

Care Preference Ltd

Care Preference Ltd

Inspection report

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22 February 2023

24 February 2023

27 February 2023

02 March 2023

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10 March 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

Care Preference Ltd is a domiciliary care service registered to provide personal care to people living in their own homes. The service provides planned visits and 24-hour support to people who may be living with a neuromuscular disease or other physical disabilities.

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. At the time of our inspection there were 39 people receiving personal care.

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

People spoke positively about the service and felt it was safe and staff were caring. One person told us, "The carers are dedicated. They are very reliable and provide high quality care." Another person said, "I am absolutely [safe]. They do everything and anything I ask them to do. Staff are top quality."

People's safety was promoted because care was person-centred and delivered in a way that was intended to ensure people's safety and welfare. Potential risks that people faced had been identified, assessed and were regularly reviewed, and staff knew how to keep people safe from abuse or harm.

Safe recruitment processes were followed and there were enough appropriately trained staff to meet people's individual needs. Medicines when needed were dispensed and administered by staff who had received training to do so.

Staff had good access to personal protective equipment to manage the risks associated with the spread of infection.

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.

The service was well-led by a management team who maintained good oversight of the service and were passionate about delivering quality care and achieving the best possible outcomes for people.

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 17 December 2019) and there was a breach of regulation. 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 regulation.

Why we inspected

We carried out a comprehensive inspection of this service on 22, 23 and 30 October 2019. Breaches of a legal requirement were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve regulation 17 (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 the key question not inspected, we used the rating 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 Care Preference Ltd 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.

Care Preference Ltd

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

This inspection was carried out by 2 inspectors and 2 Experts 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 homes.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was 4 registered managers in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was to request information about the service, and people, and to make sure the provider or registered manager would be available to support the inspection.

Inspection activity started on 22 February 2023 and ended on 02 March 2023. We visited the office location on 22 February 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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 information gathered as part of a monitoring activity that took place on 27 April 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service about their experience of the care provided. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from two staff.

We reviewed a range of records this included 3 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment. We looked at staff training data and quality assurance records.

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.

Staffing and recruitment

- Staff were safely recruited.
- The recruitment processes had been improved to ensure that staff members were suitable for the work they were undertaking. Records showed that the provider took all necessary steps to verify information provided by new recruits, for example, checking references and employment history as well as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Where people chose to, they were fully involved in the recruitment process to ensure compatibility with the staff that would be supporting them. One person told us, "I had the decision who I'd let into my team. It's about who I could trust in my life."
- There were enough suitably qualified, experienced and skilled staff to provide people with safe care.
- People told us they were happy with the staff who came to support them. One person said, "It's pretty much a set team of carers that look after me." Another told us, "I appreciate my carer and their sensitivity. I am very satisfied with the care I'm provided with."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People we spoke with told us they felt safe when staff visited them. One person said, "I feel 100% safe and comfortable."
- The provider had policies and processes in place for staff to follow to raise any concerns and safeguard people from abuse.
- Staff received training in safeguarding and felt confident and able to report any concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's needs and associated risks had been assessed, monitored and were regularly reviewed.
- The assessments were person centred and provided information about steps that staff could take to support people to ensure that any potential risks were minimised.
- Accidents and incidents were managed appropriately. The provider had systems in place to review and analyse these to ensure lessons were learnt and shared with the staff teams.

Using medicines safely

- Where people required support to take their medicines people told us this was completed safely. One person said, "My team leader produces a medicine chart every month and the carers follow it. I get it at the

right time and the right dosage. I've never missed medication."

- Medication administration records (MAR) were completed where people required support. Discussions were held with the nominated individual around following best practice guidance where staff were required to hand write MAR.
- Staff received medicines training and spot check observations were completed to ensure they followed best practice guidance.
- MAR were audited on a continuing basis to ensure that these were being completed and if any concerns were identified that these could be quickly addressed.

Preventing and controlling infection

- The service had a clear infection prevention control policy to guide staff.
- Staff told us that they had access to personal protective equipment to help keep them and the people they supported safe.

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 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.

- People told us staff obtained consent before carrying out any care tasks. Comments included, "They [staff] are respectful and always say what they're doing before they do it and ask if that's okay" and, "I'm the one in control."
- Care records showed people's ability to consent to their care was taken into account when their care was being planned.

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 governance systems including audits and checks were reviewed for their effectiveness to ensure they maintained standards and identified areas of the service where improvement was required, and to ensure compliance with all required regulations. This was a breach of regulation 17 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014.

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

- Systems and processes for the ongoing oversight and governance of the service were effective.
- Following the last inspection, the provider had implemented more thorough checks around recruitment and the monitoring and evaluation of accidents and incidents to ensure the continuous improvement of the service provided.
- The service had a clear management structure consisting of the nominated individual and registered managers. The nominated individual was knowledgeable about regulatory requirements and had ongoing oversight of the service delivery.

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

- Processes were in place to ensure any concerns, complaints and incidents were investigated and responded to.
- The nominated individual understood the responsibilities around reporting to the Care Quality Commission (CQC).
- Notifications of events that had occurred had been sent to the CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People were at the centre of the service and staff supported them to improve their well-being and achieve positive outcomes.
- People were complimentary about the management of the service. Comments included, "The management, the team and the provider have been exemplary at setting up my care team" and "I am happy

with the service. The care feels part of my life and is not invasive at all."

- Staff told us the management team was both approachable and responsive. One member of staff told us, "The company listens [to me] and helps out in whichever way that's possible. All managers take the time to listen and I feel they value the staff." Another said, "I feel supported and listened to. I feel as a company it has given me a great career opportunity and is not just a job."
- The provider communicated important information to staff using different systems, such as face to face discussions and electronic messaging.
- The provider, management team and staff worked in partnership with other health professionals to achieve positive outcomes for people.

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

- People were given the opportunity to feed back on the service they received and told us staff were approachable and supportive. One person told us, "Carers do a lot for me and are very person centred in their approach, this goes for managers as well - it's very much about me and what I need. I want them to be part of my life."
- Pre-assessments of people's need ensured care was planned to meet any personal characteristics and preferences.
- People's views and preferences were recorded and required adjustments were made to ensure care was tailored to meet their needs. For example, people were asked if they preferred male or female care staff and were fully involved in the recruitment of the people that would be supporting them. One person told us, "I have no male carers, mine are all female and the company has always abided to this."