

Preferred Care Limited

Preferred Care

Inspection report

11 Honeysuckle Place
Bispham
Blackpool
Lancashire
FY2 0PH

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15 May 2018

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Website: www.preferredcare.co.uk

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

This inspection visit took place on 15 May 2018 and was announced. The provider was given 24 hours' notice because the service delivered domiciliary care to people who lived in their own homes. We needed to be sure the provider was in the office and people the service supported would be available to speak to us. This service is a small domiciliary care agency. It provides personal care to people living in their own houses in the community. At the time of our inspection there were two people receiving a service from the agency.

At the last inspection in March 2016 the service was rated Good. At this inspection we found the service remained Good. This inspection report is written in a shorter format because our overall rating of the service had not changed since our last inspection.

There was a registered manager in place who was also the owner. 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.

The owner/ registered manager was hands on and provided care for people with two staff members. During this inspection, people told us they felt safe using Preferred Care. When we discussed safeguarding people from abuse or poor practice with staff, we found they had a good knowledge about related procedures.

They had a system to monitor care packages to ensure people received support on time and as agreed. This enabled the registered manager/owner to monitor staffing levels against care delivery requirements.

Preferred Care had stocks of personal protective equipment such as gels and hygienic wipes. Staff said they could obtain the equipment whenever they needed it to maintain infection control when they supported people in their own homes.

Staff had received training to administer medicines for people. However at the time of the inspection people who received a service were responsible for their own medication requirements.

Staff had individual training programmes and they were updated to ensure they continued to develop their skills and knowledge.

The registered manager and staff if required made sure people's dietary and fluid intake was recorded and sufficient for good nutrition and encouraged them to eat when they visited.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process.

People were supported to have maximum choice and control of their lives and staff support them in the

least restrictive way possible; the policies and systems in the service support this practice.

The service had information with regards to support from an external advocate should this be required by people they supported.

Care plans were organised and had identified care and support people required. We found they were personalised and informative about care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

We found by talking with people who used the agency saw there was an emphasis on promoting dignity, respect and independence for people. They told us they were treated as individuals and received person centred care. Comments from people who used the agency included, "They are kind sensitive and always respectful." Another said, "All three of them are so lovely and caring, I am lucky to have them."

People knew how to raise a concern or to make a complaint if they were unhappy with something. There was a transparent and open culture that encouraged people to express any ideas or concerns. A relative said, "I know the system to complain but never ever had to, it is a great service."

The registered manager /owner sought people's views informally and formally and dealt with any issues of quality quickly and appropriately.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Preferred Care

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.

We gave the service 48 hours' notice of the inspection visit to ensure we had access to the office base and because we needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector.

Preferred Care is a domiciliary care agency. It provides personal care to people living in their own homes. The agency is a small service offering personal care and support to people living in North Lancashire.

The inspection site visit was on 15 May. We also visited the home of one person who received a service.

We contacted the commissioning departments at Lancashire County Council. This helped us to gain a balanced overview of what people experienced accessing the service

Prior to this inspection, as part of our planning, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with two people who received a service and a relative. We also spoke with the registered manager who was also the owner, a senior carer and one staff member. We looked at care records of two people who received a service.

In addition we looked at records relating to the management of the service. We did this to ensure the provider/registered manager had oversight of the service and they could respond to any concerns highlighted or lead the agency in ongoing improvements. We also looked at staffing levels focusing on how staff provided care within people's homes.

Is the service safe?

Our findings

People who used Preferred Care and their relatives said they felt safe and secure when staff supported them in their own homes. We witnessed the owner/registered manager checked one person had their call alert chain on and the person told us, "They are wonderful and my son feels relaxed knowing I am safe in their care."

When we discussed safeguarding people from abuse or poor practice with the owner/registered manager and staff, we found they had a good knowledge about related procedures. Staff had received relevant safeguarding training and they confirmed this when we spoke with them. No safeguarding alerts had been made since the previous inspection.

The service had the same good systems for recruiting staff in place from the previous inspection, however no staff had been employed since the last inspection. In addition the owner/registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed and when they required it.

The owner/registered manager had procedures in place for dealing with emergencies and unexpected events. They made sure they were able to support people if they had unexpected additional care needs. Any emergencies, accidents or incidents were managed quickly and safely. There had been no recorded incidents since the previous inspection. The registered manager/owner informed us any incidents would be looked at and lessons learnt if required.

Whilst visiting the office of Preferred Care we found good stocks of personal protective equipment such as gels and hygienic wipes. Staff said they could obtain the equipment whenever they needed it to maintain infection control when they supported people in their own homes. One staff member said, "There are always gloves and gels available at the office."

We found the owner/registered manager assessed risks to people from receiving unsafe or inappropriate care in their own homes. They developed risk assessments from this information, which covered, for example, the environment, personal safety and prevention of falls. Where potential risks had been identified action taken by the registered manager had been recorded.

