PRN Home Care

PRN Homecare - Bognor Regis

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

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection took place on the 7 August 2014. This was an announced inspection. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff were available to speak with us.

PRN Homecare is a domiciliary care service that provides nursing and homecare services to adults within their own homes. PRN Homecare staff support people with a variety

Summary of findings

of needs including those related to living with dementia, mental health, older age, physical disability or sensory impairment. At the time of our inspection the service supported 118 people.

There was a registered manager in place for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives told us they were happy with the service they received. One person told us, "PRN are superb. They are flexible and every single carer I've had has been on time and has been kind and helpful". Another person told us, "They're brilliant. I can't fault them". People told us they were supported by kind and caring staff.

There were robust recruitment procedures in place and staff were supported to deliver the care and support required to meet people's needs. Staff received essential and additional training and were encouraged to gain further relevant qualifications. Staff completed an induction programme which included shadowing other staff to learn about their role. Their practice was observed to ensure that they were competent to be able to deliver the care people required.

Staff felt supported by the management team and were positive and enthusiastic about their roles. One staff member told us, "I would definitely recommend it to my own family". There were enough qualified and experienced staff to meet people's needs.

The provider had good systems in place to keep people safe. Safety risks were identified, assessed and reviewed. There were instructions for staff on what action to take in order to reduce risks identified. Staff received safeguarding training and were able to tell us actions they would take if they had concerns people were at risk of abuse. We saw that where concerns had been identified the provider took the required action.

People told us they were involved in the planning and review of their care. Where people were unable to do this, staff considered the person's capacity under the Mental Capacity Act 2005 (MCA). Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Prior to our inspection the provider informed us that there had been six medicine errors in the last 12 months. We looked at how the provider managed people's medicines so that they received them safely. The provider had taken action where medicine errors had been identified and put systems and processes in place in order to reduce the risk of further errors.

If needed, people were supported to eat and drink and maintain a healthy diet.

The service provided was flexible and responsive to people's needs. People were involved in the initial assessment of their needs and in the planning and review of the care plan which identified what and how care should be provided. People told us that the service was flexible and promoted people's independence. One relative told us, "They work with him on what he needs on any given day".

There were quality assurance procedures in place and the provider sought feedback through questionnaires from people, relatives and professionals. People knew how to make complaints and action was taken to resolve any concerns. The provider took steps to ensure that care and support was provided in an appropriate way and, where necessary improvements were made.

Summary of findings

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. People were supported by staff who understood their responsibilities in relation to protecting them from abuse.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

There were sufficient staff to meet people's identified needs. The service followed safe recruitment practices.

Is the service effective?

Good

The service was effective. Staff supported people to eat and drink and maintain a healthy diet. Care records contained information on people's needs, and preferences.

People were supported to maintain good health and access hospital appointments when needed. Staff sought advice from other professionals, such as dieticians and GPs, to meet people's needs effectively.

Training was scheduled for staff throughout the year and was refreshed as needed. Staff had effective support through induction and regular supervision. Staff understood people's needs and how to support them.

Is the service caring?

Good

The service was caring. People were supported by kind and friendly staff who listened to them and knew them well.

People were involved in the planning of their care.

People's privacy and dignity were respected and their independence promoted.

Is the service responsive?

Good

The service was responsive. People gave examples of when staff had been flexible and responsive to their needs.

People knew how to raise complaints if they were unhappy with the service.

Is the service well-led?

Good

The service was well-led. People and staff felt that they could raise issues with the management team and these would be acted upon.

Staff were enthusiastic and motivated. Staff were supported to develop further skills and knowledge.

There were effective measures in place to assess the quality of the service. The provider took action to improve the service in response to feedback received.

PRN Homecare - Bognor Regis

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On this occasion the expert had experience of older people's care services

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 improvements they plan to make. We reviewed the information the provider had sent us and looked at how the provider managed people's medicines so that people received them safely. We sent questionnaires to people who used the service, staff, relatives and friends and community professionals and reviewed their responses.

We spoke with six staff members and the registered manager. We spent time reviewing records including eight staff records and 14 care records of people who used the service. We reviewed other relevant documentation to support our findings including those related to complaints and compliments, staffing levels, the monitoring of health and safety and quality assurance and feedback from people, their relatives, health and social professionals and staff.

After the inspection the expert by experience phoned 30 people who used the service to gain their experience of the service.

PRN Homecare was last inspected on 01 October 2013 and there were no concerns identified.

Good

Is the service safe?

Our findings

People told us that they felt safe with the staff and the support they provided. A relative told us, "I don't have any worries when he is in their care".

