

Principle Care Agency Limited

Head Office

Inspection report

16 Gaymore Road
Cookley
Kidderminster
Worcestershire
DY10 3TU

Date of inspection visit:
26 November 2019

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16 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Head Office is registered to provide personal care to people living in their own homes. At the time of the inspection one person was receiving a service.

Where people receive a service in their own home 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.

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

Due to the nature of the service provided we were not able to speak with anyone who had experienced the quality of the service. In addition, we were unable to speak with any family members about their experience.

We found improvements were needed in relation of the documents we viewed to ensure people received a safe service. It was not always possible to establish when people had needed medicine administered to them. Protocols when other providers were involved in administration of medicines were not in place to ensure they were administered safely and when a variable dose was prescribed.

Care plans viewed were incomplete and did not provide information to ensure consistent support. Risk assessments regarding personal care and people's home environments were not always either in place or completed to ensure staff had information available considering people's safety.

Management systems had not identified the shortfalls in the records completed by staff identified during this inspection.

The provider had procedures in place to report any actual or allegations of abuse. The provider planned to recruit additional staff and was aware of safe recruitment processes.

Staff had received training to ensure they had the knowledge and skills to provide care and support. The registered manager and staff we spoke with demonstrated a desire to provide a caring and supportive service to people.

Healthcare professionals were involved in people's care both prior to a service commencing and ongoing as needed.

From what we could establish people supported to have maximum choice and control of their lives in the least restrictive way possible and in their best interests.

The registered manager was aware of the need to inform the Care Quality Commission of certain events although it was found one notification had not been sent as they initially believed. They were also aware of

the need to be open and honest if things went wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 27/11/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service first became registered.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Head Office

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 houses and flats.

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.

Notice of inspection

This inspection was announced. We gave the service 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 and ended on 26 November 2019. We visited the office location on 26 November 2019. Due to the nature of the service we were unable to speak with anybody who used the service or a family member.

What we did before the inspection

We reviewed information we had received about the service since it became registered with the Care Quality Commission. We sought feedback from the local authority and from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

At the time of our inspection the provider was only supporting one person who was receiving end of life care. Therefore, we were unable to speak to them about their experience of using the service. In addition, due a change in circumstances shortly after the visit to the office we were also unable to speak with any relatives of the person or any relatives of other people who had previously received a service from the provider.

We spoke with the provider and the registered manager and one member of staff.

We reviewed the records available at the office at the time of the inspection including care records of a person who had previously received a service and relating to a member of staff.

After the inspection

Following the inspection, we received information confirming we would not be able to speak with the person who had received a service.

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 Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The only member of staff employed by the provider had received training. The registered manager and care coordinator confirmed medicines had been administered to people who were or had used the service.
- Records were not always clear to show when staff should administer the person's medicines. There was no written protocol or guidance for staff to follow as the person required variable dosages of medicines to be given.

Assessing risk, safety monitoring and management

- People who had received a service had risk assessments in place. These were not always completed and did not therefore provide full information regarding potential risks in relation to care and support people required, as well as any environmental risks in people's own homes such as trip hazards and fire risks.

Staffing and recruitment

- At the time of the inspection the provider had one member of staff providing personal care to people. Therefore, they were only able to provide a service to a single person at any one time. The registered manager hoped to expand the service in the fullness of time to provide end of life care to more than one person at a time.
- The registered manager had previously worked elsewhere with the only member of care staff employed. We saw evidence of employment checks having taken place although a full employment history was not recorded, and one of the references were written by the registered manager themselves having known the person in alternative employment.
- The registered manager was aware they would need to undertake full recruitment checks on future staff prior to their employment.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of their responsibility to report any actual or suspected abusive practices to the relevant local authority. They informed us they had an external consultant available in the event of requiring advice and support.
- Information on safeguarding was available. This detailed people's rights to be kept safe, relevant regulations under the provider's registration with the Care Quality Commission (CQC) and different types of potential abuse. The document contained contact details of different local authorities who could be responsible for the safeguarding of people.

Preventing and controlling infection

- We saw a record showing the member of staff working for the provider had received infection control training.
- We were assured personal protective clothing (PPE) such as gloves and aprons were available as required.

Learning lessons when things go wrong

- The registered manager told us no accidents or incidents had taken place for them to learn any lessons regarding preventing reoccurrences.

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 Good.

This meant people's outcomes were consistently good.

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

- The service was provided to people requiring palliative care and on end of life care. As the service required was often at short notice the registered manager relied on assessments provided by other agencies prior to commencing care and support. □

Staff support: induction, training, skills and experience

- The member of staff employed by the provider had received training elsewhere. The registered manager was confident they had the training required to care for people. They told us they would provide induction training including shadowing experience for future staff members they hoped to employ in the future.

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

- Daily records seen showed people had been supported as needed with eating and drinking.

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

- The registered manager and care coordinator had worked with other healthcare professionals prior to them commencing care and support to people as well as on going while a service was provided.
- Healthcare professionals such as community nurses were involved with the care and support people were receiving. We also saw evidence of calls to a rapid response team as needed for healthcare support in the event of people's health declining.

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.

- The provider told us at the time of the inspection they were not depriving anybody of their liberty and no one was under the authorisation from the Court of Protection.

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; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

- Although we would have wished to speak with people and family members of people who were or had used the service this was not possible on this occasion. We respected the advice from the registered manager in relation to not contacting family members who had recently or in the past had a loved one pass away.
- While in discussion with the registered manager, care coordinator and a member of staff they demonstrated a desire to provide a caring service to people who were at the end of their lives.
- Information regarding the provider's expectations regarding people's right to privacy and dignity was included within their statement of purpose.

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 Requires Improvement.

This meant people's needs were not always met.

End of life care and support

- A service was provided to people who were at the end of their lives. Since becoming registered with the Care Quality Commission, the service provided to people, at times, has only been for a few days. We saw care plans contained no information about end of life wishes. When a service had been provided for longer periods of time care plans regarding end of life wishes had not been built upon to show the service provided was in line with people's wishes and individual needs such as religious and cultural needs. The registered manager agreed this information needed to be improved upon.

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

- Care plans were in place however these were not updated to reflect changes in need and as people's needs became more known to the staff supporting the person. Care plans seen lacked detail regarding the care and support required stating for example, 'needs support with all personal care' with no additional information as to what these needs were and how they were to be met.

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 provider was aware of the potential need to have information available in large print or alternative methods of communication such as braille to meet the needs of people.

Improving care quality in response to complaints or concerns

- Information about complaints and the provider's commitment to respond within timescales was included within their statement of purpose.
- The registered manager told us they had not received any complaints about the service provided.

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 Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Records completed by staff were not always available as some were not returned to the office once the service was no longer needed. We saw other daily records were held. Although informed these were reviewed there was no evidence of audits having taken place where by any issues or concerns were identified.
- Shortfalls in the records found as part of this inspection had not been identified prior to our visit in relation to medicines and the lack of detail within care plans and risk assessments. The registered manager acknowledged these needed to be improved upon.
- The provider and registered manager were aware of the requirement to notify the Care Quality Commission of certain events. We had received one notification of person's deaths when staff had been present. The registered manager believed they had sent us a further notification however it was found this had not been sent.

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 provider's safeguarding policy contained an explanation on the duty of candour and the need to give a full and honest explanation to people when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us they spoke with the staff member when they had a new person using the service. They were also aware of people's family members and other providers involved in people's care.

Continuous learning and improving care

- The registered manager demonstrated a desire to make improvements and develop the service provided.

Working in partnership with others

- The provider worked closely with healthcare professionals as well as with other home care providers when they were also providing a service to people they were supporting.

