

PRN Homecare Ltd

PRN Homecare - Bognor Regis

Inspection report

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18 April 2017

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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

The inspection took place on 13 and 18 April 2017 and was unannounced.

PRN Home Care provides personal to people in their own homes. At the time of the inspection personal care was provided to 86 people whose ages ranged from 39 to 97 years and had needs such as physical disability, sensory impairment, dementia and frailty due to old age

The service had a registered manager. 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.

At the last inspection carried out on the 7 August 2014 the service was rated Good. At this inspection we found the service remained Good.

We carried out this inspection as part of our routine schedule of inspections and to check that people were still receiving a good standard of care.

Staff were trained in adult safeguarding procedures and had a good awareness of what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People said they felt safe with the staff which was also echoed by their relatives

Care records showed any risks to people were assessed and there was guidance of how those risks should be managed to mitigate any risks of harm. People said they received safe care.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures ensured only suitable staff were employed.

Medicines were safely managed.

There was a good system of training and supervision of care workers.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005. The staff and deputy manager were aware of the principles of the MCA and made referrals to social services where it was assessed people did not have capacity to consent. However, the service did not have a set procedure for assessing and recording capacity and training in this for staff was limited. The deputy manager took immediate steps to address this by arranging staff training in the MCA.

People's consent to care was sought and this was recorded in the care plans.

People were supported with food and drink where this was needed.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed. Staff worked well with health care services such as community nurses to ensure health care needs were met.

People were treated well by the staff who formed positive relationships with people. Care workers treated people with respect and dignity and promoted their privacy.

People received individualised care based on their needs and preferences, which was reflected in their care plans. People said they were involved in decisions about their care and knew how to make a complaint if they needed to.

The service had good systems to monitor its own performance to ensure care was reliable and safe. These included seeking the views of people who received care, their relatives and health and social professionals. Audits were also used to monitor the effectiveness and quality of the service and action was taken where any shortcomings were identified.

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 remains 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 ●

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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. The 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.

The inspection took place on 13 and 18 April 2017 and was announced. The inspection was carried out by one inspector. We gave the provider 48 hours notice of the inspection because it provided personal care to people in their own homes so we needed to be sure the registered manager or staff were in the office.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we visited two people in their own homes where we asked them about the care they received and observed staff supporting them. We also spoke to one person's relative. We sent surveys to 50 people who received care to ask them about the service; 21 people returned these. We also received survey questionnaires from six relatives of people and four health and social professionals.

We spoke to four care workers, the deputy manager and the registered manager. We also received a survey from a care worker.

We looked at the care plans and associated records for six people. We reviewed other records, including the provider's internal checks and audits, staff training records and staff duty rosters.

Is the service safe?

Our findings

People told us they felt safe with the care workers and that they received safe care. For example, one person said, "I feel very comfortable with them." Another person said of their care worker, "I trust her completely. I feel safe and reassured." Relatives also said they believed people were safe from harm from the care staff. A relative said how safe care was provided and how helpful the care staff were when dealing with an emergency and liaising with relevant medical services which was above and beyond what staff were contracted to provide.

Staff were trained in procedures for reporting any suspected abuse or concerns. Staff said they would report any concerns to their line manager and knew the procedures for contacting the local authority safeguarding team. The service had policies and procedures regarding the safeguarding of adults.

Risks to people were assessed and recorded. These included needs such as mobility, walking and personal care. There were corresponding care plans which gave care workers clear instructions on how to minimise any risks. For example, care plans regarding moving people were clearly recorded and we observed care workers safely using equipment to move people. Risks assessments were reviewed and updated and showed people and their relatives were involved. There were also risk assessments where people were supported in the community such as when taken swimming as well as instructions on how to safely support people with their finances.

People said care workers attended at times agreed with them and as agreed in their care plan. Each person was provided with a weekly schedule in advance which confirmed the times and names of care workers attending their care package. People said staff were punctual although one person who returned a survey said this was not always the case. People also said the care workers were flexible and would adjust their times to ensure people received the right help.

