

# Prestige Healthcare Solutions Ltd

# Prelle Healthcare

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

This inspection took place on 30 May 2018 and was announced.

This was the first inspection of the service.

Prelle Healthcare is a domiciliary care agency. It provides personal care for people living in their own homes. At the time of the inspection the service was supporting 23 people for around 160 hours per week. When the service registered with the Care Quality Commission (CQC) they told us they would be providing services to younger adults or older people living with dementia, learning disability and/or autistic spectrum disorder, mental health needs, physical disabilities or sensory impairment. However, the registered provider was currently providing a service to older people with physical or sensory impairment or living with dementia.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

The leadership and management of the service lacked understanding about meeting their responsibilities as a registered provider and manager. For example, the registered provider was operating in breach of their conditions of registration. This was because the registered provider was operating from a location address that was different to the address they had registered. They had not notified us of this, so the inspection was carried out at a different address than that identified on this inspection report. In addition, the provider had not notified CQC, as required by law, of any incidents which may potentially affect the safety and wellbeing of people using the service.

The registered provider did not have effective governance systems in place to continually assess, monitor and review the service so that required improvements could be identified and acted upon, including mitigating risks to people who used the service.

Despite concerns about the registered providers knowledge and effective governance systems most people told us they received good care and support.

We have made recommendations about care records so that staff had the information about how to best support the person and to reduce or eliminate the risks associated with their care and support. This included risks associated with the health, safety or wellbeing of the person.

The registered provider did not have effective recruitment processes in place. When staff were recruited, the system in place had not ensured all the relevant information and documents required were obtained before the staff member began working with people.

There was an insufficient number of staff to provide people with safe care and treatment and protect them from harm. The registered provider acknowledged the current staff team was insufficient to enable people to receive calls at regular times. This meant the registered provider was carrying out some of those calls to ensure calls were covered, but this had meant some of their other responsibilities as a registered provider had not been established or effective in practice.

Currently, the service was relying on training staff had received in previous roles so that they had the skills, knowledge and experience to deliver effective care and support. This meant that staff may not be aware of best practice or current guidance in care. Regular supervision for those staff was not established for the service to assure themselves staff were delivering effective care and support in accordance with their own vision and values and policies and procedures.

People who used the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, care records did not always contain information about people who had the legal authority to make decisions on behalf of the person where they lacked capacity.

There was a system in place to manage complaints, however, one person was not confident the registered provider listened and dealt with their concerns. We found a record was not made of the concern either as a complaint or incident. Other people and relatives said they had no cause to complain.

Staff were familiar with people's individual needs and were able to describe how they maintained people's privacy and dignity, which was confirmed by people who used the service and their relatives.

The inspection found one breach of the Health and Social Care Act 2008 Section 33 Failure to comply with conditions of registration, one breach of the Care Quality Commission (Registration) Regulations 2009 Notice of absence and four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review, and if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Safe systems and processes were not always in place to safeguard people from avoidable harm or abuse, including assessing and recording the outcomes of individual risks, the recruitment of staff, the management of medicines and sharing this information as required with other organisations.

The size of the staff team required improvement so that people's needs and preferences of call times were met.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff were trained to provide care and support to people who used the service, but supervision was not consistently used to support staff to develop and progress their skills.

Staff sought people's consent to care and treatment, but records did not always include the person who had legal authority to make decisions on behalf of people where they lacked capacity.

People's needs and choices were assessed and care and support plans established, but these could be improved by including greater detail.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

Improvements were required around the service's understanding of storage and accessing people's information electronically and that they were registered with the organisation responsible for regulating this.

People and relatives reported staff were kind, caring and respectful.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

Care plans lacked detail in how staff needed to respond to people's needs so they received personalised care.

One person was not confident their complaints were listened to and taken seriously and improvements made. We found this complaint had not been recorded as a complaint or incident.

**Is the service well-led?**

The service was not well-led.

The leadership and management of the service required improvement so that they understood their regulatory responsibilities and all people who used the service were provided with care that met their needs.

Quality monitoring systems required establishing or improving so they were effective in ensuring compliance with regulations and improving the service.

**Inadequate** 

# Prelle Healthcare

## **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 registered provider was 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.

We identified during the planning process that the registered provider was operating in breach of their conditions of registration, in that they were operating from a location address that was different to that they had registered.

