

Prudent Domiciliary Care Limited

Prudent Domiciliary Care Limited

Inspection report

Office 4, First Floor Office Suite
Sandpit Road
Dartford
DA1 5BU

Tel: 01322686765
Website: www.pbgcare.co.uk

Date of inspection visit:
10 August 2021
11 August 2021
13 August 2021

Date of publication:
13 September 2021

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

Prudent Domiciliary Care Limited is a domiciliary care agency providing personal care and support for people in their own homes. The agency provides care and support for people in the Kent area. At the time of our inspection, 13 people were receiving personal care from the agency

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.

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

Feedback from people and relatives were mixed. One person said, "I have a group of about three carers, and they come sometime between 10am and 12noon each day. They came at 2pm last Sunday and nobody rang to tell me they were running late. Fortunately, my brother came to visit so he helped me." Another person said, "I Can't fault the carers and anything they do for me they are so friendly and yes they are well trained to do everything I need."

People told us about times when calls were late, missed calls and people are not sure of what time their calls are supposed to be. The provider had been taking actions to rectify this. However, these had not been effective in ensuring people's needs were met in a timely and safe manner.

The service had a system in place to assess, monitor and improve the quality and safety of the services provided. However, this failed to address concerns raised.

Staff told us there was an open culture where they were kept informed about any changes to their role. Staff and people told us the provider was approachable and would listen them.

Care plans contained detailed risk assessments. Risk to people's health and wellbeing were addressed and mitigated. Environmental risk assessments were also in place, which identified and reduced any environmental risks to people and staff.

Robust recruitment processes were in place. This prevented unsuitable staff from working with vulnerable adults. Staff were skilled in carrying out their role. The provider ensured staff were appropriately trained.

People told us they felt at ease with staff. People were cared for by staff who treated them with dignity and respect. Staff were committed to providing person centred care and respected people's individual preferences.

People's needs were assessed prior to receiving a service including their protected characteristics under the Equalities Act 2010.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had the information they needed to support people to make choices.

The service worked in partnership with other organisations to improve outcomes for people where this was needed. Spot checks were undertaken to ensure staff were following correct procedures and practices.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

This service was registered with us on 03 December 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about recruitment, staff training, staff practices, staff working long hours, no travel time between calls, people are not receiving care at the time they should and that staff are discouraged from raising concerns to external agencies. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see Safe and Well Led sections of this full report.

The provider has taken action to mitigate the risks. However, these had not been effective.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prudent Domiciliary Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our responsive 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 ●

Prudent Domiciliary Care Limited

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one Expert by Experience who spoke with people on the telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service was also registered for nursing care; however, they were not providing nursing care to people at the time of the inspection.

The service had a manager registered with the Care Quality Commission. This means the provider and manager were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. We needed to be sure the provider or registered manager would be in the office to support the inspection. We also needed to arrange to speak with people and for documents to be sent to us.

Inspection activity started on 10 August 2021 and ended on 13 August 2021. We visited the office location on

10 August 2021 and 11 August 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We received one feedback. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the office manager, provider, administrator and care workers.

We reviewed a range of records. This included three people's care records. We reviewed medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 for 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.

Staffing and recruitment

- People told us about times when calls were late, missed calls and people are not sure of what time their calls are supposed to be. Comments included, "I am not sure what time my call is supposed to be as they change most days, the earliest they come is about 9am and the latest can be about 11-30am." And, "They are not on time sometimes, they can be very late and literally rush in do what they have to and then rush on to the next call." However, one person said, "I have really lovely carers, I usually have the same ones most days."
- We fed this back to the provider. They told us that there had been staff shortage due to the Covid-19 pandemic, which impacted on their inability to recruit more staff. Furthermore, the provider told us there had been road closures in the areas they provided services which impact on staff travelling. The provider had discussed late calls with staff in several staff meetings. The provider also stated that care staff worked within a small geographical area to enable easy access to people. Despite these measures, people felt care staff had not been attending calls on time. One person said, "I am a bit nervous now because a couple of weeks ago the carer didn't turn up at tea time so I went to bed and when the night carer came I was asleep, she didn't wake me and she just went again, I hope it doesn't happen again." Records we viewed confirmed late calls concerns raised.

The provider had failed to ensure people needs were met regularly, timely and safely. This was a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's needs, and hours of support, were individually assessed. Staffing rotas showed the current staffing level, which included the provider and office manager were struggling to meet people's needs. We spoke to the provider about this. They confirmed that recently they had few staff who resigned, and this caused staff shortage. However, they had been engaged in recruitment exercises to rectify this.
- People and staff had access to an out of hours on call system manned by the office manager and provider.
- People were supported by staff who had been safely recruited. Checks were completed to make sure new staff were suitable to work with people. Two references, including one from the most recent employer, and Disclosure and Barring Service (DBS) criminal record checks were obtained. DBS checks help providers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they feel safe with the care staff and they all know what to do if they were not comfortable with them. A relative said, "All I can say is that the carers are excellent, and I can't fault anything they do for mum at all."

