Care Quality Commission

Pride Community Care Ltd

Pride Community Care Ltd

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

We carried out an announced inspection of Pride Community Care Ltd on 28 and 29 November 2018.

Pride Community Care Ltd is registered to provide personal care for people living in their own homes. The agency provides support for adults with mental health conditions, learning disabilities and substance misuse problems, to assist them to live independently in their own homes in the community. The service is available seven days a week. At the time of the inspection there were 53 people using the service.

This was the provider's first inspection following a change of location.

At the last inspection, the service was rated overall Good. However, there were some matters which needed improvement, we therefore made recommendations relating to people's capacity to make their own decisions and supporting people with their medicines. At this inspection, we found improvements had been made and the service remained Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found there were good management and leadership arrangements in place to support the effective day to day running of the service.

Arrangements were in place to ensure staff were properly checked before working at the service.

There were sufficient numbers of staff at the service, to provide support in response to people's agreed plan of care.

Safe processes were in place to support people with their medicines.

Risks to people's well-being were being assessed and managed. Systems were in place to support people in maintaining a safe and clean home environment.

The service was proactive in identifying and safeguarding adults at risk. Managers and staff were aware of the signs and indicators of abuse and neglect, they knew what to do if they had any concerns. Staff had received training on safeguarding and protection matters.

Staff received ongoing learning, development and supervision.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities, preferences and routines before they used the service.

People made positive comments about the staff team and the support they received. We observed positive and respectful interactions between people using the service and staff.

Each person had detailed care records, describing their individual needs, preferences and goals. This provided clear guidance for staff on how to provide support.

The service was proactive in promoting independence and enabling people to take ownership of their support needs. People's needs and choices were kept under review and changes were responded to.

Staff expressed a practical awareness of promoting people's privacy, dignity, individuality and choices. Where appropriate, people were supported to engage in meaningful activities the community.

Processes were in place to support people with any concerns or complaints.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and processes at the service supported this practice.

People were supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

Arrangements were in place as appropriate, to support people with a healthy, balanced diet.

There were systems in place to consult with people who used the service and staff, to assess and monitor the quality of their experiences and make improvements.

Further information is in the detailed findings below.

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 has improved to Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

CareQuality Commission

Pride Community Care Ltd

Detailed findings

Background to this 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.

This inspection took place on 28 and 29 November 2018. We contacted the service two days before the visit to let them know we were inspecting. We did this because they provide a domiciliary care service and we needed to be sure that someone would be available for the inspection. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team and the local authority safeguarding team. 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. We used all this information to decide which areas to focus on during the inspection

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection, we met and talked with five people who used the service. We talked with five support workers, the registered manager, a senior support worker, a training provider, a social worker and a pharmacy representative. We had previously sent questionnaires to people who used the service, relatives, staff and community professionals. We received seven completed questionnaires from people who used the service, seven from staff and four from community professionals. We evaluated the responses and took them into account when considering the evidence for the report.

We looked at a sample of records, including three care plans and other related care documentation, two staff recruitment records, complaints records, meeting records, policies and procedures, quality assurance records and audits.

Good

Is the service safe?

Our findings

The service protected people from abuse, neglect and discrimination. People spoken with told us they felt safe with the care and support provided by the service. Their comments included, "Oh yes I feel safe with Pride," "When they come in your house, you have got to feel comfortable with them and I do" and "I definitely feel safe with them." All the people completing our survey indicated they felt safe from harm and abuse. The care planning process included supporting the person with 'staying safe.'

Staff spoken with expressed a good understanding of safeguarding and protection. They were clear about what action they would take if they witnessed or suspected any abusive practice. Records and discussion confirmed staff had received training and guidance on safeguarding adults. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. There was a whistleblowing (reporting poor practice) policy in place which encouraged staff to raise any concerns. A social worker told us, "They are excellent with safeguarding."

Prior to the inspection, we reviewed the information we held about the service relating to safeguarding incidents. We found the registered manager had appropriately liaised with the local authority. Processes were in place to record and manage safeguarding matters, including the actions taken to reduce the risks of re-occurrence. A social worker told us, "They are excellent with safeguarding. The tiniest thing they let me know, they follow the procedures well. I have no doubt that people are safe with Pride."

