

Precious Support Services Limited

# Precious Support Services

## Inspection report

Kingsley House  
63 Holly Walk  
Leamington Spa  
Warwickshire  
CV32 4JG

Tel: 01926350355

Website: [www.precioussupportservices.com](http://www.precioussupportservices.com)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Precious Support Service is a domiciliary care agency. People had individual packages of care which ranged from 24-hour care to shorter care calls several times per day. At the time of this inspection Precious Support Service supported 42 people with personal care. This included younger and older adults who required support due to learning disabilities, autism or older age. Other services were offered to people by the provider such as help with shopping and cleaning, but these are not regulated activities and therefore we did not look at these.

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

Relatives felt their loved one was safe with staff supporting them in their own homes. Staff had been trained to protect people from the risks of abuse and understood how to keep people safe and embraced team working to reduce potential risks to people. Infection control procedures were in place to protect people from the spread of infectious disease and COVID-19.

People and their relatives were involved in initial assessments which took place before packages of care commenced. 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 provider's policies and systems supported this practice.

People received care from staff who were trained, motivated and supported by a registered manager who led the staff team to provide the best care they could. People using the service benefited from a well led service. Partnership working enabled people to maintain their wellbeing. Quality monitoring systems and processes were in place to provide information on how the service could be continuously improved.

Rating at last inspection: At the previous inspection in September 2019 the service was rated Good in all areas. At this inspection we have continued to rate the service as Good in all areas.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Why we inspected

We inspected due to possible risk identified through a recent complaint. This was a focussed inspection where we only looked at three key areas.

### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 Safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was Effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service well-led?**

The service was Well Led.

Details are in our Well Led findings below.

**Good** ●

# Precious Support Services

## **Detailed findings**

### Background to this inspection

#### The 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 was 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.

#### Inspection team

The inspection team consisted of five inspectors. Two inspectors visited the service on 8 April 2021. Another three inspectors gathered information via telephone conversations and email. Inspectors spoke with people and their relatives to gain feedback about service and had telephone conversations with staff.

#### Service and service type

Precious Support Service is registered to provide personal care to people living in their own homes. CQC does not regulate premises used for supported living housing; this inspection only looked at people's personal care services. The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The director (provider) was also the registered manager, and for the purposes of this report will be referred to as the 'registered manager'.

#### Notice of our inspection

Our inspection was announced. We gave short notice of our visit on 7 April 2021 to the registered manager. Notice of our visit was given because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the service's coronavirus risk assessment for visiting healthcare professionals before we entered the building and to ensure the provider was available for their inspection. Inspection activity commenced on 7 April 2021 and ended on 14 April 2021.

#### What we did before the inspection

We reviewed the information we had received about the services. We used all this information to plan our inspection.

#### During the inspection

During our on-site visit to the service, we spoke with the registered manager. We reviewed a range of records, including 11 people's care plans. We reviewed medicine records for four people. We looked at records relating to the management of the service, including audits and systems for managing feedback and records of when checks were made in the quality of the care provided. During our off-site work we spoke with eight people who used the service and six relatives of people who used the service. We spoke with six members of staff.

#### After the inspection

We reviewed additional documentation we had requested from the provider.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- All of the people and relatives we spoke with regarding this inspection visit told us they felt their relation was safe with staff who supported them in their own homes. One relative said, "Our regular staff talk to [name], they use a loving voice and are so kind. They [staff] share care plan information and know how to do things. The care is good, [name] is safe with them."
- Support plans informed staff how to provide support that minimised risks to people's health and wellbeing. For example, where people were at risk of choking staff were informed what consistency their food needed to be, and how they should be positioned upright to eat their meal. Risk management plans were in place to describe how much thickener staff should add to drinks to minimise the risks of choking.

### Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents was shared with the staff team, to drive forward best practice.
- Medicines errors were identified through staff reporting any errors they made and through regular audits. Where staff made any errors these were investigated, and staff received further training where this was required.

### Staffing and recruitment

- People, relatives and staff told us they felt there were sufficient staff to provide safe care and support. Staffing levels were based around people's assessed health and care needs within their package of care.
- The registered manager monitored when staff arrived and left people's homes, to ensure people received their agreed care package. Comments from relatives and people included; "They are bang on time", and "90% of the time they [staff] are on time". Only one person told us they were sometimes anxious about when staff were due to arrive, as they would feel more comfortable with a set time for all their calls, rather than staff arriving within an agreed time 'window'. One staff member told us, "We get gaps between calls that help us arrive on time. We are not given too many calls. I am proud to say I am very rarely late. If am running late I phone the client to let them know. There is enough staff, people get their care on time it's a good company. I would recommend them."
- The registered manager undertook background checks of potential staff to assure themselves of the suitability of staff to work at the service, for example, collecting references and making checks into any potential criminal history.
- All staff, whether they were self-employed or worked for Precious Support Services were trained and checked for their suitability before they started work.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate. One staff member said, "If someone raised a concern with me, I would tell the office. If I was worried about someone, I would tell the manager. If I thought someone was at risk, I could call the police or CQC."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.

Preventing and controlling infection

- Staff had received training in infection control and worked in line with NHS England's Standard Infection control precautions and national hand hygiene protocols.
- Staff understood the importance of using face masks, gloves and aprons to reduce risks of cross contamination. Staff had been trained in COVID-19 and understood the importance of following agreed protocols to prevent the spread of COVID-19.
- The registered manager ensured there was sufficient personal protective equipment (PPE) available at the office and at people's homes, so that staff could always access PPE when they needed to.
- Staff groups had been formed to support certain people, so that the movement of staff between people's homes was minimised. Where staff were off work the registered manager and deputy manager stepped in to cover care calls. One person told us, "During this last year, with the pandemic, the care staff have been very good. I have a small team."