Inspection activity for this inspection started on 23 May 2018 and ended on 30 May 2018. We gave the service 48 hours' notice of the inspection site visits so that people who used the service could be contacted about us visiting them at home and because the service is small. When we visited the office, we wanted to ensure the registered provider who was managing the service would be available. The inspection team consisted of one adult social care inspector and one assistant inspector.

Before our inspection, we reviewed the information we held about the service. This included the service's inspection history and registration information. We also contacted commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

The provider had not responded to a request on 8 February 2018 to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed the feedback received from seven people, four relatives, three staff and the registered provider. At the office visit we also spent time looking at records, which included seven people's care records, three staff records and other records relating to the management of the service, such as quality assurance.

# Is the service safe?

## Our findings

The service had procedures in place to minimise the potential risk of abuse or unsafe care. These required reviewing so that they included up to date information about regulations, details of where staff may raise safeguarding concerns outside of the service and that people do not have to consent to the safeguarding concern being shared so that they and others are protected from harm. A summary of the service's expectations in regard to responding to suspected abuse was in the employee handbook provided for staff.

Staff had received safeguarding training in previous employment but our discussions with staff identified further training would improve their knowledge on the subject. This was because some staff linked protecting people from abuse and harm with people's individual and environmental risks that may place their safety at risk. For example, comments included, "Safeguarding is about keeping people and their documents safe and confidential. I would report abuse, such as financial or physical abuse or if they're not safe" and "I would contact my manager if I found anything that would be a safeguarding – I had to report one recently as there was a fire in a house. Behaviour is also something we would report under safeguarding."

When we spoke with people and their relatives they told us they were confident they were safe with staff. Comments included, "She's safe because if not she'd say. We have absolute trust. I've seen how they operate," "Yes, I find them very friendly and I get on with them alright which helps" and "Yes, I generally feel safe with the staff." People and their relatives also told us that if they began not to feel safe they would tell others.

The service only dealt with financial transactions for one person we spoke with. They were satisfied they were protected against the risks of financial abuse. They said, "They do a bit of shopping. They give me receipts." In our discussions with staff they told us they dealt with very few financial transactions. One staff member said, "The only thing we do in relation to finances is shopping. We put receipts in the house for what we have spent. The person passes us money to go to the shop but on these calls, there are two staff." We were able to verify the system in practice through audits the manager had undertaken. This meant there were systems in place to protect people from financial abuse.

The registered provider did not have a policy in place for keeping security codes for access to people's property. However, we found there was a system in place to protect these. When we asked people and their relatives about this they commented, "I'm confident it's safe. It's not changed when someone leaves, but other people use it," "There is a key safe on the back door they use sometimes. Sometimes I let them in. They ask if I want it locking back up and they always make sure its locked if they put the key in there" and "I do have a key safe and the staff use it correctly." However, one complaint had been made to the service about them using the key safe in a way that was not safe.

People and relatives in our discussions with them told us the service responded to incidents, accidents, concerns and safeguarding events. One relative said, "Recently [relative] had a bath lift installed, because they have a cast iron bath. The first time they used it [staff member] caught [relative's] finger in it. They



reported it to us. They tell us everything and everything goes in the book, so we know about it, [relative's] mood, falls etc. There's body maps in. If there's been an incident they always text or telephone. Staff are not necessarily there for the falls, but [relative] tells them."

We spoke with staff about the reporting of incidents and accidents. They said, "If an accident had happened I would ring an ambulance depending on how bad it is. I would document it and ring the manager" and "Straight away we check the person over and then speak to the manager and then the family." This meant staff had a good understanding of what to do in the event of an accident or incident to protect people from avoidable harm.

Accidents and incidents were not recorded and there was no system in place for analysis to identify patterns and trends. The registered person told us there had been no incidents. We discussed information we had been told and that these were incidents. The manager's audits also identified gaps in medicines administration, which had not been reported as incidents. The registered person also confirmed information we had been told by a person that they had run out of medicines. This had not been recorded as an incident. However, the registered person was able to demonstrate they had identified improvements were required with medicines management and how they had taken action to address this.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014, Good governance.

We checked there were sufficient numbers of staff employed to meet people's needs.