Staff recruitment procedures protected people who used the service. We checked the recruitment records of two newest recruits. Character checks, including, identification, references, qualifications and employment histories had been completed. A DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. All new employees completed a probationary period to monitor their work conduct and competence. The service had disciplinary procedures in place to manage unsafe and ineffective staff conduct.

The service made sure there were sufficient numbers of staff to support people to stay safe and meet their needs. People made positive comments about the availability, flexibility and timekeeping of staff. They said, "They are never late for a visit," "When it was snowing they walked to my house," "They never miss," and "Sometimes there's a delay, but more often than not they are bang on time." Staffing arrangements were influenced by people's assessed needs, individual support package and contractual arrangements. There was a 'real time' call monitoring system which checked staff attendance and their time of arrival at the person's house. The system also supported the service's 'lone worker' policy. All the staff spoken with told us there were enough staff at the service and that they had sufficient time to provide safe support.

People were supported with the proper and safe use of medicines. The service was commissioned to provide support in response to people's individual needs, abilities and preferences. Most people managed their own medicines, with minimal support and oversight from staff. Individual care records included instructions for staff to follow on the specific levels of support people needed. Included were strategies on

monitoring compliance with medicines and any required actions to share information.

Records and discussion showed staff had completed medicines management training. Processes were in place to assess, monitor and review staff competence in providing safe effective support with medicines. The service had medicine management policies and procedures which were accessible to staff. We spoke with a pharmacy representative, who told us of the good working relationships with the service. They said, "They address and follow up any issues straight away. They are very positive when supporting the service users."

Risks to people's individual safety and well-being were assessed and managed. Risks to individuals had been assessed and recorded in people's care records. The risk assessments included: health and personal care, nutrition and hydration, skin integrity, mobility, falls and aggressive behaviours. The risks assessments were dated and kept under review, we noted examples where people had signed in agreement with them. Staff spoken with said they were aware of people's individual risk assessments and had ongoing access to them.

Processes were in place to help maintain a safe environment for people who used the service, staff and visitors. Health and safety risk screening assessments had been completed on environmental matters in people's homes. There were policies and procedures providing instructions for staff on responding to accidents, emergencies and untoward events. Staff said they were aware of the action to take in emergencies. Processes were in place to monitor accidents, for any patterns or trends and the service had developed a 'lessons learned' approach to help prevent further incidents.

People were protected by the prevention and control of infection. People spoken with were satisfied with the support they received to keep their homes clean. Individual support needs were included in the care plan process. Staff told us they were provided with personal protective equipment, such as disposable gloves, aprons and hand sanitizer. Records and discussion showed staff had accessed training on infection prevention and basic food hygiene.

We saw that people's care records were managed safely. Systems were in place to check and monitor the accuracy and content of records. Personal information and staff files were stored securely in the agency's office and were only accessible to authorised staff.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and their care and support delivered to achieve effective outcomes. People spoken with said, "The manager came to do an assessment at the beginning, we went through everything" and "[Name of registered manager] visited me first and explained what Pride did, they asked what I needed and I am getting what I need."

The registered manager described the process of initially assessing people's individual needs and abilities before they used the service. This involved ensuring relevant information was obtained from care coordinators and social workers, completing an assessment of their needs and of any risks. The care records we reviewed included people's initial assessment and showed their needs and preferences had been considered and planned for. All the staff who had completed our survey indicated they were always made aware of people's needs and choices before they provided a service.

The service was working within the principles of the MCA and conditions or authorisations to deprive a person of their liberty were being met. 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

The registered manager said people who used the service had capacity to make their own decisions. Each person had an initial capacity assessment. Decision specific capacity screening and any support people needed, formed part of the care planning process. The service had policies and procedures to support an appropriate response to the MCA. Records and discussion showed that staff had received training on this topic. Staff spoken with were aware their role to uphold people's rights to make their own decisions and monitor their capacity. They said they would report any changes in people's ability to make decisions to the registered manager. One staff member commented, "We always check and monitor people's capacity. It's the first thing we look at in the person's care plan."

