation along with best practice guidelines. The registered provider understood their role in terms regulatory requirements. For example, when notifications should be sent to CQC to report incidents that had occurred and required attention.
- We saw an inclusive culture at the service. Staff spoken with were fully aware of their roles and responsibilities and the lines of accountability within the service. All staff said they were part of a good team.
- All the staff spoken with felt communication was good.

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

- People who used the service were complimentary about the management team and the way the service operated. They said they were approachable and available when they needed to speak with senior staff.
- The registered provider and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service. In addition, they had good communication links with outside agencies who had involvement with Prudent Health Care.
- We found the registered provider and the management team were open and transparent. They provided information readily and were keen to discuss how the service operated.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- We noted the management team were passionate when they spoke about their roles and it was clear that they led by example; their focus was on supporting people to remain in their own home and be as independent as possible.

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

- The service had systems and procedures in place to monitor and assess the quality of their service. These included views of people who used the service by way of surveys and telephone discussions. Spot checks were also carried out by the deputy manager for the purpose of ensuring people were receiving the service

they expected.

- Staff meetings were held regularly. Staff told us they were useful and well attended and gave them opportunities to suggest ideas or voice opinions on how the service operated.
- People told us they were always informed and encouraged to comment on care plans and feedback to the management team through regular review meetings. People also told us they could simply speak with staff if there was anything they wished to discuss or change.
- Staff spoke positively about the support they received from the management team. They told us, "Senior staff were approachable, they could call at the office or ring for advice and support."

Continuous learning and improving care

- Systems had been put in place to regularly monitor the quality of the service that was provided.
- These included audits of medication, complaints, financial records, training, staff supervision arrangements and reviewing care plan records. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.
- The operational manager was currently looking at technical advances and technology software that would make the service delivery more efficient.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. We saw Prudent Health care had liaised with health care professionals
- For example, where concerns had been identified regarding a person's health, the person's GP had been informed and specialist teams to ensure timely referrals were made and where necessary additional support had been sought.