People's safety was promoted because staff understood how to identify and report abuse. The provider had a number of policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included a code of conduct policy, principles of maintaining dignity policy and confidentiality procedures. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and potential signs of abuse were taking place. Staff were aware of their responsibilities to report any concerns to their manager and also to external agencies such as the local safeguarding team or CQC. Records showed that staff had received training on safeguarding people from abuse. One member of staff explained that keeping people safe had been a significant part of their initial training and that they had also received additional safeguarding training. Any concerns were reported in line with West Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk.

The provider had clear policies around the Mental Capacity Act 2005 (MCA). Staff demonstrated they acted in line with the main principles of the Act by providing capacity and ensuring that they got consent before providing care. A staff member said, "You talk through your intentions. If they said no I wouldn't do it". Staff told us that if someone declined care they recorded it and informed the office. The provider followed good practice in order to keep people safe, for example, a best interest meeting had been held involving health and social care professionals for someone who lacked capacity. (A best interest meeting considered both the current and future interests of the person who lacked capacity and decides which course of action will best meet their needs and keep them safe. The provider also referred people as appropriate to the Independent Mental Capacity Advocate (IMCA) service. IMCAs support people who lack capacity to make certain decisions.

There was a system in place to identify risks and help protect people from harm. Each person's care plan had a number of risk assessments completed. These assessed the tasks people required support with and gave guidance for staff on how to reduce risks. For example, there was information for staff on risks associated with moving and handling. There was guidance on what equipment should be used in order for the person to be moved safely and to reduce the risk of falling. People were involved in their risk assessments and signed to show they agreed with how any risks would be managed.

Care records also contained information required to keep people safe. We saw information for staff on what action people wanted them to take in the event that they did not answer the door to them. Contingency plans were in place to ensure the safety and well-being of people in the event of unforeseen circumstances such as extreme weather. The provider had identified staff that lived nearby to people and so did not have to rely on transport to deliver the service. The provider had also identified those in priority need of service in the event of an emergency.

There were enough staff to meet people's needs. Staff told us that they had enough time to travel between calls in order to be able to deliver care at the time the person needed it. People told us that staff were "punctual" and they received their visits at the time they expected. They told us that if staff were going to be late they would call ahead to let people know. If they were very late due to unforeseen circumstances they would call the office and the visit would be covered by another staff member. Staff told us they had enough time to deliver the care required. If they were concerned that more time was required they felt able to raise this with the manager. The provider operated a standby system which meant staff were available to cover any visits if the regular staff was unable to.

New staff were recruited on a regular basis to ensure they were able to deliver the care agreed, cover sickness and ensure that visits went ahead as planned. People told us that they usually had a small team of regular carers and this worked well in terms of developing relationships and providing continuity.

Safe recruitment practices were followed when the provider employed new staff. Staff records held the required documentation such as two references and proof of identity. Disclosure and Barring Service (DBS) checks were carried out to ensure that new staff were safe to work with people at risk. Spot checks were carried out by senior staff where they observed the staff members' work to ensure they were competent to deliver care safely. The provider had policies and procedures in place to manage

Good

Is the service safe?

any staff disciplinary matters if it identified unsafe practices. Where nursing staff were employed, their required registration with the Nursing and Midwifery Council (NMC). The NMC maintain the register of healthcare professionals ensuring that they are properly qualified and competent to work in the UK.

The provider had taken steps to ensure people were supported to receive any medicines safely. Policies and procedures were in place to ensure the safe administration of medicine. The provider had developed a system with the anti-coagulant clinic to enable them to administer Warfarin safely and manage dose changes effectively in line and within West Sussex County Council's medication policy. We went through this procedure with the provider. We reviewed Medication Administration Records (MAR) charts and saw that staff recorded when people's prescribed medicine was administered. Where someone had refused their medicine, that this was recorded. Care records contained risk assessments related to medicines which had been signed by the person.

Good

Is the service effective?

Our findings

People were positive about the service they received. One person told us, "The level of service is always high and if there are any problems they are always able to answer any questions and if there was a delay or changes I was always kept informed and the level of care is very high. The staff are always very helpful and do their job very well".

The provider talked us through how they matched people with staff based on age, personality and interests. If people did not feel they were compatible with staff they were able to request to change them. One person told us they had been happy with the care provided but had been able to change the staff who supported them to one who they felt more compatible with. The computer system used to allocate staff for visits identified any preferences a person had made. For example if a person had requested female only care staff, the computer system would eliminate male staff member names from the allocation list. This helped ensured the person's preferences were respected.

We asked PRN Homecare what they did well and they told us, "The continuity of staff". It was important to them that people had care from the same staff and understood people's needs well. People told us that they usually had a small team of regular carers and that this worked well for them in terms of developing relationships. A staff member told us that they had a regular client since they started which enabled them to get to know their needs well.

