

# Preferred Care Limited

# Preferred Care

## Inspection report

11 Honeysuckle Place  
Bispham  
Blackpool  
Lancashire  
FY2 0PH

Date of inspection visit:  
04 March 2016

Date of publication:  
12 April 2016

Website: [www.preferredcare.co.uk](http://www.preferredcare.co.uk)

## 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

This inspection visit took place on 4 March 2016 and was announced.

At the last inspection on 4 September 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Preferred Care is managed from Bispham, Blackpool. Services are provided to support people to live independently in the community. The agency is a small service offering personal care and support to people living in North Lancashire. The agency specialises in supporting people who need intensive packages of care which require the support of two care staff.

At the time of our inspection visit Preferred Care provided services to three people. The maximum number of people the service would support when we inspected was five people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they had been visited by the registered manager before their support began and had a thorough assessment of their needs undertaken.

People we spoke with told us they felt safe. We spoke with two people who received support from Preferred Care. They told us they received safe and attentive care and they liked the staff who supported them. They said staff were punctual and conscientious.

There were procedures in place to protect people from abuse and unsafe care. Risk assessments were in place which provided guidance for staff. This minimised risks to people.

Staff knew the people they supported and provided a personalised service. People told us they were always supported by staff they knew and who were familiar with their needs and preferences.

Care plans were in place detailing how people wished to be supported. Consent was sought before care was provided and people were involved in making decisions about their care

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working for the service. Staff had the skills, knowledge and experience needed to care for people.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Although staff had not needed to make an application when we inspected

Staff made sure people's dietary and fluid intake was sufficient for good nutrition and encouraged them to eat when they visited

People knew how to raise a concern or to make a complaint if they were unhappy with something.

There was a transparent and open culture that encouraged people to express any ideas or concerns. The registered manager sought people's views and dealt with any issues of quality quickly and appropriately.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so people were safe but had the freedom they wanted.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medication processes were in place to reduce the risks of poor medicines management and where the service administered medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

The registered manager and staff demonstrated their understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to eat and drink and have good nutrition and appropriate healthcare.

### Is the service caring?

Good ●

The service was caring.

People were pleased with the support and care they received and said staff respected their privacy and dignity and they were treated with kindness and compassion.

People were involved in making decisions about their care and the support they received.

Staff knew and understood the likes, dislikes and preferences of people who received care and support. They were aware of and met each person's diverse cultural, gender and spiritual needs.

### Is the service responsive?

Good 

The service was responsive.

Care plans were in place outlining people's care and support needs. These reflected their preferences, needs and wishes.

Care plans were person centred, involved people and where appropriate, their relatives. Staff were knowledgeable about how to support people according to their preferences.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

### Is the service well-led?

Good 

The service was well led.

The registered provider had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with people they supported and where appropriate, relatives for their input on how the service could improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

# Preferred Care

## 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 visit took place on 4 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people who lived in the community. We needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection on 4 March 2016 we 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 the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we went to the Preferred Care office and spoke with the registered manager and two care staff. We also spoke two people who used the service.

We looked at two people's care records, the training and recruitment records for two staff and records relating to the management of the service. We also spoke with the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. We spoke with two people who received support from Preferred Care. They told us they received safe and attentive care and they liked the staff who supported them. They said staff were punctual and conscientious. One person we spoke with said, "I have never felt so safe and well cared for. It is such a relief to know they are there for me."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. We spoke with staff who told us they would report any unsafe care or abuse if they became aware of this. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. They explained the actions would take. From this we could see they had the necessary knowledge to reduce the risk for people from abuse and discrimination. There had been no safeguarding alerts raised about the service in the previous twelve months

Risk assessments were in place which provided guidance for staff and assisted them in providing the right care. The registered manager told us "We make sure risk assessments benefits the service user, not restricts them." This minimised risks to people. Risks were assessed for each person as well as for risks within the person's home. This was particularly well documented where an environment showed a level of risk.

People told us they were always supported by staff they knew and who were familiar with their needs and preferences. Staff told us they knew people's needs and preferences well as they supported a maximum of five people who they visited several times a day. There were three staff including the registered manager in the team when we inspected. One additional, potential member of staff was going through the recruitment process.

The registered manager had procedures in place for dealing with emergencies and unexpected events. They made sure they were able to support the people if they had unexpected additional care needs. Any emergencies, accidents or incidents were managed quickly and safely. The staff team discussed and evaluated these afterwards, to see if they could have improved how they managed them.