Using medicines safely

- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
- Medicines records showed when staff administered medicines to people, and also when staff reminded people to take their own medicines.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

Staff support: induction, training, skills and experience

- Relatives felt staff had the skills they needed to effectively support them. One relative told us, "They [staff] have an understanding of [name's] dementia and speak clearly and kindly."
- Staff told us they received an induction when they started work which included working alongside an experienced member of staff. The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
- Staff were also offered bespoke training based on the needs of the people they supported. For example one staff member explained, "Some people have seizures so we worked with the district nurses who provided bespoke training and information, so staff knew how to provide individualised care."
- Staff felt they received the training and support they needed for their role. Staff were supported through one to one and team meetings. All staff told us they felt supported by the management team. One staff member said, "If I needed some extra training I would ask, and I would get it. The support is really good."

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

- Prior to people receiving a package of care the service undertook a comprehensive needs assessment. This was done in consultation with people, advocates and family members. Where the admission to the service was at short notice, the registered manager undertook the assessment via telephone. The assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

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

- Support plans contained information about people's nutritional likes and dislikes and the support they needed to ensure they ate and drank enough to maintain their health. Where people required their food and fluid intake to be recorded, to ensure they ate and drank enough, records were clear and up to date. One person told staff always made sure they had a drink before leaving, to prevent them from becoming dehydrated.
- Where people required a soft diet, pureed diet, or were vegetarian, different food options were prepared for them according to their individual needs.
- People were referred to healthcare professionals when dietary guidance was needed.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of MCA.

- The registered manager demonstrated an understanding of their legal responsibilities under the Act. They told us if they had concerns about a person's capacity to consent to any restrictions within their care plan, they would refer them to medical or social care professionals to ensure they were in the person's best interests and legally authorised.
- The registered manager followed the principles of the Mental Capacity Act 2005 (MCA) and assumed everyone had the capacity to make their own decisions, unless it was determined through an assessment by a health or social care professional that they did not.
- Records showed how best interests' decisions had been reached and agreed.
- Care staff understood the importance of gaining people's consent and explaining what was happening. For example, before supporting people with personal care. One staff member explained their understanding of people's fluctuating capacity saying, "Some people lack capacity and I know that needs to be assessed we can't just presume; some people's capacity fluctuates so some days they can decide things and on others they can't."

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

- Managers and staff worked with other healthcare professionals to support people's health and maintain their wellbeing.
- Staff communicated effectively with each other. There were systems in place, such as daily care records, staff briefings via electronic tools to share non-confidential information amongst staff.
- People had access to health professionals. Where advice was provided from health professionals, care records were updated. One staff member told us, "We have lots of support from the district nurses and the relationship is great."

# 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 previous inspection this key question was rated as Good. At this inspection the rating has remained the same. 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

- The service was led by the provider who was also the registered manager. Staff were supported by them, a deputy manager 24-hours a day through an 'on call' system as some staff worked at night.
- The registered manager understood their role and knew their responsibilities regarding regulatory requirements.
- The staff team understood their roles and responsibilities toward people living in their own home and embraced further learning and developmental opportunities, so people received the best care and support possible. A staff member said, "We have supervisions and I feel we are listened to. We are really encouraged to get things right and challenge poor practice."
- The management team ensured staffing practices met their expectations by working alongside them regularly in people's homes and observed their performance and practice. A member of staff told us, "The best thing about it is the organisation and the manager. She phones people to check that we are doing our jobs properly. We have spot checks too. Someone from the office comes out and watches us to make sure we do things properly."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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 systems in place focused on the individuals using the service and sought to meet their needs and provide them with good quality care.
- People, relatives and staff told us the management team was always available, had an 'open door' policy, and were approachable. One person said, "I can speak with the boss – I can text, she will get back to me and discuss things with me." Another person said, "I think they are brilliant – I could not ask for a better company. I suffer with a lot of anxiety and the manager is very supportive to me."

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

- Feedback from relatives confirmed they were informed and involved in their family member's care.
- There was a complaints procedure to ensure people could raise formal complaints with the registered manager if they wished. One person told us, "There was a problem with one care worker, we complained and this was resolved." Other comments from people included: "I am not complaining at all, the service is excellent", and "We are very happy with the care they are providing."
- Staff met regularly with their manager to keep them up to date with any changes to the needs of people,

or any changes in policy.

#### Continuous learning and improving care

- The registered manager had systems and processes to monitor the quality of the services provided. They looked for continuous ways where improvements could be made. Audits included checks on medicines, care records and daily records.
- The registered manager reviewed accidents and incidents, compliments and complaints and looked for any areas where the service could learn and improve. For example, where one person had experienced problems with a new type of catheter, the registered manager had organised extra training and support from clinical professionals so that any future risks were minimised.
- All improvements noted from audits and checks were added to an action plan the registered manager implemented.

#### Working in partnership with others

- The service had links with external services, such as government links to renewed best practice guidance, charities and health professionals. These partnerships demonstrated the provider sought best practice to ensure people received good quality care and support. One person told us, "I feel they [staff] are my friends as well as care staff. I was poorly a few weeks, the boss was concerned and called my GP for me."