Staff were provided with a duty roster for care appointments for the week ahead. The duty roster took account of travel time between appointments. Care workers told us there were enough staff to ensure all appointments were met and that they had sufficient time to travel between people's homes. People signed a record which showed staff attended at the agreed times and care records showed the service was reliable. Health and social care professionals also said a reliable service was provided to people.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There was a record of staff being interviewed to assess their suitability for the post.

We looked at the service's medicines' procedures. Staff were trained in the handling and administration of medicines and this included a competency assessment before staff were deemed able to do this safely. There was a risk assessment to determine the level of support each person required with their medicines. Medicines administration records (MARs) showed staff recorded their signature each time medicines were

administered. The MARs showed people received their medicines as prescribed. There were regular audit checks to ensure people received their medicines. We observed people being supported to take their medicines and people confirmed they were supported with this aspect of their care.

Is the service effective?

Our findings

People and their relatives said the staff provided them with the right support. For example, one person said, "The staff are outstanding. They are client focussed and will do anything for you." Another person said, of the care worker who supported them, "Due to her I am able to get up and look after myself. She's first class." Relatives also said staff were skilled in providing people with the right support. However, one person who returned a survey did not feel staff were adequately trained but did not provide any more information about this.

There were good systems to ensure staff were supervised and their performance monitored. Staff told us they received supervision on a regular basis. Records of supervision were maintained and showed care workers received a combination of supervision, performance appraisal, staff performance review and direct observation of their work by their line manager.

Care workers confirmed they received an induction which prepared them for their job and that this involved an assessment of their competency to provide a good standard of care. Records of staff induction were of a good standard and showed staff performance was thoroughly assessed and training provided in a number of areas. Newly appointed staff enrolled on the Care Certificate where they did not have a Diploma in Health and Social Care.

A record was maintained to show care workers were trained in a range of relevant subjects such as first aid, infection control, dementia care, health and safety, personal care, medicines and safeguarding. Staff described the training as of a good standard and said they could suggest training courses which they were supported to attend. For example, a care worker told us how they were supported to attend a college course in palliative care and a course which enabled them to train other staff in infection control. Staff also completed nationally recognised training in care such as the National Vocational Qualification (NVQ) in care and the Diploma in Health and Social Care. Thirty nine of the 52 care workers were either trained to NVQ level 2, 3, 4 or 5. The registered manager had completed level 4 qualifications in care and management and the deputy manager level 5. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

People told us they were consulted about their care and involved in any decisions about their care. People had signed to consent to their care. 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.

The deputy manager told us training in the MCA was provided as part of the training in dementia care. The service had policies and procedures regarding the MCA and the deputy manager said where people did not have capacity to consent a referral was made to social services for a capacity assessment. We saw copies of

capacity assessments completed by social services and records of multi disciplinary meetings regarding making best interests on behalf of those unable to consent to decisions about their care. The service did not assess and record capacity where this was needed. The deputy manager took steps to address this during the inspection by arranging training for staff in this and by utilising a capacity assessment toolkit.

Where required people were supported with food and drink but most people did not require support with this. Daily records showed staff supported people in preparing meals and shopping for food.

Care records showed the care and management staff worked well with health care professional to monitor health care needs and to ensure people received the right treatment. Health and social care professionals commented that the service worked well with them and notified them of any changes as well as amending care to meet health care professional's instructions.

Is the service caring?

Our findings

People made positive comments about the attitude of staff and the way they provided care. For example, each person we contacted said the staff treated them with respect and dignity as well as being caring and kind. These views were also echoed by people's relatives. Examples of comments made by people to us included the following, "They are like friends. I am more than happy with them. They are very friendly, kind and respectful. They care about me. They pay attention to my privacy as well." A relative said the care workers, "...have been fantastic. Kind. Understanding and know our needs. They are very helpful indeed." Another person said the care staff provided emotional support as well as practical tasks. A relative also said care workers provided much needed emotional support when they were upset. Health and social care professionals said care staff were kind and caring.

