

Precious Support Services Limited

Precious Support Services

Inspection report

Kingsley House
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Warwickshire
CV32 4JG

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Precious Support Services is registered to provide personal care to people living in their own homes, including older people who have a physical disability or people living with dementia.

At the time of our visit the agency supported 46 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do provide personal care, staff also consider any wider social care provided. The agency supported 39 people who received personal care. Some people who received personal care required support 24 hours a day as a 'live in' service, while other people received support at pre-arranged times. Care calls were a minimum 30 minutes.

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

People and relatives were very complimentary about the support they received. A typical comment was, "We can't fault them."

People felt safe with care staff who supported them in their own homes. Relatives said staff were respectful of people's environment, personal belongings and how they wanted their care provided. Staff knew how to protect people's safety and welfare. Care staff were trained in safeguarding adults and staff understood how to protect people from abuse and poor practice.

The providers recruitment processes continued to recruit staff with the right attitudes and values. There were enough staff to ensure people's care calls were completed on time and for the right amount of time, by a consistent staff team who knew people's needs and routines.

Safe procedures to manage people's medicines and to prevent the risk of infection were understood and followed by staff. Regular checks ensured potential risks or errors were kept to a minimum.

People and their relatives made decisions about their care and were supported by staff who understood and followed the principles of the Mental Capacity Act 2005. 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.

People described staff as thoughtful, kind, caring and respectful. People felt comfortable when they received support because staff respected their individual rights to privacy, dignity as well as promoting their independence.

Care plans were personalised to support the person centred care the registered manager described was fundamental to their service. Some care plans we reviewed needed updating to ensure staff continued to provide the care people needed.

People were in control of how their care was delivered and ongoing reviews ensured it remained what people needed. Staff got to know people well, especially their individual routines and preferences.

The provider's governance systems were operated and managed effectively to ensure good care outcomes for people that continued to meet their needs. Daily records and medicines records completed in people's homes were regularly checked so any issues could be addressed without delay.

There was an experienced registered manager who was also the owner/provider. The registered manager and office staff team provided strong support to people they cared for and to their staff team. The registered manager was committed to providing a good quality service to people. It was evident they followed their own philosophy which was to 'stay small because we know everyone'. People, relatives and staff found the management team open, approachable and responsive and they trusted the provider.

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 Good (published 1 February 2017).

Why we inspected

This was a planned and announced inspection based on the rating at the last inspection. The previous 'good' service provided to people had remained consistent.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Precious Support Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On 7 August 2019, one inspector carried out this inspection.

Service and service type Precious Support Services provides a domiciliary care service to people in their own homes. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the owner/provider.

Notice of inspection

This first day of our inspection was announced.

What we did before the inspection

The inspection was announced. The registered manager was given 48 hours' notice because they provide care and support to people in their own homes. We needed to be sure that someone would be available at the office to speak with us.

We reviewed information we had received about the service since the last inspection. The provider completed a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, this information was not available for us to see during our planning because of technical reasons. We gave the registered manager opportunity to show and tell us what was written in the PIR through examples and evidence we saw during our visit. We took this into

account when we inspected the service and made the judgements in this report.

During the inspection

Inspection site visit activity started on 7 August 2019 and was concluded on 14 August 2019. On 7 August 2019 we visited the office location to speak with the registered manager, a care coordinator, a deputy service manager and a training and personnel manager (all these staff and the registered manager provided care to people). We reviewed a range of records. This included examples of three people's care records, daily records and medicines records. We reviewed a variety of records relating to the management of the service such as audits, complaints, compliments and people's overall feedback about the service.

Following the inspection

We spoke on the telephone with one person and five relatives to ask them to tell us about their experiences of using this service. We spoke on the telephone with a further three 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's individual risks were assessed prior to care being provided. These assessments were included into care plans that described the actions staff should take to minimise the identified risks. For example, using two staff and the correct sized slings to transfer people safely.
- Specific risks around people's mobility, eating and drinking and known health conditions were recorded and updated. For one person who needed staff to feed them via a tube direct into their stomach, staff followed step by step processes to minimise risk of infection and obstruction.
- Staff were consistent in their knowledge which showed they knew how to manage these risks safely.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from abuse. One staff member said, "I would report it to the office or I would tell CQC...I have all the telephone numbers." Staff would share any concerns with the management or office team and they had confidence action would be taken.
- The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC).

