

Precious Hope Health & Home Care Ltd

Precious Hope and Home Care Limited - Milton Keynes

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

Precious Hope and Home Care Limited - Milton Keynes is a domiciliary care agency providing personal care and support. At the time of this inspection this was provided to one person who lived in their own home.

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

The care plan and risk assessments had not been fully developed to ensure safe care was consistently supplied. The compliance manager said this would be swiftly rectified.

Some policies and procedures were not detailed or clear such as when staff should contact outside agencies if no action has been taken if abuse has been suspected.

Staff had been safely recruited and had worked well as part of a small dedicated team.

The person had been protected from infection risks.

Medication was supplied to the person though it needed to be made fully clear as to what medicine was to be given and in what circumstances.

The person said they felt safe and cared for by friendly and caring staff supporting them. The management team had supplied training to ensure staff could meet the person's needs. Supervision was planned to support staff in the provision of quality care to the person.

The provider had developed systems to assess, monitor and evaluate people's care to provide consistent care to people using the service.

Staff had been supported in their roles by management.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us in 2015 and this was the third inspection of the service.

Why we inspected

We undertook this focused inspection to check on specific concerns we had about the support people received.

CQC have introduced focused inspections to check specific concerns.

The service has not been rated at this inspection as we did not have enough evidence of the quality of personal care supplied to be able to do this.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Details are in our safe findings below.

Inspected but not rated

Is the service well-led?

Details are in our safe findings below.

Inspected but not rated

Precious Hope and Home Care Limited - Milton Keynes

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 two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission at the time of inspection. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 working hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. 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 judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who uses the service and one relative of this person. We also spoke with three members of care staff, the registered manager and the compliance manager.

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not been able to give a rating at this inspection as there was insufficient information to enable us to make a judgement.

Assessing risk, safety monitoring and management

- The person's needs were not fully assessed. This meant staff may not have been aware of what support the person needed, or how to ensure their needs were safely met.
- A care plan was in place, but the quality of the information in the risk assessments to keep the person safe was variable, which did not fully promote their safety, though this did not currently have an impact as staff were aware of how to keep the person safe.

Staffing and recruitment

- Staff had received training relevant to their roles. This meant the person could be supported safely by staff who had the relevant skills and knowledge.
- The person was supported by a small consistent team of staff.
- Staff were recruited safely. Disclosure and Barring Service checks (DBS) for all staff had recently been renewed. Staff records were viewed and relevant checks had been completed before staff commenced work.

Using medicines safely

- The person was safely assisted to take their medicine by staff. A lesson had been learnt to enable this to be carried out safely so the person would always receive their prescribed medicines.
- Information about as required (PRN) medicines was not fully in place. The compliance manager said this would be checked with the commissioning body to ensure that it was correctly recorded on the medicine administration chart (MAR).
- On the person's MAR, it was not recorded how many times a day one medicine was to be administered. The compliance manager said this would be amended.
- Staff told us, and records showed, that training was provided on safe administration of medicines as part of their induction.

Preventing and controlling infection

- The person was protected from the risk of infection. Staff had received infection control and specific COVID-19 training.
- Staff told us they used Protective Personal Equipment (PPE) in accordance with government guidance around COVID-19, which included wearing an appropriate mask to deliver the care needed. Staff said they had a good supply of PPE to keep the person safe. The person's relative confirmed staff wore PPE when caring for their relative.
- Proper infection control was practiced in the office when we visited such as social distancing.

Learning lessons when things go wrong

- Reviews of incidents had taken place, so lessons learnt and ways to improve the quality of care people received had taken place.

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.

At the last inspection this key question was rated as good. We have not been able to give a rating at this inspection as there was insufficient information to enable us to make a judgement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Some policies and procedures were not detailed or clear, such as the whistleblowing procedure. The compliance manager agreed and said these would be amended.
- There was a registered manager in place at the service supported by a compliance manager.
- The registered manager was aware of the requirement to submit notifications when legally required.
- Quality Assurance systems and processes were in place to be used in the future as the care package of the person had only just begun in the preceding weeks of the inspection.
- There had been two incidents which management had learned of the need to have clear communication with the person and their relative at the start of the care package to ensure what support was needed.
- We received good feedback from staff about the registered manager. One staff member told us, "If I need help, I know I can ring the management and they will always help me."

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

- Management were open and honest with us during our inspection. They acknowledged the shortfalls we identified and had identified these themselves and had plans were in place for these to be addressed.
- The management were aware of, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.
- Spot checks on staff had been undertaken by the management to ensure staff safely met the person's care needs.
- There was a positive culture in the service and care delivery was person centred. This was confirmed by the person and their family member.

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

- Staff supervisions were planned, which staff were aware of.
- The person and their relative said they were encouraged to share their views of the service.
- The service worked in partnership with other agencies, such as health professionals and the local health authority and with families to ensure the person received joined-up care. This meant people had the right access to support when they needed it.

