

Providence Care Solutions Ltd

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Providence Care Solutions Ltd is a domiciliary care agency based in the London Borough of Barking & Dagenham. The service provides personal care to elderly people in their own homes. 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.

At the time of our inspection, the service provided personal care to two people in their own homes.

People's experience of using this service

People were not always supported to have maximum choice and control of their lives as mental capacity assessments to determine people's capacity to make specific decisions were not always completed. Staff did not always support people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation in this area.

Risks were identified and were assessed to help ensure people received safe care. People told us they felt safe when receiving support from staff. Staff were aware of how to safeguard people from the risk of abuse. Systems were in place to ensure staff attended calls to people on time and to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with people.

Staff had been trained to perform their roles effectively. People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People received person-centred care. There was a procedure for complaints and people's communication needs were met.

Quality assurance systems were in place to identify shortfalls to ensure there was a culture of continuous improvement.

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

Rating at last inspection

This service was registered with us on 25 October 2021 and this was the first inspection.

Why we inspected

The inspection was prompted by a review of information we held about the service.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

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 

Providence Care Solutions

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

The inspection was carried out by one inspector.

Service and service type

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

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

We gave the service 72 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 6 February 2023 and ended on 14 February 2023. We visited the location's office/service on 6 February 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service.

We reviewed 3 staff files, which included pre-employment checks and 2 people's care plans. We looked at other documents such as quality assurance and training records.

We received feedback by email from a relative of 1 person who used the service, a health professional and spoke to 2 staff members and 1 relative on the telephone.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A relative told us, "Yes, [person] does feel safe when the staff comes." Another relative commented, "[Person] does feel safe with them. It's been brilliant so far, been very good. All staff are conscientious. They do it very good and very well."
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding and understood how to protect people from harm and who to report to when required. Staff also knew they could whistleblow to external organisations such as the CQC should they be concerned about abuse. A safeguarding and whistleblowing policy was in place. This meant systems were in place to ensure the risk of abuse was minimised.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed in relation to people's circumstances. The assessments included the nature of the risks and control measures to minimise the risks. For example, for moving and handling the person and their home environment.

Using medicines safely

- The service did not support people with medicines at the time of our inspection.
- Should people require support, a medicine support plan was in place. This included how people were to be supported with medicines and the type of medicines people were prescribed.

Staffing and recruitment

- Pre-employment checks had been carried out to ensure staff were suitable to work with people using the service. Checks such as criminal record checks, health declarations, references and obtaining proof of the staff's identity and right to work in the UK had been made.
- Systems were in place to minimise risks of late or missed calls. The service used a timesheet, which was recorded on a communication log that evidenced the time staff arrived for the call and the tasks carried out. This was reviewed by the registered manager to ensure oversight of staff time keeping.
- Staff were sent rotas in advance and cover staff were available in case of emergencies. A relative told us, "They have been punctual always." A staff member commented, "I am given my rota in advance, so I know when and where I am going. I am given enough time to travel."

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.

- Accident and incidents were investigated, and lessons learnt to minimise the risk of reoccurrence.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff had received training on infection control.
- Staff confirmed they had access to Personal Protective Equipment (PPE) such as gloves and aprons and used this when supporting people with personal care. A relative told us, "They wear PPE and always clean up any mess and leave things tidy."

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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.

- Robust systems were not in place to obtain consent from people to provide care and support.
- The registered manager told us that people can make day to day decisions but at times capacity may fluctuate. An MCA assessment had not been completed to determine people's capacity to consent to care and treatment during periods capacity may fluctuate. The registered manager told us this would be completed and monitored regularly.

We recommend the provider follows best practice guidance on MCA principles.

- Staff had been trained on the MCA and knew the principles of the act.
- Staff told us that they always request people's consent before doing any tasks. A staff member told us, "I always ask for consent and explain what I will do." A relative commented, "They ask for [person's] consent like would you like a shower or a bath."

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff had completed an induction and completed training required to perform their roles effectively. A staff member commented, "I did the training. Manual handling, safeguarding, infection control and basic life support. The training is very helpful."