Staffing and recruitment

- Sufficient staff levels ensured people received their care calls when needed. People said staff arrived at the times expected and on occasions, stayed longer than was planned.
- Staff work schedules were usually prepared one week in advance, and showed calls were scheduled routinely to the same staff at the same time. Where two staff were needed, the same staff were usually paired together to ensure consistency. People confirmed staff teams remained consistent.
- During our planning we did not identify any concerns with staff recruitment, so we did not review staff files. The registered manager told us their recruitment processes continued to include checks to ensure staff who worked for the service were of a suitable character, Checks included references, criminal record checks and regular observational staff practice to ensure staff continued to be safe to provide care.

Using medicines safely

- Where people were supported to take their medicines, this was recorded on medicines administration records which were regularly checked to limit errors or missed medicines.
- People told us staff made sure they took their medicines as prescribed.
- Staff received medicines training and observational checks on their competency and practice to ensure

they were safe to administer medicines.

Preventing and controlling infection

- Staff wore personal protective equipment (PPE) such as gloves and aprons when providing personal care or preparing and serving food. PPE was available to staff to encourage them to follow good infection control and hygiene practice.

Learning lessons when things go wrong

- The service recorded accidents and incidents. Information included details of the accident/incident and the immediate actions taken. The registered manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any future re-occurrences. For example, medicine errors were reviewed and the registered manager was confident it was a recording issue rather than staff not giving the person the medicines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The managers understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- No one using the service at the time of our inspection lacked capacity to make every day decisions or had restrictions on their liberty.
- Staff completed MCA training and people confirmed staff gained their consent before they provided them with assistance. Staff communicated in different ways to seek people's consent, such as observing non-verbal cues or seeking support from family members. Staff made decisions with the person's best interests in mind.
- Some relatives had the authority to make certain decisions on behalf of their family member. Copies of authorisations were not available to confirm what decisions relatives were able to make. The registered manager told us they would request these.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Assessments included people's care and support needs, likes and life style choices. This ensured people's needs could be met and protected characteristics under the Equality Act 2010 were considered.

Staff skills, knowledge and experience

- Without exception, people and relatives said staff were knowledgeable. One relative told us, "Staff know what to do - they take the lead. I see how staff give the care...they are very knowledgeable and experienced in how to provide it."

- Staff had the training they required for their role and they received supervision and appraisal. This meant that staff had opportunity to discuss their learning and development needs and their performance. Refresher training courses had been planned and oversight from the provider checked training was completed. The training manager had completed a 'train the trainer' course in moving and handling so they could provide ongoing support and advice to staff when people needed mobilising.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were independent so could choose and prepare their own meals and drinks, or, family members helped support them.
- Where people had specific needs related to how they received their food and fluids, this was followed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People made their own health care appointments or had family who supported them to arrange these.
- Staff monitored people's general health and knew to report any concerns to people's family and to office staff. A relative told us, "I get a lot of back up (for relative) from dieticians, speech and language and the GP." They said, "We all work as a team." Another relative said staff were always keeping them updated.
- The management team and staff worked closely with health and social care professionals to improve outcomes for people, including social workers, GPs and district nurses.

Adapting service, design, decoration to meet people's needs

- People were supported in their own homes so had the choice to live their lives as they wanted. Environmental assessments were completed so staff knew what to do in the event of emergency in people's own home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider respected people's choices to receive care from the gender they preferred. This helped to reduce people's anxieties, specifically around personal care. People said they had the gender of staff they wanted.
- Everyone spoke positively about the care they received. Comments included, "Very impressed. The way in how they speak, their approach... staff are friendly and polite", "The service is excellent and dependable." Relatives had no hesitation in recommending this provider.
- The provider supported people who spoke Punjabi. People and relatives said this had made a positive difference to receiving care, as staff understood their cultural needs. One relative explained how this had made their family member become more open to receiving care in breaking down language barriers. One relative said, "Even staff not speaking the language have picked up certain words like 'nearly finished'."
- Relatives described how the support had made a real difference to them, knowing their family members were treated well. One relative said, "They do the jobs I can't do. They are a god send."