We looked at the duty rota to see if staff planned enough time to support people as they needed. We asked people if they received care at the times they wanted this. They told us they were pleased with how their visits were spread through the day. Staff spoken with said they were allocated sufficient time to be able to provide the care and support people needed at each visit.

People we spoke with said the agency was well managed. One person told us, "I have never had any late or missed visits, unlike my previous agency who were forever late." Another person said, "Preferred Care is wonderful. I can tell the time by them. They are always on time."

We looked at the recruitment procedures the service had in place. We looked at the staff file of one person who had been employed by the agency and one person who was in the process of being recruited. The application forms had a full employment history including reasons for leaving previous employment. We

saw any gaps in employment had been explored. Three references had been received before new staff were allowed to work in the home. A Disclosure and Barring Service (DBS) Check (formerly CRB check) had also been received. These checks are made by an employer to reduce the risk of employing unsuitable staff.

We looked at the procedures the service had in place for assisting people with their medicines. We looked at the procedures the service had in place for assisting people with their medicines. The registered manager told us staff prompted people to take their medicines. Records we checked were complete and staff had recorded the support they had provided people to take their medicines.

Staff employed by the service received medicines training to ensure they were competent to administer medicines. Staff we spoke with confirmed they had been trained and assessed as competent to support people to take their medicines.



## Is the service effective?

### Our findings

People told us staff supported them well. They told us staff knew their care preferences. One person said, "They know exactly what I need them to do and exactly how to support me." Another person said, "Because there are only a few staff, we always know the staff who are coming on every visit and they know us so well."

Before agreeing to provide support, the registered manager visited each person and made an informative assessment of their needs. Once they were sure they could meet their needs, they agreed the times the support was provided. People told us they had agreed to the care they received. They told us staff were familiar with their preferences in how they were supported and routinely discussed any changes in care.

We spoke with the registered manager and staff team. They told us they completed training together and discussed how this related to their current work. We also looked at training records which showed staff received training regularly. These included safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS), moving and handling first aid and food hygiene. We saw refreshers were planned for the week after the inspection.

The registered manager told us all their training met the National Skills Academy requirements. All staff had completed national qualifications in care at level 2 and above. The staff team felt their training gave them the skills to be able to support people effectively. People who used the service told us they were confident in the abilities of the staff to care for them. One person said, "They are friendly, thorough and very professional at all times."

Records seen and staff spoken with confirmed they received formal and informal supervision. This is where individual staff discuss their performance and development with their manager. The registered manager told us supervision took place in two ways, by observing care and with discussions in the privacy of the office. He added, "Because of our size, informal supervision is a daily event. Frankly it is not just one way. It allows me as a manager to realise that I am not free from scrutiny of my own performance." Staff told us they could make suggestions about care and discuss the support they need in their role. They told us they were well supported by the registered manager and senior care. Team meetings were informal, often with a meal out as part of the meeting. as staff worked together on each visit they were able to arrange meetings at short notice if needed.

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Visits were arranged with people so staff could provide support at mealtimes. We saw staff discretely checked the meals were eaten and recorded this to confirm the person's nutritional needs were met. Staff spoken with during our inspection confirmed they had received training in food safety and were aware of safe food handling practices.

People's care records included the contact details of their General Practitioner (GP) and other professionals. This enabled staff to contact them, on the person's behalf and with their permission if they needed health care. People said staff supported them to attend healthcare appointments. One person said, "They are so

good, so helpful and support me with hospital visits."

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. The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA). Discussion with the registered manager informed us they were aware of the process to assess capacity. This meant they were working within the law to support people who may lack capacity to make their own decisions.

## Is the service caring?

### Our findings

People we spoke with told us staff were caring and helpful. They told us they were pleased to be supported by Preferred Care. One person commented, "Best care ever. Cannot praise it high enough. Everyone is so kind and helpful." Another person told us, "Nothing is too much trouble to them. I wish everyone's carers were like mine."

Staff were aware of and responded to each person's diverse cultural, gender and spiritual needs and met them in a caring and compassionate way. They supported them in the way they wanted.

We looked at whether visits were missed or late. One person said, "They never miss and are always punctual. They are marvellous." Another person said, "They are the best carers I could meet, really good. It is a shame there are not more carers like them. They turn up on time and never let me down, unlike some other agencies."