People and relatives told us a consistent team of care staff who were reliable attended, but some reported that there was inconsistency and variability in the times of the calls. Comments included, "I have no problems with carers. There are occasions when they've not arrived on time or are late, but it's generally because of concerns at a previous call. It must have happened to other people as well, because they have stayed with my relative waiting for an ambulance when there's been an emergency. The only thing is when they're late, they don't ring and times of calls are inconsistent. For example, [relative's] breakfast call should have been 9:30am. They arrived 10:10am, as apparently someone rang in sick. On a different day the call is 8:00am, but they have a time band between 7:00 – 09:30," "It depends. Sometimes they are on time, sometimes they're not. If they are late they let me know" and "Sometimes they come early and late. It can be an hour or half an hour early or late."

When we spoke with staff they described the system in place for monitoring calls. They told us an electronic system was in place, that enabled the registered person to identify where they were at any given in time and what time calls were being attended to. Staff told us there had been times when there was insufficient staff to cover calls, but staff were being recruited. Comments included, "I think that the call times are fine, sometimes it can run a bit over, travel time can be a bit of a problem, there's not much allowance for traffic," "I don't think there is enough staff. Travel time is ridiculous" and "I think there's only about four staff. Most of them have left. It can be difficult. It's not realistic the amount of travel time we are given."

During our visits to people we checked the times staff visited to carry out calls. One person had a visit in the morning and evening for the administration of medicines. The call times in a morning ranged from 8:30am until 10:00am and in an evening 19:10 until 20:00.

The registered manager confirmed the system used to monitor call times was an electronic planner. They confirmed the service had five staff, covering 23 people (160 hours). The registered person acknowledged that there had been a high turnover of staff, because they were given too many hours and five staff provided

insufficient flexibility to carry out calls to people at regular times or so that sufficient staff were available to cover in the event of an emergency. They told us that they were taking steps to address this. This included taking no further packages of care until they had a larger staff team and recruiting more staff.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014, Staffing.

We checked systems in place for the recruitment of staff to ensure that fit and proper persons were employed. There was a recruitment and selection policy in place. This required review so that it included all the information and documents required by the regulations.

We checked the recruitment process for three staff. In each of the three files there were gaps of information and documents required by the regulations including a written explanation of any gaps in employment, photographs as proof of identity, no record of a DBS check and satisfactory information about a person's health to ensure that they were able to perform the tasks required of the role. A DBS check provides information about any criminal convictions a person may have. In addition, all the three staff commenced work without this being received. This meant the registered provider did not have robust recruitment procedures to ensure people who used the service were not placed at risk of harm. We discussed issues around equality and discrimination in the recruitment of those staff.

This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014, Fit and proper persons employed.

There was a safe handling, management and administration of medication policy in place, which identified how medicines were to be managed safely. However, when we checked people's records this was not being followed, which meant people's medicines were not always being managed in a safe way.

For example, on our visit to one person there was no record that identified the medicines to be given to the person. There was only a record of medicines administered to the person. There was one gap where a medicine had not been signed for. We could not determine whether it had been administered as there was no record of the stock of medicines. The gap had not been reported to the office when we visited.

We discussed the procedure for the safe management of medicines with the registered person. This identified there was no check in place that medicines recorded on the medication administration record were the prescribed medicines to be administered. In addition, where medicines were received in a dosette box (a system used by pharmacies placing medicines to be taken at the same time, in the same box) they just recorded 'NOMAD' and there was no record of the medicine that had been administered. We discussed how this might be unsafe with the registered manager.

For another person a medication information and assessment was in place. The document was not fully completed, which meant there were gaps in the information, such as the monitoring system for the medicines and how the service would support the person with their medicines. Under details of medicine's records it stated, 'see picture of NOMAD on system'. There was no picture of medicines that should be on the NOMAD on system. The registered person provided an example where the same system was in place. The picture showed the medicines in the NOMAD for a specific week. We discussed that this could change and therefore the information of medicines to be administered would be incorrect.

The service also administered 'warfarin'. Warfarin is a medicine prescribed to prevent harmful blood clots from forming or growing larger, with the dosage carefully monitored. There was no record of the dosage to

be prescribed. This meant people were at risk of receiving the wrong dosage.

