Precedo Healthcare Services Limited

Precedo Health Care Services - Sheffield

Inspection report

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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

The inspection took place on 23 and 24 July 2018 and was unannounced. This is the first comprehensive inspection of this location.

This service provides a range of services to the NHS and adult social care settings. They also provide some domiciliary care packages, these are provided to older adults and younger adults living with a range of health conditions and needs to live independently in the community. Not everyone using Precedo receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, three people were receiving personal care as part of their care package.

Prescedo has a registered manager. 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 received a service which was safe. We saw that staff understood how to keep people safe and knew how to report any concerns. Risk assessments had been completed to cover all aspects of people's care, including whilst outside their home. The staff were consistent and the appropriate recruitment checks had been completed. Staff knew how to handle medicine safety and to reduce the risks of infection.

Staff had received training for their role. This involved a range of courses and the latest guidance on specific conditions. When people received support with meals this was done through choice and dietary needs. Health care was monitored and people were supported in this area. People were supported to have maximum 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.

Staff had established positive relationships with people and this was supported by having consistent staff. Respect and dignity had been maintained along with supporting people to remain as independent as they were able to be.

There was a responsive approach to people's needs. The hours of support were flexible to meet the needs on a week by week basis. The care plans were detailed and included information in relation to people's equality needs and information access. There had been no complaints to the service, however people felt able to raise any concerns.

The service was supported by a registered manager who understand the regulations and ensured we received notifications and information in relation to these. People had been given the opportunity to reflect

on the service they received and to support improvements driving forward. Regular audits had been carried out in relation to the care plans and medicines management. Staff felt supported and enjoyed working for this provider. Partnerships had been established to support the needs of peoples making the links with health and social care professionals.

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
People were safe and knew how to raise any concerns. Risks had been assessed and guidance put in place. Risk to infection had been managed to protect people.

Staff were consistent and all the relevant checks in relation to recruitment had been carried out. The handling of medicines had been managed safety. The provider was open to learning and used this to drive improvements.

Is the service effective?

Good

The service was effective
Peoples choices and decisions had been recognised and when necessary the appropriate assessments had been completed.

Staff had received training for their role and guidance of specific illnesses or conditions.

When people required support with meals this was done with their preferences and dietary needs. People managed their own health care, however staff supported them on request.

Is the service caring?

Good

The service was caring
People had established positive relationships with staff who were consistent in providing the care needs.

People were supported to remain independent and their choices supported. Respect and dignity was maintained.

Is the service responsive?

Good

The service was responsive
Care plans contained information to support the delivery of the care. The information contained preferences, equality information and information access. The service was flexible for people's needs.

There was a complaints policy, but no one had felt the need to

raise any concerns.

Is the service well-led?

Good

The service was well led
The registered manager understood their responsibilities. Staff felt supported and people who received the service were given the opportunity to reflect on their care. Audits had been used to drive improvements.

Precedo Health Care Services - Sheffield

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 inspection took place on 23 and 24 July 2018 and was announced. The inspection was completed by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered provider and their staff would be available.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We used this information to formulate our inspection plan.

We also 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.

We spoke by telephone with two people who used the service and two relatives. We also spoke with three members of care staff, the care coordinator and the registered manager.

We looked at the care records for three people to see if they were accurate and up to date. In addition, we looked at audits completed by the service, in relation to reviews and medicine management. We also looked at recruitment folders for four staff to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

People were supported to be safe from abuse or harm. One person told us, "I feel safe and staff stay with me." Relatives also confirmed this, one said, "I trust the staff and feel happy to leave [name] in their care." Staff had received training and knew what types of abuse or concerns to raise and the processes to use. One staff member said, "I have not had to raise any concerns, however I would and I know the system of reporting." This meant that systems were in place if required.

Risk assessments had been completed for all aspects of the environment and for people's life activities. For example, we saw detailed risk assessments which gave staff guidance on how to support people when they travelled in their vehicles. Other risk assessments related to people's conditions which could result in spontaneous episodes, like when people had seizures. The risk assessments provided guidance on how to respond to these.

Some people expressed themselves with behaviours which could cause themselves or others harm. There was a detailed plan which reflected on the elements which could be triggers to the behaviour and methods of distraction of approaches to take. This meant there would be a consistent approach in managing this person's anxiety.