Staff were supported through induction, regular supervision, appraisals and training. A staff member told us about their induction and how they had observed a more senior member of staff deliver care. Induction training included a range of essential topics such as safeguarding, moving and handling, health and safety and medication. We saw that the member of staff was signed off as competent in each area of care as it was completed. The provider had received a Certificate of Commitment that showed they trained staff to meet Skills for Care's Common Induction Standards (CIS). Staff who have met these national induction standards have demonstrated that they have the skills to be able to work unsupervised safely in an adult social care setting. This ensured staff had the right skills, values and competencies to deliver care effectively and meet people's needs.

After they had completed induction staff were encouraged to undertake further study and qualifications. Staff received an increased level of pay if they achieved a higher level qualification. We reviewed training plans and staff records. Staff undertook a mix of essential and optional training that included dementia care. Staff had performance reviews where they discussed achievements, challenges, identified actions, when objectives would be achieved and any further training requirements.

Where required staff supported people to eat and drink. This support ranged from support with shopping to carrying prepared meals form the kitchen to dining room. Staff also maintained records required by health professionals to ensure people had sufficient to eat and drink. Care records provided information about people's food and nutrition needs. Food and fluid charts were completed as required along with weight monitoring charts. These had been signed by staff and there were no gaps in recording. Records demonstrated that health care professionals such as dieticians were involved where appropriate. There was information from the dietician on how to support a person with healthy eating. Some people had specific requirements related to conditions such as diabetes and that meant medicines needed to be taken at meal times. Visit times were planned to ensure people received the medicines when they required them. Staff were trained in diabetes awareness and food hygiene. People also received support with related tasks such as shopping and assistance with carrying of food to the table to ensure they had sufficient to eat and drink. Daily records contained information on what people had been supported to eat. The provider had a food and safety policy that included information and guidance for staff to ensure people had sufficient to eat and drink.

People were supported to maintain good health and receive on-going health care support. Where people had given their consent for information to be shared relatives told us that they were kept informed of changes in a person's health or well-being. One told us, "If they popped in to see my Mum and she was agitated they would contact me". Care records indicated that where people were at risk of pressure sores, people's skin integrity was monitored. Where people's health needs had changed, referrals were made to appropriate professionals such as a dietician or nurse. With the person's consent, the provider wrote to inform people's GPs that the person received a service from

Good

Is the service effective?

them. People were supported to attend hospital appointments. Where there was concern about a person at immediate risk, staff had contacted the emergency services.

Good

Is the service caring?

Our findings

People told us they were supported by caring staff. They told us, “They talk to me respectfully”, “They’re polite caring and kind”, and “They are very kind and considerate and have a sense of humour”. One person told us they were happy with the staff because of their, “Overall general caring attitude and the warmth that they bring in to the house”.

Staff took time to communicate with people in a meaningful way. A relative told us, “They talk to him and explain things”. Staff told us that they had time to communicate with people in order to build relationships. One told us, “A lot of people like to have a chat”. Another told us,” Communication is so important all the time”. Daily records showed not only the tasks that were undertaken but that people and staff, `had a chat’. Staff told us that they appreciated the continuity in who they cared for as it allowed them to get to know people and understand their needs. They told us this was especially important when working with people who lived with dementia.

Staff told us that before they met new people they, “Read the care plans and risk assessments and previous records” in order to know about the person before they met them.

Staff received training in communication which included the importance of non-verbal cues. They demonstrated an awareness of communication needs for someone who lived with dementia. They told us that it was important not to give too much information at once and allow time for people to understand and respond to the information.

Staff protected people’s privacy and dignity and treated them with respect. One member of staff told us that they always ensured people were comfortable before they left. The provider carried out direct observations on staff when they were delivering care. Areas assessed included, `Was the customer given assistance in a manner which promoted their dignity’. In a quality assurance survey undertaken by the provider 100% of people agreed that staff maintained their dignity and privacy. In order to maintain people’s privacy the provider had policies and procedures on privacy and dignity and confidentiality that underpinned staff practice. Staff received training on confidentiality and maintaining dignity and privacy as part of their induction. to ensure flow could this be combined the previous paragraph on privacy

People and their relatives told us that staff promoted independence wherever practicable. They said staff used encouragement in order to ensure people completed tasks for themselves where possible and maintained their independence. In one instance, care records emphasised the importance of a person maintaining independence with their finances. There were details for staff on how to do this without placing the person at risk of financial abuse. It was important to this person to be independent and this was upheld by staff. As part of the direct observations undertaken on staff by the provider it was assessed, `Did the carer encourage the person to be as independent as possible?’.

Actions were identified and the date, by which they would be achieved for example, we saw that where a person had raised a complaint that this had been investigated and the person responded to by the date identified.

Good

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. One person told us, “They’ll do whatever I need and always ask if there’s anything else I need help with.” Another person told us, “They come in the door and ask me what I want them to do today?”

