

Ms Lee-Karen Kernot-Turner

Prados Home Help Services

Inspection report

20 Oakland Gardens
Fareham
Hampshire
PO14 4LG

Tel: 01489605459

Date of inspection visit:
24 July 2018

Date of publication:
20 September 2018

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

Prados Home Help Services provides care and support to people living in their own home. At the time of our inspection 17 people were using the service.

At our last inspection on 17 May 2015 we rated the service good. However, we found a breach of Regulation 11 of The Health and Social Care Act 2008. Need for consent. At this inspection we found improvement had been made and the provider was no longer in breach. The evidence we obtained continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection was carried out on 24 July 2018 and was conducted by one inspector.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe when receiving a service at home and were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient staff available to ensure people's wellbeing, safety and security was protected. An appropriate recruitment and selection process was in place which ensured new staff had the right skills and were suitable to work with people living in their own home. Staff had a good understanding of systems in place to manage medicines and safeguarding matters.

People were supported to manage their medicines safely.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). People we spoke with said they were involved in care planning and were confident that their comments and concerns would be acted upon.

The provider took account of any complaints and comments to improve the service.

Risk assessments were in place for a number of areas and were regularly updated, and staff had a good knowledge and understanding of people's health conditions.

Feedback received from people who used the service and their relatives was overwhelmingly positive and people were encouraged to contribute their views.

People were positive about the staff who supported them and told us they liked the staff and were treated with dignity and kindness.

People were satisfied with the support they received in relation to nutrition and hydration. There was an open and transparent culture and encouragement for people to provide feedback.

People told us they were aware of how to make a complaint and were confident they could express any concerns which would be addressed.

Staff told us they enjoyed working for the organisation and spoke positively about the culture and management of the service. They also told us that they were encouraged to openly discuss any issues.

Further information is in the detailed findings below.

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 remains safe.

Is the service effective?

Good ●

The service had improved to good.

Staff undertook appropriate training in how to apply the MCA.

Staff received sufficient and effective support and supervision.

People were supported to access healthcare when required.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Prados Home Help Services

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a planned comprehensive inspection which took place on 24 July 2018. The provider was given 48 hours' notice because the location provides a small domiciliary care service; we needed to be sure that someone would be available in to facilitate the inspection.

The inspection was undertaken by one inspector. At the time of our inspection 17 people were using the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. This information helped us to identify and address potential areas of concern. We also gained feedback from a health and a social care professional involved in the service.

We reviewed the care records of four people and reviewed records relating to the management of the service. We obtained feedback from three members of staff and two healthcare professionals. We gathered feedback from people by looking at care reviews and quality assurance questionnaires. We spoke with the deputy manager, the registered manager and two people.

Is the service safe?

Our findings

People we obtained feedback from reported they had no concerns about their safety.

There were up to date care plans which identified risks to people's safety and well-being. This meant that staff had information about how to support people safely.

All staff had received training in safeguarding and were confident about their responsibilities. Safeguarding records showed the provider took appropriate action where concerns had been identified. Where necessary, they had been reported to the local safeguarding authority and properly investigated.

People received support to manage their medicines. A member of staff commented, "We give people a prompt to take their medication and then we write it down". The provider had a detailed medication policy in place.

Accidents and incidents were clearly recorded. Records showed that appropriate action was taken where there were concerns about a person's well-being. For example, there was evidence of contact with the falls team, Doctors, district nurses and social workers.

There was a robust system for checking the backgrounds and suitability of staff before they started work. Written references were sought prior to employment. A criminal background check was provided by the Disclosure and Barring Service (DBS). This helped to ensure people who received care were protected from unsafe recruitment practice.

There were sufficient numbers of staff to provide people with the support that had been agreed with the service. Care staff tended to support the same people for consistency. Staff told us they were given sufficient travel time and did not have to rush.

During our telephone calls with people, no issues were raised regarding the cleanliness and hygiene practice of care staff. People told us care staff wore gloves and aprons, as appropriate, when they supported with personal care.

The provider learned lessons from our previous inspection and had implemented additional training to ensure staff were knowledgeable about the Mental Capacity Act 2005.

Is the service effective?

Our findings

People commented they were supported by competent and trained staff. Comments from healthcare professionals included, "They all seem to know what they are doing" and "I have confidence in them".