People told us that they received consistent staff who they had established a relationship with. One staff member had transferred with a care package so they could continue to support the person. A relative said, "I 100% trust the staff." A staff member said, "The office is always strict about staff, they don't send strangers to people and never miss the call." The care coordinator said, "We aim to give consistency and reflect this is doing skill matches." Some of the people we spoke with had reflected on some changes to the staff at their request due to compatibility. This shows the provided responded to the people's requests in relation to staffing.

We saw that checks had been carried out to ensure that the staff who worked for the service were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. When nurses were used to support any care package their nursing registration was checked and they were supported with any revalidation. Revalidation is required to renew the nursing registration to confirm the nurse still met the required levels of clinical support. This demonstrated that the provider had safe recruitment practices in place.

Some people received support with their medicines. All the staff had received training in the safe handling of medicines. Following any training their competency had been checked and before they could carry out any medicine calls, they were required to be signed off by the nurse practitioner linked to this service. One relative told us, "Staff are very well trained, they managed the medicine and record it." Any changes to medicine was communicated to the staff and they told us when this occurred, the records were amended and the care plan. This meant people were supported to receive their medicine safety.

People were supported to reduce the risk of infection. Staff used protective equipment like gloves and aprons when they provided personal care or served food. Some people had support to clean specific medical equipment.. One person told us, "They use anti-bacterial wipes and have a schedule to follow." This meant that risks of infections had been minimised.

The registered manager was open to ideas and suggestions to drive improvements or areas of learning. For example, it was identified that when providing a support package with a number of staff,regular meeting with all the staff was more productive than individual meetings. The registered manager told us, "Staff are able to bounce ideas and share any issues and address them collectively. It has made a real difference." At these meetings any changes and lessons were developed.

Good

Is the service effective?

Our findings

We saw, care plans and risk assessments were written and delivered in line with current legislation to ensure best practice care was embedded across theservice. . For example, there was information included in each person's care plan regarding their individual disabilities and illnesses. Some people had uncommon conditions and the printed information gave staff the opportunity to understand the impact that had on the person.

Staff had received training to support their role. The training was covered by arrange of styles, including online training and face to face. Some staff had received specific training when supporting individuals. For example, one staff member told us how they had received first aid training as the person they supported was a high risk of falls. Staff had been encouraged to progress their learning with additional nationally recognised qualifications.

The provider only recruited staff who had been in the care profession? for a minimum of six months. These staff were supported to complete the care certificate, following the completion of their probation. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours. These enable them to provide people with safe, effective, compassionate and high quality care.

Some people required the staff to support them with their meals. The care plan identified people's preferences and any relevant dietary information. For example, one person was not allowed grapefruit as it had an adverse effect on their medicine. The plan also specified if any specialist equipment was required. We saw that a reference was made to a specific cup. This was to enable the person to remain independent. When people received this support, it was documented to reflect on a balance diet being provided and the levels of fluid intake to reduce the risk of dehydration.

People had been supported to maintain their health care needs. Although people remained responsible for their needs, the staff supported when required with health appointments or following guidance which had been provided. For example, in relation to the procedure to follow when a person was at risk of having a seizure. The plan provided a stepped guidance and staff we spoke to were able to describe in detail, the measures they would take to ensure the person remained safe.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The authorisation procedures for this in peoples own home are referred to the court of protection (CoP). At the time of the inspection there had been no applications made to the CoP.

Staff had received training and understood the importance of giving people choice and obtaining their consent. We saw that when people lacked capacity an assessment had been completed and if relevant a referral to the local authority in relation to a DoLS. The was currently no one on a DoLS, however the care coordinator was aware of any implications this could have on people's care. They were currently working with social care professionals to reflect people's possible needs under MCA.

Good

Is the service caring?

Our findings

People told us they had established positive relationships with the staff, this included the office.
One person told us, "Because the care is provided at my home its important they fit in. Any staff I have had have fitted in or I have discussed this with the office and changes had been made to ensure I get the right person for my support." All the staff we spoke with said they had been given the opportunity to get to know people in a planned approach. When attending a person as part of the package staff were given time to read the care plans and work with experienced staff members. One staff member said, "This gave me the time to get to know the person."

Independence had been encouraged. People told us they were able to do as much as they were able and staff remained within the home or at a safe distance to provide assurance. One person told us, "Staff know my little routine and pre-empt my actions, but still let me be independent." One staff member said, "We provide guidance, we stand nearby when they are having a shower and monitor, it's important to keep people safe."