People's consent to care and treatment was sought in line with legislation and guidance. One person told us, "They always ask me what I want, if I say no, it's my decision." Staff spoken with explained how they routinely consulted with people about their support and their lifestyle choices. People had a signed in consent to their care and support, there were 'provision of support' contracts and separate consent agreements on sharing information.

People were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. People said, "They have helped with appointments, they go with me" and "They make sure I'm okay." Care records contained contact details of the persons GP, care coordinator and pharmacist. This was to help staff to liaise with others effectively, if they had concerns about people's health or well-being. We found the monitoring of people's general health, mental health and emotional wellbeing was

included within the care plan process and recording systems. Staff spoken with described the action they would take if someone was not well or if they needed medical attention. Systems were in place to share information about people's needs and risks with other professionals, should they access other services.

People were supported as appropriate, to eat and drink to maintain a balanced diet. Processes were in place to routinely assess risks around people's malnutrition and dehydration. Most people planned, prepared and cooked their own meals. Staff said they assisted some people with shopping and offered advice as appropriate on healthy eating and general cooking skills. The service had policies and guidance on nutrition, healthy eating and food hygiene.

The service made sure that staff had the skills, knowledge and experience to
deliver effective care and support. Comments from people spoken with included, "They are great, brilliant, I can't fault them" and "They have given me a lot of encouragement and confidence." All the people completing our survey told us staff had the skills and knowledge to provide the care and support the needed. A social worker told us, "All the staff want to do their best for the service users, they have a good staff team."

The service had an induction training programme for new staff. Staff spoken with confirmed they had completed the induction training which had included 'shadowing' other staff. They had also completed induction training based on the Care Certificate, this had been developed to include a module on mental health and learning disabilities. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. All the staff completing our survey indicated they had received induction training which prepared them for the role before working unsupervised.

We reviewed records of the training programme completed; ongoing and arranged. We saw examples of certificates confirming the training achieved. Staff told us about the training they had received at the service. One commented, "The training is really good, it's really interesting. We learn something new every year." We talked with a training provider, who confirmed learning and development was ongoing at the service. Staff had, or were working towards recognised qualifications in health and social care. They had either a Level 2 or 3 NVQ (National Vocational Qualification) in care, or were working towards a level 2 or 3 QCF (Quality and Credit Framework) diploma in health and social care. Four support workers had attained QCF level 5.

Arrangements were in place for staff to receive regular supervision. We saw records confirming individual and group supervision meetings had been held. The meetings had provided the opportunity for staff to reflect upon their conduct and discuss their role and responsibilities. Staff also received a bi-annual appraisal of their work performance; this included an evaluation of their leaning and development needs.

Good

Is the service caring?

Our findings

The service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. People spoken with made positive comments about the staff team and the care and support they experienced. They said: "They put me at ease," "They have time to listen to me they are amazing," and "They are brilliant people, I would be lost without Pride." All the people completing our surveys told us their support workers were kind and caring. We observed positive and respectful interactions between people using the service and staff. Staff told us they had time to provide care and support, also to listen to people and involve them with decisions.

People told us they were happy with the approach and attitude of staff at the service. They made the following comments about the way they were treated: "They are very friendly, lovely and understanding," "They have a good manner, they are genuinely nice people," "I always get a nice reception from them" and "Sometimes when they just come to the door and smile, straight away it warms me up." Staff spoken with understood their role in providing people with person centred care and support. They were aware of people's needs, backgrounds and personalities. They gave us examples of how they supported and promoted people's individuality and choices.

The service empowered and enabled people to be independent. People said, "They let me be independent," "They encouraged me to go to college" and "They never take over." A social worker explained, "I was initially impressed with how the service promoted independence. They don't 'do things for them,' they always work together with every small thing." All the people completing our survey said the support and care they received helped them to be as independent as they could be. A care worker explained, "I try to find out about people's interests and take it from there, to motivate their independence and build their confidence. I really care about people doing the best they can."