A relative told us, "They have been trained and are very professional and clearly have a lot of experience."

- Regular staff supervisions were carried out, which ensured staff were supported in their roles.
- Staff told us they felt supported. A staff member said, "[Registered manager] is a very good manager, one thing I like about him, he is approachable. He has an open door policy. He is very supportive."

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

- Systems were in place to assess people's needs and choices.
- Pre-assessments of people's needs had been carried out in detail to ensure the service was able to provide person-centred support to people.
- Reviews had been carried out with people to ensure people received support in accordance with their current circumstances. People or their relatives were included as part of these reviews and decisions to ensure people received the care they wanted. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- People were supported to eat and drink and supported to maintain a balanced diet.
- Care plans included the level of support people required with meals or drinks and included their preferences with meals. A staff member told us, "We give choice on what they like, they can choose."

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best health they could be.
- Care records included the contact details of people's GPs, so staff could contact them if they had concerns about a person's health. Staff knew when people were not well and what action to take. A relative told us, "They will know if [person] is unwell and what to do to help [person]."

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.

This is the first inspection for this newly registered service. This key question has been rated 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; equality and diversity

- People were treated with kindness and respect. A relative commented, "Yes, they are very patient and gentle with [person]."
- People's religion had been recorded on their care plans. People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age or sexual orientation and all people were treated equally.

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

- People were involved in decisions about their care. Staff told us they always encouraged people to make decisions while being supported, such as with personal care. A staff member told us, "I will always give them a choice like what they want to wear and ask them to choose or when preparing food, I ask them what they would like to eat."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us that when providing support with personal care, it was done in private. They told us they always knock on doors before entering rooms and also ensuring privacy when supporting people with personal care.
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others, and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Independence was encouraged in people's care plans, which included information on how they can be supported to be independent. For example, supporting people with personal care and when mobilising. A staff member told us, "We encourage independence as much as possible, for example, [person] likes to do things themselves. When I assist [person] with personal care, I will encourage [person] to wash face."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received personalised support, which was in accordance with their preferences and choices.
- Care plans were person-centred and included information on how to support people in a number of areas such as personal care and nutrition. There was also a timetable on how to support people during each visit. A relative told us, "Yes we have a personalised care plan." A health professional told us, "Providence Care solution are professional, reliable and accommodating to the service user needs providing personalised care."
- Staff told us they found the care plans helpful. One staff told us, "The care plan is very helpful, it has all the information I need to help people."

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.

- Care plans included if people should be given information in a way that they could understand and also included how to communicate with them. A relative told us, "They [staff] communicate very well with [person]."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. Complaints had not been made since the service registered with the CQC.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. There was an end of life policy in place should the service support people with end of life care in future.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Audits had been carried out by the registered manager on the running of the service to ensure people received personalised high-quality care. Audits were also carried out on daily notes to ensure staff provided timely support and provided the required care. There was a checklist in staff files and care plans to ensure relevant records had been completed. Spot checks had been carried out by the registered manager, which observed staff supporting people to ensure staff were competent in their roles and people were receiving safe care.
- The registered manager told us that they would ensure MCA assessments are completed to determine capacity and this will be included as part of audits to ensure shortfall in this area was identified.
- Staff were clear about their roles and were positive about the management of the service. One staff member told us, "So far everything has been positive. I have no concerns."
- Relatives told us the service was well-led. A relative told us, "We do not have any concerns and we are very happy with the service provided so far." Another relative commented, "I have no concerns, they go the extra mile, like for example, they accompany me to the hospital when [person] is there, which helps a lot."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- People's beliefs and backgrounds were recorded and staff were aware of how to support people considering their equality characteristics.
- The registered manager told us they obtained feedback from people by visiting them and contacting them by telephone. We saw the feedback was positive.

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

- The registered manager was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Working in partnership with others:

- The service worked in partnership with professionals.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health. A health professional told us, "They engage well with family during our joint session and communicate any concerns relating to the stoma care via emails or phone."