At the last inspection in May 2015, the provider was found to be in breach of Regulation 11, Need for Consent. This was because staff did not understand their responsibility under the Mental Capacity Act (MCA) 2005. At this inspection, improvements had been made and the provider was now meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff had received appropriate training on how to apply the MCA and were knowledgeable about its principles. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

No one was currently subject to any restrictions on their liberty. The deputy manager told us the majority of people supported with personal care had capacity to make their own decisions. The deputy manager said, "We would have a best interest meeting if someone didn't have capacity to make a decision".

Care staff received training which provided them with the skills to carry out their roles. Records showed that training in topics the provider considered essential was refreshed regularly to make sure staff had up to date guidance.

New staff had an induction to become familiar with their roles. Care staff told us that they felt this had helped them settle in. New staff were able to shadow other members of the team until they were assessed as competent to work alone.

Care staff told us that management was supportive and they had supervision meetings where they could discuss work issues and performance. Supervision took place regularly and at a frequency determined by the needs of each staff member.

People confirmed that care staff sought their permission before carrying out personal care or some other task. People had also signed relevant consent forms for the provision of personal care and for the service to be able to share information.

The service assisted some people with food preparation and cooking. Care plans included information about any likes, dislikes or health needs, such as whether a person was diabetic.

Care plans provided information about people's health needs and the support they required. There was evidence of the involvement of healthcare professionals, such as a district nurse or doctor, when required.

Documents showed staff were quick to liaise with health professionals when a concern had been identified.

Is the service caring?

Our findings

We received positive comments from people about the care they received. These included, "We have a good old chat about the weather and my family and its lovely" and "I couldn't wish for anyone better to look after me".

The care staff we obtained feedback from demonstrated a caring approach to their work and told us they liked their jobs. One staff member commented, "I love my job and I couldn't think of doing anything else. I look after (person) like they are my own family

People told us they were treated with dignity and respect and that their privacy was maintained.

The deputy manager told us they frequently visited people to carry out 'welfare checks'. This was a way of finding out how people were feeling and if they were being supported appropriately by staff.

Care plans included information about how people preferred to be supported to remain independent. For example, one person needed support to brush their teeth, but wanted to do as much as possible themselves as a way of keeping their independence.

From speaking with staff, we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. Staff received equality and diversity training.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person said, "I didn't feel well so they came in early to see me and then they called the GP". Another person said, "If I wanted to complain I would just ring the manager and she would sort it out".

Each person had a care plan which described the support they needed. Care plans were person centred and contained clear information about how to support people. Staff members told us each record contained sufficient detail for them to be confident in supporting people. A member of staff said, "they have all the information we need so if a new member of staff came in then they would know exactly what to do".

Care plans focussed on how people's needs were to be met in line with their preferences. There was background information for each person which provided a brief personal history and gave staff an understanding of their character and personality. There was a clear description of the care tasks to be completed at each visit.

There was a complaints procedure in place and information about making a complaint complaining was given to people when they first started using the service. The deputy manager told us there had been no formal complaints over the last year. They described the actions they would take in response to receiving any complaint. The deputy manager explained that a complaint form was left in people's care files at their home.

The provider had appropriate arrangements in place to support people towards the end of their life. Staff had received end of life care training.

Is the service well-led?

Our findings

People, relatives and staff were complimentary about the management. Comments included, "the manager is lovely, really approachable and caring" and "She is in control of the company very well. She doesn't want the business to grow big because she wants to keep it manageable and successful".

The Registered Manager had values and a vision that clearly put people at the centre of the service and focused on their needs and desires. They wanted to offer people opportunities to be as independent as possible and support them in attaining a fulfilled life. The deputy manager told us they could seek advice whenever they needed to from the registered manager.

The systems in place to monitor quality in the service were often informal, however these reflected the size of the service and the amount of contact the registered manager had with people who used the service and the staff that provided care and support. The registered manager and the deputy manager often worked alongside staff to maintain this level of contact.

Spot checks on staff included time and attendance records, care plans, medicines records, and discussions with the people who used the service regarding the quality of care they had received. Any problems observed or incorrect procedures were noted and discussed with all staff individually or at staff meetings as appropriate.

Team meetings were held regularly and were used to discuss good practice to achieve positive outcomes for people. A member of staff said, "We have lots of chats and we are kept updated with everything over the phone or when we meet up".

The provider worked effectively with external organisations such as the local authority and district nurses.