The service had subscribed to an organisation called Dignity in Care which is a national network to promote dignity and respect for those people in receipt of care. This involved staff taking part in a commitment to principles to ensure they treated people with dignity.

The staff recruitment process included an assessment to check if potential workers had a caring attitude. The staff induction procedure included an assessment of newly appointed staff whereby staff were observed with people to ensure they treated people with respect and compassion. This also include a check that staff promoted people's independence and helped them to take control and make choices. We spoke to four care workers who demonstrated the importance of treating people with respect and being polite. Staff also said it was important to have good communication with people, to be cheerful and to smile.

We observed staff had a good rapport with people and their relatives. Staff explained to people what they were doing and consulted them. People were comfortable talking to staff and there was joking, humour and laughter when staff and people spoke to each other. Staff knew people's needs and their background as well as any emotional issues which were relevant.

Care was provided to people based on their individual needs. Care plans were individualised to reflect each person needs and preferences; these included those areas where people could exercise independence. People said they were consulted about their care which was evident in each person's care plan.

People and their relatives said staff promoted people's privacy and this was included in people's care plans.

Is the service responsive?

Our findings

People said they were involved in the assessment of their care needs and in any decisions about the care and support. People said they received a reliable service and that the care was flexible. For example, one person said care was provided by a team of consistent care workers who were very reliable. One person who returned a survey commented that there was a lack of consistency in the care workers 'from day to day' but this was the exception to the feedback we received. Relatives also said the care was reliable. For example, one relative said, "...the agency staff are reliable, friendly and are always happy to assist in all areas." Relatives also said staff acted on their instruction and care records showed people's changing needs were reviewed.

Records showed an initial assessment of people's needs was carried out. This included a checklist to ensure all relevant areas were assessed. We saw information was obtained from health and social services so this could be used to assess care needs. Care plans placed people's individual needs and preferences as the focus of any support. For example, there was guidance for staff on procedures such as showering, moving and handling and personal care which were of a good standard with clear guidance for staff to follow. Care professionals told us the care staff acted on any instructions given and shared information appropriately.

Details about any recreational needs were recorded in care plans with guidance for staff on outings such as swimming and for supporting people to get their shopping.

People and their relatives said they knew what to do if they had any concerns or complaints and that if they raised an issue it was dealt with. The service's complaints procedure was contained in the service user guide which was provided to each person. The provider told us people were able to raise any concerns or complaints at their care reviews and that they took action to deal with these. The provider told us there have been no complaints made to the service.

Is the service well-led?

Our findings

People and their relatives said they considered the service was well led and that they had good communication with the management. For example all of the people and their relatives who returned a survey to us said they received clear information for the service and knew who to contact if they needed to. People described the service as efficient and reliable. One person, for example, said, "The operation is very slick. Client focussed." Another person stated, "PRN is very good. Its carers are super and do everything for each person carefully. I really can't say enough about PRN, they are so good." Community professionals were also complimentary about the way the service was managed describing it as a reliable service with responsive staff and management.

The provider sought the views of their staff, people and their relatives as part of the quality assurance system. The results of these were available for us to see and showed people considered the service reliable and as having friendly and polite staff. The surveys asked if people wanted any changes made. Where any issues were raised we saw there was an action plan of how changes were to be made as well as the action taken.

The service had a registered manager and there was a system of management which included a deputy manager and senior staff who took responsibility for coordinating care. There were systems to support staff when they worked in people's homes. Staff had access to 24 hour support for management advice and support. Staff said they were supported and felt able to approach the provider's management team. Staff meetings were not always held on a regular basis but staff and the management said staff could call into the office to discuss their work. A newsletter was provided to staff regarding any changes to their work. The provider stated they were committed to retaining staff by encouraging a good work place for its staff.

Staff said the culture of the service placed the needs and preferences of people first and that this was always emphasised by the provider. The service's policies and procedures, such as staff induction and the Dignity in Care subscription showed these values were promoted.

There were records to show any incidents or concerns were looked into and appropriate action taken. Staff performance was monitored by supervision, appraisal and direct observation.