- The provider had a safeguarding system in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these. The provider and office manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required.
- Staff had received training on adult safeguarding and understood their responsibilities to record safety incidents, raise concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is about protecting people from abuse. For example, seeing a bruise on a person, might mean something, I need to report it to the office immediately. Even if unsure, I will still report it. I can also inform the local authority, police or CQC." Staff told us they felt confident in whistleblowing (telling someone) if they had any worries.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Staff spoken with were knowledgeable about risk associated with people's needs. People told us staff were trained. One person said, "They (the staff) are so friendly and yes they are well trained to do everything I need."
- Appropriate risk assessments specific to each person were in place and had been reviewed when required.
- People were protected from risks from the environment. Potential risk and hazards within people's homes had been identified and appropriate risk assessments were in place.

Using medicines safely

- People that required support to manage their medicines received them safely. Each person had specific guidance for staff to follow, detailing the support that was required for the administration of medicines.
- Not everyone was given medicine by staff. However, medicines administration records (MARs) seen had been completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed.
- Suitably trained staff followed arrangements in place to ensure people received their prescribed medicines. Staff competency was checked once a year.
- Systems were in place for the auditing of people's MAR sheets. These were checked during spot checks and monthly to identify any missing signatures or errors.

Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents. The provider and office manager monitored these, so any trends could be recognised and addressed.
- The provider and office manager used the information to make improvements to keep people safe.
- Incidents, accidents and near misses were documented and monitored to ensure there was opportunities for lessons learned. These were reviewed monthly by the provider. Lessons learnt were feedback to staff in order to improve the service provision.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. For example, the provider had ensured all staff washed their hands frequently and used appropriate protective equipment (PPE).
- We were assured that the provider's infection prevention and control policy was up to date. Staff had completed the relevant training. Spot checks on infection control practice were undertaken to ensure staff were following the correct procedures and government guidelines.
- We were assured that the provider was using PPE effectively and safely. Staff had access to enough personal protective equipment (PPE). We saw evidence of ample storage of PPE for staff. PPE stock level was audited monthly. Staff confirmed they used their PPE at all times.

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

- Records showed initial assessments had been carried out before people started receiving support. This considered all areas of needs such as physical and mental health needs, as well as medicine any additional provision that might be needed.
- Information gathered at the initial assessment stage was used to develop people's individual care plans. These were developed over time as staff got to know people and their relatives.
- Where people had needs relating to protected characteristics under the Equality Act 2010, which includes disability, sexual orientation, gender and religion these needs had been identified.

Staff support: induction, training, skills and experience

- New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of that role.
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.
- As a newly registered service, staff had not yet had an annual appraisal. Evidence showed that staff had monthly supervision meetings with the office manager. Staff told us they felt supported in their roles.

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

- Staff had the knowledge to support people to eat healthily. Staff had been trained on food hygiene principles.
- Records relating to food and drinks people had eaten and drunk had been completed accurately.
- People's needs with regards to eating and drinking varied. Some people had their meals provided by relatives while others had theirs prepared by staff according to prescribed guidance from healthcare professionals.
- Staff followed people's care plans which detailed the support they required with mealtimes. For example, people needed to be fed according to the healthcare professional's guidance.

Staff working with other agencies to provide consistent, effective, timely care

- A healthcare professional said, "In my experience they have raised appropriate concerns in the past

regarding patient's SALT (SALT refers to speech and language therapists.) needs and the manager appeared to be involved and supportive in the patients care needs."

- Provider and office manager liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed.
- There was a close working relationship with the local CCGs, district nurses, GPs, occupational therapists, and physiotherapists.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. One relative said, "A relative said, "I have no problems with how mum is looked after the carers are excellent and they really know what to do for her."
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs where people needed this support.
- People's individual health plans set out for staff how their specific healthcare needs should be met.
- People's care records included guidance for staff to follow. For example, for people with chronic obstructive pulmonary disease (COPD), the provider had guidance from NHS in place, which further enabled staff in understanding and meeting people's needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to care and support had been assessed and recorded. Records of any decisions that had been made with the relevant health care professionals in people's best interests had been included within the person's care plan.
- Where relatives had power of attorney for people and were legally able to make decisions on people's behalf the provider had checked this was in place.
- The office manager and staff had received MCA training. They understood people had the right to make their own decisions about their care.