The registered person also told us the procedure for administering medicines was to sign the medication administration record when the medicines were taken from the box or NOMAD. This meant there was the risk of incorrect/corrective records being kept as people may refuse their medicines and the MAR would already be signed. When we identified the risk associated with this to the registered person who said if people refused their medicines staff would record the information.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014, Safe care and treatment.

Staff had completed training in infection control and food hygiene. This meant they were provided with information of the procedures in place for minimising the risk of infections. Staff's understanding was confirmed in discussions with them including the provision by the service of appropriate personal protective clothing such as disposable gloves and aprons.

People and their relatives confirmed staff were clean and well dressed and wore gloves, but not always an apron. This meant people who used the service and staff were protected from potential risks associated with food and infection when staff delivered personal care.

## Is the service effective?

### Our findings

We checked staff had the skills, knowledge and experience to deliver effective care and support to people.

In our discussions with people and their relatives they felt staff were sufficiently trained and competent in their role. One person said, "I think they're well trained, it's experience for the younger ones."

When we spoke with staff they told us they received training relevant to their role and that they felt competent in their role. Comments included, "I have done a care course when I was in my last job, nothing with this employer. I have had no training with this employer – I had shadowing – [the registered provider] will be enrolling me on courses. A lot my of induction was around shadowing. [The registered provider] talked me through things – I shadowed her, she shadowed me. She made me aware of policies and procedures – I got the policies in writing." One staff member was unclear what training they had done. They recalled dementia training, but not with this company, moving and handling, first aid and health and hygiene. They had not covered Lesbian, Gay, Bi-sexual, Transgender + (LGBGT+) training. Another staff member told us they'd done equality and diversity training, but had no training around LGBT+. This staff member said, "I've had no training really. I have done moving and handling of my own accord."

We asked the registered provider about their oversight of the training staff had received. The registered provider told us at the moment they had no oversight of staff training. They were collating a matrix that had been explained by the local authority who contracted services with them, but the registered provider told us at this moment in time the information could not be relied on for evidence.

The registered provider told us originally they only employed staff who had relevant training, because they didn't have a facility to provide this. Since then they have had some training from the local authority that contracts with them that staff can complete on-line, but the registered provider said staff don't do it because it's in their own time. They have now contracted with an independent training agency to provide staff with training. We discussed with the registered provider that they were limiting the staff they could employ and potentially discriminating against groups of potential staff because of developing training opportunities.

We checked the staff files for documentary evidence of training they had received. We found a wide variety of training, but all had been completed prior to commencement at this service. The training included the Care Certificate, Food Hygiene (Level 2), moving and handling, medicines, safeguarding, first aid, infection control, health and safety, dementia, Mental Capacity Act, fluids and nutrition, communication, equality and diversity, complaints handling and conflict management and introduction to the caring profession.

The registered provider told us they assured themselves of staff competence by spot checks (workplace observations – including medicines and moving and handling and making sure staff training was up to date. We checked and found only one staff member had received a 'spot check'. This included that staff were wearing identification, checking the care plan and wearing and following infection control in practice. Whilst the spot check pro forma prompted to check that staff was familiar with information about the person, the

care plan, safeguarding and that the staff member respected the privacy and dignity of the person these sections had not been completed. The check identified the staff member was not wearing identification, but had not yet been provided with this. There was no action plan to identify the steps taken to rectify this and that it had been completed. The registered provider acknowledged the system was not yet embedded within the service.

The registered person told us they had a system in place for supervision, but not all staff had supervision, because they had not employed long enough and no appraisals had been carried out as staff had not been employed 12 months. Supervisions are individual meetings staff have with a manager or senior member of staff to discuss their role, responsibilities and learning needs. Appraisals are a process for individual employees where the employee and their manager discuss the employee's performance and development, as well as the support they need in their role. It is used to both assess performance in the last twelve months and focus on future objectives, opportunities and resources needed. We checked the file of one staff member who had been employed long enough to have received an individual supervision. None had been completed, other than one 'spot check'.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014, Staffing.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

Staff had received training in the MCA in previous roles. Further training would benefit staff understanding as when we asked how this might impact them in their role they said, "I have heard of it. I think it's about decision making. I had training with my previous employer" and "It's about consent."