The service supported people to express their views and be actively involved in making decisions about their care and support. We found the aim was to provide people with a small team of staff who they were familiar with. People told us, "New staff are introduced to me before they start, I don't have to have them if I don't want," "I usually have the same few staff. I can to an extent ask for specific staff e.g. for shopping or support with appointments" and "If you don't click with someone you can say and they sort it out." People spoken with said they had been involved with compiling their care plans and the ongoing reviews.

People said their personal privacy was upheld and that staff were respectful of their homes. One person said, "They always knock on the door. They don't just walk in. They respect me and my home." Staff were aware of the importance of maintaining people's privacy. They gave practical examples of how they applied these principles in practice. One care worker said, "We always try to get them to answer the door, some we telephone with our estimated time of arrival." People's rights to confidentiality were protected. Personal information was stored securely and staff understood the importance of confidentiality. They said, "Everything is kept confidential, we don't talk about people. All the information [stored electronically] is password protected." The service had a confidentiality policy, providing clear guidance for staff on their responsibilities.

People had been provided with an information pack about the service, this included agency contact details, the aims and vision of the service, the standards of care people can expect, the complaints procedures and the arrangements for staff training. The pack also contained useful information on other support services, such as the local authority and the advocacy service. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. The service also had an internet website providing further information for people.

Good

Is the service responsive?

Our findings

We looked at how people received personalised care and support that was responsive to their individual needs. People spoken with made the following comments, "I honestly don't know where I would be without them, they're there when I need them," "They listen and let me get things off my chest, it has been very therapeutic." People were supported to engage in activities within the local community and pursue their hobbies and interests. We were told, "I now do charity work voluntary two mornings per week" and "They have done a lot of activities with me."

Staff had received equality and diversity training. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity related to accepting, respecting and valuing people's individual differences. One care worker commented, "It's about how people want to be. We are not here to judge we are here to provide support."

People had individual care and support plans, which had been developed in response to their needs and preferences. People we spoke with were aware of their care records and said they were readily accessible to them. They also told us they were involved with reviewing and updating them. One person said, "I'm aware of my support plan we are currently updating my care records." The care and support plans we reviewed, identified people's needs and choices and guided staff on how to respond to them, in the way the person wanted. There were 'profiles' outlining people's background histories, interests, likes and dislikes.

There was an emphasis on people 'owning' their progression and support. There were agreed 'smart goals' which were designed to enable people to develop skills and achieve their aims. One person told us, "I have definitely come along with them. It has improved my self-esteem." The service aimed to be as flexible as possible. This meant people could negotiate when they had support and decide how the time was used for their benefit. People said, "They are flexible for me," "It's very much what I want to do on the visit" and "We can go out whenever I choose."

The service used technology to respond to people's needs and choices. Since the last inspection, the service had introduced an electronic care planning and recording system. Staff accessed care records and information through a mobile phone. The system could be updated immediately. A 'real time' record of the support provided was completed during each visit, with information being updated on the office based computer systems. This enabled managers to monitor and respond to any changes in a person's well-being and support. The system also logged staff arrival and exit times and how long they were staying with people.

Staff spoken with said they had access to support plans which were informative and they had access to them during the course of their work. They described how they delivered support in response to people's individual needs, routines and aspirations. One care worker, said, "It think the care plans tell us enough about people and what we have to do." We were given examples of the progress people had made, resulting from the service being responsive and developing ways of working with them. A social worker said, "They have worked miracles with the people I work with." Another person commented, "Pride have been there for

[name of person] she has definitely got a lot better, they have been amazing."

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. People's communication and sensory needs were assessed, responded to and reviewed in the care planning process. The registered manager said no-one was being supported who required specific support with their communication needs, but appropriate support would be provided if needed.

People's concerns and complaints were listened and responded to and used to improve the quality of care and support. People we talked with were aware of the complaints processes and expressed confidence in sharing their concerns. They said, "I would feel comfortable complaining," "I tell them if I have got any problems and it gets sorted out straight away" and "I have the complaints procedure in my file." The complaints procedure described how to raise concerns and how they would be dealt with. We noted the procedure implied CQC would respond to complaints which was misleading, also the contact details of the Local Government Ombudsman and Parliamentary and Health Service Ombudsman had not been included. The registered manager agreed to update this information.