Supporting people to express their views and be involved in making decisions about their care

- Staff continued to promote people to be as independent as possible, by supporting them to make their own decisions and encouraging them to do as much for themselves as possible. This included getting dressed, how they spent their day and being offered the flannel to wash themselves.
- People and relatives felt very involved in care decisions. This included requesting more care calls or re-arranging care calls at alternative times.
- People said the registered manager regularly provided care and they were always asked if everything was okay or if they needed more support.

Respecting and promoting people's privacy, dignity and independence

- Staff described how they respected people's privacy and dignity. For example, one staff member said, "We ask any visitors to leave us, then I close the door and curtains." Staff said where possible, they always kept people covered as much as possible. One staff member said, "I treat them how I would want to be treated." Staff understood communicating what was happening was important.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- Most people knew who was coming to provide their care. People confirmed they received calls from a consistent group of staff. Relatives said staff arrived at the times expected, but understood this could vary slightly, depending on the previous call, traffic hold ups or unexpected sickness.
- People's care and support was planned with their involvement before they started using the service. People's wishes and preferences were developed into an individualised plan of care which staff followed.
- Care plans provided staff with information about how to support people in a way that met their needs and choices. Staff's knowledge of people they provided care to, was consistent with the person's care plans.
- The registered manager told us they visited people to provide and discuss their care to ensure it remained what people wanted. Where changes had occurred, information had been shared with staff to reflect the changes. Care plans we sampled were detailed but needed some minor updates to reflect people's current care needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they looked forward to seeing the care staff. People and relatives said they all got on well. Some people told us how they had their 'favourite' staff and how they liked a joke and a laugh. Most people pursued their own interests if needed. Some staff took people out on planned shopping trips.
- The registered manager said they helped some people make certain cultural foods and staff took time to learn, adapt and provide what people needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager supported people in line with the AIS. Where people had limited understanding, staff spoke slowly, listening, and speaking at a pace people could understand. This agency supported people who spoke Punjabi. A relative said staff's cultural knowledge and communication skills had removed language barriers and made their family member feel valued and involved.

Improving care quality in response to complaints or concerns

- People told us they would share any concerns they had with staff or management, but everyone we spoke with was happy with the service.
- The registered manager said they had received complaints. People's complaints had been responded to and actions taken that had satisfied the person making the complaint.

End of life care and support

- At the time of our visit, no one received end of life care. The registered manager said they had and would provide end of life care if it was the persons wish to remain at home. The registered manager had good links with the GP, Marie Curie and district nurses to ensure support could be put in place to meet people's wishes.
- We saw compliments from relatives expressing how grateful they were for how care staff had cared for people with compassion in the latter stages of their lives. One comment made on an order of service read, 'A heartfelt thank you to all of the carers from Precious Support Services'.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Effective audits and regular checks ensured good care outcomes for people. People's survey results showed the service people received met their expectations.
- People and relatives told us they were extremely pleased with the service and felt involved in how the care was delivered. Written compliments reviewed showed people's appreciation of the quality of care provided.
- The registered manager was clear they wanted to provide high quality care. The registered manager was not afraid to be honest if standards fell short of their expectations. People, relatives and staff welcomed this approach. The registered manager told us they employed the right staff, for the right reasons and kept the service small which helped them to know precisely what standards people received.
- The registered manager understood their responsibilities. They had sent us statutory notifications and had displayed their ratings on their website and their office.

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

- The provider offered opportunities to people and their relatives to give feedback. This was gained through care reviews and through annual surveys.
- One relative described how the registered manager had shared information about various care options for their family member. This relative said, "Management has been very supportive - when (person) health needs changed, the manager supported me very well with options through funding assessments." This relative told us they found this information valuable.

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

- The registered manager was proud of their staff team. They said they had the right staff to care for those people who used their services. The registered manager said they had a good reputation in the local area which relatives confirmed.

Working in partnership with others; Continuous learning and improving care

- The registered manager forged close links with external agencies to help strengthen the quality of care

provided. Links with the local authority supported further training and resources which included external courses for Dementia awareness and moving and handling 'train the trainer'.

- Working with a local county council to encourage people to report their experiences of care services in the county was supported by the registered manager. This scheme, 'See, Hear, Act' sets out how the council will work with social care providers to maintain good practice.
- Following legislative changes to information security, the registered manager signed up to external support from a consultancy to support their policies and governance.