When we spoke with the people and their relatives they were satisfied staff did not carry out tasks that restricted their rights. One person said, [Relative] can make decisions, but chooses not to. [Family] have Power of Attorney. [Staff] don't make her do anything she doesn't want." Power of Attorney is where legal authority has been granted for someone to represent or act on another's behalf in private affairs, business, or some other legal matter. We found when we looked at this person's records there was no record to confirm this. Without a complete and accurate record of a person's circumstances means there is a risk decisions may be made without appropriate legal authority.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014, Good governance.

We checked people's needs and choices were assessed and delivered in line with current legislation, standards and guidance.

Not everyone who used the service or their relatives could remember being asked for their opinions or their

involvement in the assessment process to make sure they could share what was important to them. Where they had been comments included, "We met [manager] and we put plan in place, but it has changed significantly since then – it was once or twice a day, but now support's increased to four times a day," "Yes they assessed me – they looked at my home to look at the number of handrails and things and the Occupational Therapist has been too. They went all around the house and made sure it is like it should be with support" and "They have done risk assessments once and they asked me once about my care needs."

When we reviewed people's care files, we saw assessments took place with a reliance on the assessment information provided by the contracting authority. There was inconsistency in the level of detailed information within the service's own assessment information. The registered provider told us information about all aspects of their care and any personal characteristics would be discussed at the assessment, as would the preferred method of communication. We did not see this during our reviews of care files.

We checked and found people were supported to eat and drink where this had been identified as a task to be completed through the assessment planning process. Comments included, "We provide ready meals and salads/sandwiches for lunch. They assist with breakfast and hot drinks and leave drinks," "They give me a microwave meal at night time" and "They microwave food for me if I ask."

When we spoke with people and their relatives they told us they did not require any specific assistance with their meals, but an assessment of their needs had not been recorded. In addition, the daily records showed inconsistency about whether there was a need to record people's dietary requirements.

We checked and found people required no specific assistance with their routine access to health services, but if support was required this was provided. Comments from people and their relatives included, "I [look after my health care] myself, but last week they phoned for an ambulance because I wasn't making sense. I think I had a water infection. They are on the ball with all that stuff," "They have stayed with my mum waiting for an ambulance when there's been an emergency" and "They have never had to get the doctor out. They have advised me to call the doctor, but they have never called the doctor or maybe they have just once."

## Is the service caring?

### Our findings

Information which was held at the service's office was securely stored. There were paper based records which were kept in locked filing cabinets and information which was stored electronically was password protected. However, we found an occasion when a password was shared so that information could be shared. Also, we were unable to access some information relating to a complaint because a staff member held that information on their computer, which meant the registered provider did not have access to that information. The registered provider was not aware of their responsibilities to register with the Information Commissioners Office and could not assure us of their registration.

Most people who used the service and their relatives we spoke with told us staff treated them with compassion, kindness, dignity and respect. Comments included, "They chitter/chatter with [relative] regardless, because [relative] can be pedantic and awkward. [Relative] is downright rude with the younger carers. [Staff member] is so patient," "They're friends more than carers. They hug each other. They're always willing to do additional tasks," "It's complete security for me. It's a bit of companionship and gossip, because otherwise I don't see anybody. They do make errors, but they're young. They should be given a chance. It's a hard job," "They're very nice people and are very friendly. We have a laugh and a joke if we want to," "They're more like friends," "They always talk friendly to us and are very kind" and "They just come in and go. They don't say much. There's only one carer that speaks really. They want to get off as soon as possible that's how it seems to me. I don't really have any relationships with the staff except for [staff member]. She is a good carer."

No-one expressed any concerns about care staff attitude or behaviour.

The high turnover of staff meant that whilst staff were familiar and knowledgeable about people's individual needs, their likes, dislikes and routines, people and their relatives reported that staff just got to know them and then moved on.

People were provided with a service user guide, which included key information about the service and explained the standards they could expect from staff working for the agency.

Discussions with the registered provider demonstrated a passion that the person who used the service was assisted to express their views so that everyone, including other stakeholders involved in their care understand their views, preferences, wishes and choices.

When we spoke with staff, they expressed commitment to providing a good service for people who used the service. When we spoke with staff about what caring meant to them and the service's expectation of this they said, "I would say it's about caring for a person. Every home we go to has its tasks with bathing and tablets, but it's about caring and being a friend," "I have one that's bed bound. It's just about talking to them and listening. It's nice to see people happy" and "I ask the person to make sure I am doing what they want me to be doing and make sure I am not doing things they don't want me to be doing, I respect their wishes. It's about being nice to the person and treating them with respect and knowing I have done something

good."