There were processes in place to record, investigate and respond to complaints and concerns. There had been seven concerns in the last two years. The records we reviewed included the nature of the concern and the action taken to investigate and resolve matters. There were copies of correspondence to the complainant of the outcome and the action taken. The registered manager said complaints were monitored and any 'lessons learned' considered to avoid any reoccurring themes.

We reviewed a collection of compliments which had been received by the service. Comments included, "Pride's care is absolutely fantastic," "Keep doing what you are doing, because you are amazing" and "A five-star service as always."

Good

Is the service well-led?

Our findings

The service promoted a clear vision and approach, to deliver high-quality care and support which achieved positive outcomes for people. The service's vision and philosophy of care was reflected in their written material, including: the service user's information pack, the statement of purpose, employee hand book, staff job descriptions, newsletters and policies and procedures. There were care quality and value statements on display in the office base. One care worker told us, "We all want to do our best for people and we are passionate about it."

People spoken with had an awareness of the overall management arrangements at the service. They expressed an appreciation of how the service was run. One person said, "They provide good care and communication, it's a helpful and caring service." A social worker commented, "Staff retention at Pride is one of the best in Lancashire, which says a lot about the management of the service." A pharmacy represented said, "I haven't got a bad thing to say about Pride. They are very positive and professional."

The service's management and leadership processes achieved good outcomes for people. People commented, "I know [Name of registered manager] is there if I need to contact them" and "The manager is very approachable, really good they have helped and supported me every step of the way." There was a registered manager in post who was responsible for the day to day running of the service. The registered manager was also the registered provider, therefore structured arrangements were in place for regular peer supervision and support from a qualified practitioner. She had had attained recognised qualifications in health and social care, she had updated her skills and knowledge by accessing relevant training. At the time of the inspection, the registered manager was working towards an accredited diploma in counselling skills.

The management and leadership arrangements included designated staff with additional responsibilities, experience and qualifications. We discussed with the registered manager, ways of developing robust management contingency processes. This would help ensure there were continued effective leadership arrangements in unexpected circumstances.

Staff spoken with made positive comments about the registered manager, communication and the overall management of the service Their comments included, "We can always contact managers. They are always there for support," "We never feel we are on our own. We all work well as a team, it's brilliant," "[Name of registered manager] cares about us. She wouldn't ask us to do anything she wouldn't do herself" and "It's well run. I haven't got one bad thing to say about the manager. Everything is spot on." Staff meetings were held on a regular basis. We looked at the records of the most recent staff meetings and noted various work practice topics had been raised and discussed. Staff told us they were encouraged to make suggestions and voice their opinions.

There were monitoring systems that ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. There were audits in place to monitor the provision of staff training and supervision, accidents and incidents, record keeping and care plans. Systems were in place to identify and respond to any shortfalls. Arrangements were in place to carry out

unannounced checks on staff's competence and conduct when they were providing care and support. The checks included gaining feedback from people who used the service and reviewing the care records kept at their home.

People who used the service, staff and others were consulted on their experiences and in shaping future developments. People were enabled to express their views within their support reviews and by completing an annual satisfaction survey. There was also ongoing opportunity for people to make suggestions and comments on the provider's website. The last survey had been carried out in April 2018. The results had been collated and analysed. We noted people had expressed a high level of satisfaction on their experiences of the service. A staff consultation survey had also been completed. The outcomes of the surveys had been appropriately shared and any actions for development addressed. We discussed with the registered manager ways of embedding survey outcomes into the quality monitoring processes.

We looked at how the service worked in partnership with other agencies. We found arrangements were in place to liaise with other stakeholders including: local authorities, the fire service, health authorities, landlords and commissioners of service. There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC.

We noted the service's CQC rating and the previous inspection report on display at the service's office. A summary of the report and rating, was included in the service's information pack and the rating was displayed on the provider's internet website. This was to inform people of the outcome of the last inspection.