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 and their relatives told us that staff on the whole are very kind, caring and always very professional with people. One person said, "My carers really do care. I can tell they do because I am treated as though I am the only person who they look after, and they are all so kind." A relative said, "We would be lost without the carers, I can't fault any of them. We have the same carers all the time we are really getting to know them well."
- Staff knew the people they were supporting well. One person confirmed this and said, "The girls do anything I need at each visit and I feel if they didn't care they would rush in and out and they don't do that, they take their time and never rush me."
- People's care records contained information about their background and preferences, and staff were knowledgeable about these.
- People's care records contained information about equality and diversity and met the requirements of the Equality Act 2010. People's religious, spiritual, cultural and lifestyle choices were considered.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Relatives informed us people were able to express their views. A relative said, "From day one, the carers have shown consideration to [Name] needs, when they speak to him it is in a way that shows that they care about him."
- People and their relatives told us they were treated with respect and their dignity is maintained at all times. One person said, "Yes, when I go in the shower they shut the door behind us and when I am washing they turn away."
- People were supported to express their views regularly and were involved in making decisions about their care and support. Staff understood the importance of respecting people's individual rights and choices. A staff said, "We do enable people to make a choice such as if they want a full wash, shower or the clothes they would like to wear for example."
- People's communication needs were detailed in their care plan. Some people used gestures to communicate or alternative words for needs. For example, in one person's care plan it stated, 'I am unable to verbally communicate. However, I can use my thumb, moving it up and down to tell you if I agree or not and tell you my mood.' Staff we spoke with understood these needs.
- Care records promoted people's right to independence and focused on what people were able to do for themselves.

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

- Care plans included people's individual preferences and interests, personal history and staff understood these. One person said, "I have a folder which has everything I need in."
- Each person had a designated care staff who covered all their daily needs. Staff were matched with each person they supported.
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured good communication between staff, benefitting the care of the person.
- Care plans were reviewed with people at least every month but may be more frequent based on people's needs. The office manager said, "I review the care plans at least monthly and as and when necessary. If there is a change, it is updated."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider told us that they made documents available to people they supported in different formats such as large print if needed.
- People's communication needs had been assessed and staff knew how to communicate with people based on the assessment. The assessment asked people how they would like to be communicated with, such as verbally, in writing, gestures, sign language, or to be translated into another language. This gave people the choice of how to be communicated with.

Improving care quality in response to complaints or concerns

- People knew who to contact if they were concerned about anything. One person said, "Yes I do feel confident that if anything is wrong I would be able to talk to the manager and she would listen." Another said, "I did make a complaint at the start, it was about one of the carers, I felt her attitude wasn't very nice with me. It was sorted straight away, and she hasn't been since." Records showed that this complaint had been investigated, actioned and resolved satisfactorily to meet the person's needs by the office manager.
- The service had received two formal complaint since the service started, and this was investigated and satisfactorily resolved.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.

- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

End of life care and support

- A relative said, "[Name] is at the end of their life and I couldn't be happier with how the care staff appear to really care. I can tell they do by the way he is treated; he has good and bad days and the carers seem to pick up on how he feels."

The service specialised in supporting people at the end of their life. The provider said, "We work with the hospice and GP surgeries."

- The provider told us that they had in depth conversations with people and their relatives about end of life plans. Advanced care plans contained these conversations and people's preferences for end of life care.
- There was information in people's care plans about whether they wanted to be resuscitated by the emergency services should they require this intervention to maintain life.

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

- There were systems in place to monitor the quality of the service. A range of quality audits such as care plans, medicines, spot checks, staff files and call times were in place and completed. However, despite the audit picking up our findings about missed or late calls, the measures the provider had put in place to make and sustain improvements had not been effective. When these concerns were identified, the provider met with staff to discuss the concerns. But people complained to us when we inspected. The missed or late calls actions such as using taxis and reduction in geographical areas of coverage by care staff put in place was not robust enough and this was a continued cause for concern and anxiety for people.

The provider's governance system had failed to improve the quality and safety of the services provided. The provider failed to mitigate the risks relating to the health, safety and welfare of people. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The provider told us they understood this requirement.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. This was the first inspection for this newly registered service. We discussed the importance of this with the provider.

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

- There was a positive culture at the service and staff were well-motivated. A member of staff said, "The management is good. I can approach them if I have a problem. They do encourage us to freely talk to them." Another said, "I have never felt pressurised or bullied by management."
- The provider told us they had worked hard to ensure the culture within the staff team, and this was an area they would continue to monitor and improve.
- People and their relatives were positive about how the service was managed and the impact on their care. One person said, "I never have any trouble getting through to the office if I ring."
- People, their relatives and health care professionals were informed when things could have been done

differently or better.

- Relatives told us action was taken when they had raised a concern, or something could have been done better.

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

- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "Management is lovely, nice. I have children and they work with me taking my children into consideration. They are helpful."
- Feedback was sought from people, relatives and staff regularly. The provider told us that they asked people and their relatives about their care every time they visited them. Records showed comments made by people and relatives had been positive. For example, a relative wrote, 'The provider and her team have been fabulous and always there for him in times of crisis and there have been a few. I would 100% and more recommend this company over and over again.'
- People were asked for their views by telephone monitoring, in writing and by visits from senior staff. They provided feedback about the service received. Feedback received showed people were satisfied with care and support received.
- Staff meetings were held and used to reflect on things that had happened and how things could be done differently in future.

Continuous learning and improving care; Working in partnership with others

- The provider told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The provider worked with people, their relatives and healthcare professionals to meet the person's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure people needs were met regularly, timely and safely. This was a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance system had failed to improve the quality and safety of the services provided. The provider failed to mitigate the risks relating to the health, safety and welfare of people. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>