People told us they were encouraged to make decisions about their care and the staff team sought their views about how their care and support was provided. People told us the way their support was provided was changed if they asked for this. We looked at the care records of two people and found person centred care which helped people to express their views. We saw people had been involved in developing and updating their care plans. The plans contained information about people's care needs and their likes and dislikes. We talked with staff and saw in records that they were aware of people's individual needs and were person centred in their approach. Person centred care considers the whole person, taking into account each individual's unique qualities, abilities, interests, and preferences in the way they were cared for.

One person we spoke with said, "The staff team are absolutely top notch. They do everything right and take notice of any changes." Another person said, "They are always willing to help me and encourage me with my recovery."

People told us they could trust staff and they were polite and respectful. "One person said, "They are professional, polite and respectful. They treat me well and I can trust them." People told us staff respected their need for privacy and dignity. They said they were discrete when providing personal care. The registered manager told us, "We ensure that the service user knows what is going to happen during each visit. We maintain service user's privacy and dignity and protect them from unnecessary intrusions when we are providing personal care."

Before our inspection visit we contacted external agencies about the service including the commissioning department at the local authority. They had no information of concern about the service.

## Is the service responsive?

### Our findings

We saw assessments that had been undertaken before the registered manager agreed to provide care to people. These were instructive and provided enough information for him to be confident that the agency could meet their needs. The care plan outlined how the person's care and support was to be provided. We saw staff had supported and encouraged people to voice their opinions. This enabled them to have the care they wanted.

We looked at care records of two people. The care records were informative and personalised. They illustrated how staff supported people with their daily routines and personal care needs. Care plans were regularly reviewed and updated in response to any changes in care or circumstances. Personal care tasks had been recorded along with fluid and nutritional intake, where required.

We saw the service had procedures in place to respond to emergencies. We talked with the registered manager and looked at one person's records. These showed how the service had responded to one person, when they had fallen at home. Although not scheduled for a visit from the service the registered manager attended the person's home. They had remained with the person until they were safe and cared for. They secured the house then followed them to the hospital to reassure them. One relative commented in a survey, "They have a dedication way beyond the call of duty."

People we spoke with told us they found the service was responsive in changing the times of their visits if required. One person told us, "They are willing to alter the times of my visits to meet my needs, even at short notice." We were also informed they were quick to respond if they needed extra or longer visits. One person said, "They are amazing, so good and caring and so willing to accommodate me."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided. This gave them the information to refer their concerns to those organisations if they wanted. When we undertook this inspection visit no complaints had been referred to CQC or received by the service.

People who used the service and their relatives told us knew how to make a complaint if they were unhappy about anything. Everyone we spoke with said they were happy with the service and had no complaints. One person said, "They are all very conscientious. I have no complaints." The staff team said it was important to reflect on anything that did not go as well as it should and learn from any concerns or complaints.

## Is the service well-led?

### Our findings

People were positive about the service and how it was managed. They said the service was well managed and they were very pleased with the support they received. People told us the registered manager and staff team were friendly and approachable. They said they were easy to talk to and willing to listen to any questions or concerns.

As the service was deliberately kept small supporting a small number of people, the registered manager was part of the team providing care to people. They regularly checked if people were happy with the service and encouraged people to give feedback, which was acted upon. One person told us, "I see [the registered manager] every day so I can talk to him any day. I can always ring in between visits if I need something." Another person said, "I like being able to speak with the 'boss' without going through lots of other people. If I want anything changed it is dealt with straight away."

The registered manager understood their responsibilities. They were aware of the need to notify CQC of any incidents or issues relating to the service in a timely manner. The team were experienced, knowledgeable and familiar with the needs of the people they supported.

We found the service had clear lines of responsibility and accountability. The registered manager monitored the service informally as he saw service users every day. He frequently asked people if they were happy with the service or wanted anything changed. People told us any issues or suggestions were quickly acted upon. He also sought the views of people twice a year by questionnaire which people could submit anonymously if they wished.

The registered manager told us he was recruiting an additional member of staff. He was aware once another member of staff was in post, he might not see people the agency supported quite as much. He had audit and monitoring systems and procedures ready to use if he was less involved in visits.

Regular staff meetings were held where the small team discussed any issues in an informal setting. We talked with one member of staff who told us they were exceptionally well supported. They often completed staff training together at the same time. One member of staff said, "We always have lots to discuss and I find doing the training together helps as we are able to share ideas. We also work together each day so have frequent discussions about care."