People and their relatives were able to provide examples of how staff treated them with dignity and respect and maintained their privacy. They told us staff involved their relative and themselves, if necessary, in making decisions about their care and support. One person said, "They knock on the door and they make sure the door is closed when I'm getting washed and dressed."



## Is the service responsive?

### Our findings

We checked people received personalised care that was responsive to their needs.

A care plan had been developed from the knowledge gained during the assessment process and other information provided from health and social care professionals. Most people and their relatives told us they had been involved in this process. People and their relatives told us changes to their needs were identified promptly. Comments about the service's responsiveness included, "We met [manager] and we put plan in place, but it has changed significantly since then. It was for once or twice a day, but it's now increased to four times a day. They're very accommodating with changes. They do it as soon as possible when they're able to facilitate it on a staff rota," "I'm always grateful when I hear the key in the door and they shout. It's a good start to the morning," "I never look but there is a book they fill in, but I am confident with them that they are doing what they should," "If we want to go somewhere we let them know and they organise a time around this," "I was having trouble getting my legs into bed so they are now coming to put me to bed, but I sleep in the chair" and "If I want anything I have to ask for it they don't ask me. I know I have a care plan, but they don't discuss it with me."

When we asked staff how they knew the care and support required for people one staff member said, "When shadowing with my manager I went through the books, so I knew what they liked and didn't like. We put notes in cupboards so if they have gone off something food wise, the next visitor knows."

We recommend the service seek advice and guidance from a reputable source about records in care files including more detail within the care plans about individualised routines, likes and preferences as many aspects of care were identified in a tick box approach or one-word answers and sentences. Likewise, daily notes we looked at contained information that confirmed people's needs were met, but lacked detail. For example, breakfast and drink, rather than the detail, particularly where some of the visits were about encouraging the person to eat.

Discussions with the registered provider and staff identified the service had not fully implemented the Accessible Information Standard to identify and record how they were going to meet the information and communication needs of people with a disability or sensory loss.

We checked and found the service listened and learnt from people's experiences, concerns and complaints.

The registered provider told us they had received one complaint. We found the complaint had been acknowledged, investigated and a response sent to the person making the complaint. However, access to the response was not available as it was on a staff member's computer that the registered person did not have access to.

However, one person was not confident that if they complained, they would be taken seriously, and their complaint or concern explored thoroughly and responded to in good time and improvements made. They said, "I would speak to [manager] but every time I talk to her it doesn't seem to get through. When I have

complained about not receiving tablets on time, they said they had to order them and try to blame the chemist." The registered provider confirmed this person had been without their medicines and the circumstances but it was not logged as a complaint or incident.

Other people and relatives were confident their complaints would be listened to and comments included, "I've never had to report a complaint" and "I have never really had any grumbles."

## Is the service well-led?

### Our findings

The service provided policies and procedures we asked for during the inspection. The policies and procedures were not signed and dated and did not identify when they had last been reviewed. We found some of the policies and procedures contained information that was out of date, did not reflect the practices of the service or were not embedded in practice. This included the complaints policy, training, supervision and appraisal, medicines, recruitment, safeguarding and quality assurance.

The quality assurance policy and procedure identified key milestones and quality assurance measures. This included monthly audits to be carried out including accident reports, bed rail usage, care profiles, complaints and compliments, falls analysis, infection control, medicines and pressure sore audits. This had been identified as a way to provide statistical information for the management team to analyse and review working practices. In addition, customer satisfaction surveys around key areas of the service such as care, privacy and dignity, staff satisfaction, staff development and staff 'your voice' meetings to be held. We found these audits were either not carried out in practice or embedded. For example, the service had only recently begun auditing daily reports that were returned to the service. We found an action plan had been completed, but not how it was to be met. We found where improvements had been identified with medicines these had been addressed via a team meeting, but this did not reflect the service's policy/procedure and there were still risks associated with safe practices as shown by our findings on this inspection. In addition, improvements required with individual staff practice had not been recorded within staff files, which meant there was no record of the oversight of individual staff practice.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014, Good governance.