People and their relatives were involved in care planning. Everyone told us they were involved in the initial assessment when the care plan was drawn up. People were involved in the development of their care plans which identified how their needs would be met. most people recalled signing their care plans. One person told us, “I have specific requirements that they have been able to meet”. Care records were personalised and contained questions about peoples aspirations for example, `What do you want to achieve by having care in your home?’ Records showed one person wished to, `Regain as much independence as possible’. People were also asked about the preferences when personal care was delivered including what perfume they liked. Most people recalled signing their care plan. People’s involvement in their care planning meant they received personalised care to meet their assessed needs. Staff told us about the routines of people they supported and their preferences. They explained that some people they worked with had dementia and liked to follow their own routines. Staff told us, “We adapt to them” and gave us an example of the routine one person liked to follow when getting ready to go out in the mornings.

People’s care plans were reviewed and changes made as required. One person stated at their review they would like an earlier call and the provider responded by moving the call one hour earlier. In another review, records showed the provider responded to a person’s feedback by agreeing to change their visit time to 15 minutes later and provide the same carer in order to ensure the continuity of care.

The provider recognised the risk of social isolation and people told us carers were not just focused on completing tasks. One relative told us, “They’re friendly and chat to him”. The provider gave people information regarding activities, the day centre or other social outlets so they could make a choice about opportunities to join in with social activities.

People were aware of the complaints policy. One person told us that, “It’s very good. They acknowledge you if you have a complaint”. We reviewed records related to complaints received and saw that they had been investigated, responded to and action taken. Concerns or compliments were used as an opportunity for improvement and were discussed with staff in order to improve the service. Peoples care folders that were kept in their homes contained a section where they could make comments or complaints. As part of a quality assurance survey people were asked if they knew how to make a complaint regarding the service. The response suggested not everyone was aware of the process. As a result actions had been identified; for example, staff were advised to make sure they informed all customers of the section in the folders during the initial assessment and at reviews. Staff also ensured relatives were aware and advised all people that any concerns could be discussed over the phone and that senior staff were happy to visit them to discuss.

Good

Is the service well-led?

Our findings

There was an open culture at PRN and people and staff were encouraged to discuss any concerns or issues they had. People told us that the management team were approachable. One person told us, "They're friendly and we have a good relationship". Another person told us, "I just pick up the phone and call them".

We asked community professionals about their experiences of the quality of the service delivered. One told us that PRN was flexible in its approach to supporting adults in the community and frequently went beyond their remit to ensure customers were safe by staying longer and carrying out tasks to ensure customers received the right care. One told us, "PRN have dealt with some very complicated cases in an appropriate manner, making sure that everyone's views and opinions are listened to and heard. They have worked very well with people and their families to have a good outcome".

The provider told us that it was important for staff to be able to discuss matters openly and feel confident that they would be listened to and concerns acted upon. This was consistent with what staff told us. Staff all commented that there was an open culture, in respect of their relationship with management where they felt able to discuss any issues or concerns freely. One told us, "We can raise anything". Another told us, "Their approachability means that as staff we are able to speak to them directly to address any issues or concerns we may have, which in turn enables these concerns to be rectified immediately eliminating any negative impact on the client base we work with". Staff were asked for feedback on the service through quality assurance surveys and asked to comment on organisational issues in their staff performance review. We saw that feedback was acted on for example, the provider had introduced a different style of uniform that enabled staff to work in hot weather more comfortably. There was a whistleblowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior member in the organisation, or directly to external organisations. Staff had a clear understanding of their responsibility around reporting poor practice.

Staff told us they felt supported and were enthusiastic and motivated about their roles. One told us, "I must admit I love this job. If you have a problem you can speak to someone, they're very approachable and very professional. They all listen and try to help". Another told us, "I have always felt proud to wear the uniform. Clients are well respected and cared for in line with their care plan and very rarely have any complaints, if so they are dealt with immediately and effectively". There was a weekly newsletter for staff that kept them informed of any changes in respect of people or the service. We saw that the provider supported staff to undertake further study and qualifications. A member of staff told us they had been supported to undertake NVQ Level 5 Diploma in Leadership in Health and Social Care. National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Quality assurance systems were in place and the feedback was acted upon in order to drive improvement. For example surveys were sent by the provider to people, their relatives, staff and health and social care professionals. Where one person was awaiting a change to the agreed time of their call, the provider had written to them explaining that they were recruiting more staff in order to be able to do so. We saw that annual observations of staff were carried out by the provider in order to ensure their competency to deliver the care required.

The provider learnt from mistakes, incidents and complaints. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the provider had completed a detailed investigation. This included information such as what had caused the issues and the actions taken to resolve them.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.