

Prelle Healthcare Limited

Prelle Healthcare

Inspection report

XMP Offices
Station Road, Ecclesfield
Sheffield
S35 9YR

Tel: 01144427571

Date of inspection visit:
05 January 2023
13 January 2023

Date of publication:
09 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Prelle Healthcare is a domiciliary care agency providing personal care. At the time of our inspection there were 27 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Since our last inspection the registered manager had improved governance systems. Audits were in place to help identify concerns and the registered manager took actions to address them. We found some gaps in documentation. However, the registered manager knew the service well and staff knew people well and therefore there was no impact on the service people received. We have recommended records are updated to ensure they are clear, concise and include relevant updated information.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks associated with people's care were identified and managed to keep people safe from harm. People were safeguarded from the risk of abuse. People received their medicines as prescribed by staff who were trained and competent to administer medicines.

The registered manager kept a record of accidents and incidents and identified trends and patterns to minimise future incidents. There was a recruitment procedure in place which assisted the management team to recruit suitable staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 April 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced inspection published 26 April 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prella Healthcare on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Prelle Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by an inspector 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 care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 5 January 2023 and ended on 13 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke with the registered manager about governance systems on the 11 January 2023. On the 12 January 2023, we spoke with 3 people who used the service and 8 relatives. We spoke with the registered manager and gained feedback from 3 care staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff told us they had received training in safeguarding and knew what action to take if they suspected abuse. One staff member said, "I am able to speak to management about any safeguarding issues no matter the day or time."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and managed safely.
- Risks were documented in people's care records, however some lacked detail. After speaking with staff and management we found people were supported appropriately. Therefore, this was a documentation issue and there was no negative impact on people who used the service. We have addressed this in the well led section of our report.
- People we spoke with felt safe while receiving support from the service. One person said, "We always feel safe when they [staff] are here. They [staff] are respectful and they make sure we have what we need." One relative said, "They [staff] call me and notify me if [relative] has a fall. [Relative] has a pendant alarm so we have the security of that too. They [staff] will also ring me if they feel [relative] doesn't look well. They [staff] have got to know [relative] quite well."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The registered manager followed a recruitment process when selecting new staff.
- Staff we spoke with confirmed they had to provide references and have a Disclosure and Barring Service check (DBS) prior to them starting work. DBS checks provide information including details about convictions

and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider had a call monitoring system in place to ensure calls and call times were monitored. One person said, "They [staff] come within the time frame, half an hour either side of 8am, if they are going to be later, they will ring and let me know." One relative said, "They [staff] always turn up and they will ring if they are running late."

Using medicines safely

- People received their medicines as prescribed and had a medication administration record (MAR) in place to show what medicines were given and when.
- MAR sheets were viewed by the management team at regular intervals, to ensure there were no gaps or errors.
- People we spoke with told us they received their medicines on time.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. The registered manager completed spot checks and ensured staff were practising good infection control.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff told us they had access to PPE as required and were knowledgeable about infection control procedures such as good hand hygiene.

Learning lessons when things go wrong

- The registered manager had a system in place to record accidents and incidents and took appropriate actions to mitigate future incidents.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure systems to assess, monitor and mitigated the risks relating to the health, safety and welfare of service users and others were effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to governance systems since the last inspection. Systems in place were identifying areas for improvements and actions were taken to address any concerns.
- The registered manager understood the regulatory requirements to notify CQC of incidents of concern.
- We found some documentation lacked detail and we spoke with the registered manager who took swift action to address these concerns.

We recommend documentation is reviewed to ensure information updated to ensure it is clear, concise and detailed.

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

- The registered manager and staff knew the importance of providing person centred care and support.
- One staff member said, "I always respect the clients wishes or beliefs. Giving a client respect and understanding helps you both works together." Another staff member said, "Person centered care means it is tailored to the needs of that client to promote independence."
- One relative we spoke with said, "The carers have been great, friendly and kind, [relative] really gets on with them [staff]." Another relative said, "They [staff] have been a godsend. They used to come once a day now they come three times a day and they do everything I need them to and everything I ask of them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager knew her legal responsibility to act on the duty of candour and told us they were open and honest when things went wrong.
- The registered manager and staff worked with other professionals to ensure people received person centred support which met their needs.

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

- The registered manager sent questionnaires out to people and staff to obtain their feedback about the service.
- This process was carried out annually and was last completed in April 2022, with a positive outcome.
- People we spoke with felt the provider communicated well with them. One person said, "I have good communication with the office. If I need to call them, they [staff] will answer and it's no problem if I need to cancel a call or rearrange. They [staff] keep me up to date with all I need to know."