There was a registered manager in post at the service who was the same person as the director of the registered service. The registered person had not fully demonstrated their understanding of their responsibilities as a registered provider. For example, they were operating in breach of their conditions of registration, in that they were operating from a location address that was different to the address they had registered. They had not notified us of this, so the inspection was carried out at a different address than that identified on this inspection report. In addition, the registered person/manager had been absent from the service for more than 28 days. It is a legal requirement for registered providers to notify us about any absence of the registered manager that exceeds 28 days. This is because we need to be assured that in their absence the service is managed by a competent person who understands their legal responsibilities. Notifications are actions that a registered provider is legally bound to tell us about including any changes to their regulated services or incidents that have taken place.

This was a breach of the Health and Social Care Act 2008 Section 33 Failure to comply with conditions of registration and Regulation 14 of the Care Quality Commission (Registration) Regulations 2009 Notice of absence.

The service had a Statement of Purpose. This did not include all the information required by the regulations

and we asked the registered provider to review this and include all the relevant information.

The service had not returned their provider information return that we had asked for prior to the inspection, to assist us in our planning our inspection. The registered provider was unable to explain why this might have been.

We found the registered person had a vision and culture of the service, but the fact they had been absent from the service and a high staff turnover meant they had to deliver care calls and this had impacted on their ability to have oversight of the service and ensure staff were following policies and procedures.

Our discussions with most people who used the service and their relatives told us they were confident in the way the management team operated the service. Comments included, "They're a very caring, adaptable, amenable company. Staff reflect the same standard and don't work any differently. They adapt quickly to changes. They listen to me as well as [relative] and give advice (about equipment). I'd recommend them to others," "Yes, I think it's well managed because the person that owns Prella care often comes out herself to do care. It's a good culture, they care" and "I think it's a caring orientated culture, they do try their best. I'd rate them 8/10."

One person was not confident in the management of the service and thought the approach was task orientated and felt they should take more responsibility. They rated them 5/10. Another person didn't know if it was managed well and said, "She is a lovely person, but I think she tries to run before she can walk between you and me."

Discussions with staff told us managers at the service recognised and valued the work they carried out and were supportive. All staff would recommend the service to others, but felt improvements were required with the numbers of staff available to carry out visits and for increased travel time provided between visits.

One member of staff felt all staff were not treated fairly and equally, but was unable to expand on this. One staff member said, "I came from a care home. This is 100 times better. [The manager] phones us. She sends weekly texts to see how people are and we have a meeting every few weeks." This comment about support from the registered provider in the way of telephone calls and texts was confirmed by all staff.

Discussions with the registered provider at the service told us they were driven to improve their knowledge and practice and to ensure their learning transferred to good outcomes for people, but there was a reliance on other organisations to identify how the service could improve.

As part of our planning for the inspection the local authority told us they did not have many concerns or intelligence about the service and had been working with them for about a year and had only received three incident reporting forms. They told us they had been working and supporting them through the implementation of systems and working to the Sheffield City Council Framework contract. They reported the service had been engaging, taking on board suggestions and advice and that they wanted to provide a good service and get things right. They felt this had been hindered by the absence of the manager for a period of time from the service.

Staff received a staff handbook which included information about the agency and other information they needed to access whilst working such as their roles and responsibilities and relevant policies and guidance.

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 14 Registration Regulations 2009 Notifications – notices of absence</p> <p>The service provider must give notice to the Commission if they propose to be absent from carrying on or managing the regulated activity for a continuous period of 28 days or more, including the arrangements which have been made for carrying on and managing the regulated activity in their absence</p>
Regulated activity	Regulation
Personal care	<p>Section 33 HSCA Failure to comply with a condition</p> <p>A person who is registered in respect of a regulated activity must comply with any condition in relation to the registration or are guilty of an offence</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for people</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were either not established or operating effectively to either assess, monitor and improve the quality and safety of the services provided or mitigate the</p>

risks relating to the health, safety and welfare of people. This included maintaining securely an accurate, complete and contemporaneous record in respect of each person.

## Regulated activity

Personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures must be operated effectively and information specified in Schedule 3 must be available in relation to each person employed.

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced people must be deployed and people must receive such appropriate support, training, supervision and appraisal as is necessary for them to carry out the duties they are employed to perform.