When we did the inspection the service was not supporting people with medication administration. However the registered manager and staff had received training should they require supporting people with their medicines. Care records we looked at had signed information about the person's medication and their ability to self-medicate. One person who received a service said, "Mine are in blister packs and I do it myself."

Is the service effective?

Our findings

We found evidence the owner/registered manager was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People received effective care from the owner and staff at Preferred Care because they were supported by trained staff who had a good understanding of their needs. Access to courses and keeping up to date with relevant training was the same as the previous inspection. Training records showed a programme of events for staff and the owner to ensure they continued to develop their skills.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to care and support had been recorded on people's care records by the person. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff demonstrated a good awareness of related procedures.

The owner/registered manager worked in partnership with health and social care professionals to ensure people with complex health needs could be cared for in their home. We saw people's care records included contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health.

Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded. People we spoke with told us they were happy with the support they received with their meals. In addition staff had received food and hygiene training to ensure they were confident if preparing meals was required.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. People we spoke with told us they were happy with the support they received with their healthcare needs. One relative we spoke with said, "They have been great with [relative] they constantly check she is fine and would be straight in touch if any health problems occurred."

Is the service caring?

Our findings

People who received a service agreed staff respected their privacy and dignity at all times. They said staff had a kind and patient attitude when they provided personal care. One person told us, "They are kind, sensitive and always respectful." Another said, "All three of them are so lovely and caring, I am lucky to have them."

We found staff respected people's dignity and treated them with kindness during care visits. For example, they called out before entering their homes and ensured they wore uniforms and identification badges. One person told us, "They do respect the fact that this is my house and always knock first."

We looked at two people's care records and found evidence they had been involved with and were at the centre of developing their care plan. The plans contained information about their current needs as well as their wishes and preferences. The home we visited had daily records completed and they were up to date and informative. We saw evidence to demonstrate care plans had been reviewed and updated on a regular basis. For example one person had to be admitted to hospital and on their return their care plan was reviewed and updated to ensure any changing needs were identified. This ensured the information documented about people's care was relevant to their needs.

We observed staff respected people's human rights, such as supporting them to make their day-to-day decisions and following their requests. Care records included reference to each person's diverse needs, culture and religious beliefs. A staff member said, "We have had training and it is important to treat each person as an individual and respect their beliefs and culture."

The registered manager provided information for people about how to access local advocacy services. This meant they had additional support, if required, to have an independent voice.

Is the service responsive?

Our findings

We found staff at Preferred Care provided care and support that was focused on each individual's needs preferences and routines. One person told us they were consulted for their views on how they wished to be supported. This enabled people to make informed choices and decisions about their care and support.

Preferred Care is a small agency with the owner/registered manager and two staff members who regularly supported the two people who received a service. People told us they had regular visits by the same staff and found this helped to form relationships and were very satisfied they had the same people daily. One person who received a service said, "It is great, we all know each other so well and it has made my life so much better. They are like a family to me." A relative of a person who received a service said, "It's the best agency and with the same people coming all the time it makes things better for my [relative]."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. There had been no complaints since the previous inspection.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person was hard of hearing and what aids were required.

Care records contained evidence the person or a family member had been involved with and were at the centre of developing their care plans, also what support was required to maintain their independence within their own home. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and provided information for staff who were visiting the home.

People's end of life wishes had been discussed with them and recorded. At present the agency was not supporting people on end of life care.

Is the service well-led?

Our findings

Everyone we spoke with felt the service leadership gave them confidence through regular monitoring calls to check the quality of care packages. They said because the owner/registered manager provided care for the two people who received a service this gave them the opportunity to feed back about their experiences and meant potential issues could be addressed quickly. The owner/registered manager told us because they had two people who were supported they were in daily contact with them and they monitored the service daily.

There was a registered manager in place who was also the owner. 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.

This was a small service and at present the owner and two staff provided the care for people. A staff member said, "We have known each other for years and know best how to support people." We found the service had clear lines of responsibility and accountability. The owner/registered manager two staff were experienced, knowledgeable and familiar with the needs of the people they supported. One person who received support said, "Fantastic, they have been marvellous with me. I love the fact [owner] is here daily. They are part of the family really."

The owner/registered manager audited the service by reviewing care plans and training to ensure they continued to be monitored. Preferred Care had not received any complaints or incidents and did not at the time of the inspection support people with medication. The owner told us if they increased their business they would ensure more audits would take place to ensure they continued to provide a good service.

People who received a service and a relative said the owner/registered manager proactively sought their feedback about the quality of care and any improvements suggested. This included a questionnaire to check their experiences of, for example, respect, regular care staff, involvement in care planning and staff attitude. Comments from surveys returned in December 2017 were all positive and included, 'Best care ever,' And, 'Very caring team 1st class.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services and General practitioners.

The service had on display in the office area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.