The care coordinator was aware that people may wish to consult an advocate and had access to information in relation to how to refer to obtain one. However, at the time of the inspection no one was using an advocate as they had other support networks they felt happy with. Advocates are trained professionals who support, enable and empower people to speak up.

All the relatives we spoke with were involved in supporting people with their packages of care. One relative said, "They listen to me and to [name]." They told us they had been consulted and involved in reviews.

Peoples dignity was observed. One person said, "My goal is to lead as normal a life as possible and the staff help me with that." We saw that staff knew people and this in turn meant they were able to provide an individual approach. All the staff we spoke to referred to people in a respectful manner and people confirmed this had happened.

Good

Is the service responsive?

Our findings

When people commenced their care support with this service they received an initial assessment. This covered all aspects of their care needs. The care coordinator then met with the person and their relative, who they wished to support them on a two-weekly basis. Any changes required at that time were made and the care plan updated. A staff member said, "The plans are always being updated." Another staff member said, "The paperwork is very detailed, you cannot fault it. You understand what needs doing." The care coordinator completed a review every two weeks, they told us, "This enables us to make changes. We obtain information from the family and feedback. It also enables any small query to be addressed straight away."

People were provided with information to support their needs. The Accessible Information Standards is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider told us they were reviewing some of their information formats to consider this area. At the time of the inspection all the people were happy with how they received their information.

People's cultural and diverse needs had been considered. Assessment of people's diverse needs were in relation to the protected characteristics under the Equality Act 2010. Some people had requested gender specific staff to support them and this had been arranged.

We saw how the service was responsive to people's needs. One person had been receiving respite care at a care establishment which had not been a success for them. The family members asked if the service would consider supporting in this area. An initial trail of support was provided to the person, this was supported by the family member being available to provide any guidance. After this period further planned respite had been arranged and delivered successfully. The family member said, "So far this has been a real success." This meant the person received support to remain living in the community.

Some people received support to access activities to support their wellbeing. One relative said, "I am confident staff can support [name] with advice around daily activities which will ensure they remain safe." The staff member told us, "They like to be involved in the conversation and be supported to make their own decision." Other people were being supported by staff in a planned approach to going out. A family member said, "We are taking it slowly, but have had some early success in [name] managing to enjoy some time away from the home." This demonstrated that the provider supported people with areas of interest on an individual basis.

The provider was open to receive any concerns or complaints. One relative said, "We have had a few niggles, but we discuss them and following any changes they had not been repeated." The provider had not had any formal complaints. There was a complaints policy which was accessible to all the people and relatives. People and relatives, we spoke with were very complimentary about the care they received. One relative said, "The company is honourable. They say they will provide the care and never let us down, even if the carers unwell, they get another known carer to support." This meant that any concerns were addressed.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this. Those people who were able, had been given the opportunity to discuss their wishes and preferences in relation to care at the end of their lives.

Good

Is the service well-led?

Our findings

All the people and their relatives felt the company provided a good service. One relative said, "I am very happy with the service." Another relative said, "The communication is professional and honest." Staff also felt that the service was good to work for, one staff member told us, "They are brilliant company, I enjoy working for them." Another staff member said, "I have fitted in and the office are always flexible and listen to you."

Staff told us they felt supported, one staff member said, "Any issues or problems you can phone them or pop into the office." All the staff had received regular supervisions and team meetings. They confirmed that they were useful and had supported them in their role. The care coordinator also felt supported by the registered manager. They told us they also had supervisions and they were able to contact them by email and telephone on a regular basis and always got a response.

The registered manager understood their regulatory responsibilities. We checked our records, which showed the provider, had notified us of events. A notification is information about important events, which the provider is required to send us by law, such as serious injuries or any registration changes. This helps us monitor the service.

The service did not complete a regular annual survey. This was due to the diverse nature of the business. However, when people received a package of care this was reviewed every two weeks. This gave people the opportunity to reflect on the care they received. The care coordinator said, "This means we are able to build and maintain people's care."

The registered manager and care coordinator completed a range of audits on the service to ensure the quality of care was consistent and any changes made. These involved medicine record checks and auditing of the care plans. In addition, competency checks on the staff. One staff member said, "They check the paperwork all the time and if anything is missed, they are on your case."

Partnerships had been developed with a range of health care professionals. For example, the district nursing service, the local leisure centre and the other care professionals. This enabled connections to support people with their health and wellbeing needs.