

Premald Care Ltd

Premald Care

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

About the service

Premald Care Ltd provides personal care and support to people who require assistance in their own home. At the time of our inspection three people were being supported by the service. 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

We received positive feedback on the service. One person said, "They provide a really good service. Staff are very kind and considerate."

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were cared for and supported by staff who had received appropriate training. There were systems in place to minimise the risk of infection. There were safe medicine procedures for staff to follow. Staff had a good understanding of people's preference of care, staff promoted people's independence.

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.

People were supported to eat and drink enough to ensure they maintained a balanced diet. People and their relatives were involved in the planning and review of their care. The manager had effective policies to respond to complaints and these were handled well.

The provider had monitoring systems in place to ensure they provided good care and these were kept under regular review.

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

Rating at last inspection

The service was registered with us on 28 September 2021 and this is their first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Premald Care

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 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.

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 not a registered manager in post. However, the manager of the service had applied to CQC to become the registered manager.

Notice of inspection

We gave the service 48 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 8 August 2022 and ended on 15 August 2022. We visited the office on 10 August 2022.

What we did before the inspection

We reviewed information we had received about the service since registering. The provider was not asked to

complete a provider information return (PIR). 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 all this information to plan our inspection.

During the inspection

During the inspection we spoke with two relatives. We spoke with three members of staff including the manager, the nominated individual and a care team leader.

We reviewed a range of records. This included two people's support plans. We reviewed two staff records in relation to training and supervision and a variety of records relating to the management of the 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 of 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 kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People we spoke with told us they felt safe using the service.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any concerns and I know I would need to protect the people I am working with and make sure they are not at any risk of abuse. I know who I would go to and how to report any concerns."
- The manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. There were no open safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks.
- Risk assessments were reviewed and remained up to date to meet people's needs and reduce risks.
- People's care records helped them get the support they needed. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. The manager told us, "I work closely with families and other health professionals when reviewing their care plans".

Staffing and recruitment

- There were enough staff to support people's needs. A relative told us, "Staff always turn up on time and we have never had any issues with missed visits."
- Staff recruitment and induction training processes promoted safety. The manager told us, "We ensure all staff carry out their induction and continue to shadow until they are confident. Staff confirmed the induction had been extensive and offered an opportunity for shadowing which prepared them for their role."
- The manager said they continued to recruit staff as the service expanded.
- Staff were subject to Disclosure and Barring checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service was not supporting anyone with medication at the time of the inspection although staff had completed the required training.
- Medication competency assessments were seen on staff files.

Preventing and controlling infection

- Staff had received training in infection prevention and control and were provided with the appropriate personal protective equipment (PPE). Staff told us they had enough PPE available and what they were required to wear.
- Risk assessments were in place for staff and people to mitigate risks from infections.
- Staff were tested for COVID-19, consistent with government guidance.

Learning lessons when things go wrong

- The manager told us they had not had any significant incidents or accidents in the service.
- The manager told us any incidents would be investigated and lessons learned shared with staff to reduce the risk of them happening again.

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, and people's feedback confirmed this.

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

- Before people began using the service a comprehensive assessment of their needs and choices was carried out by the care team leader and manager. This was then the basis of an agreed plan of support. A relative told us, "The manager sat with us and we discussed my [relative's] support needs. They kept us involved at all times and listened to what we had to say."
- People's support plans were detailed and personalised. They provided the necessary information for staff to meet their needs, in line with current guidance and standards.
- Support plans were reviewed regularly, or if there was a change in people's care and support needs.

Staff support: induction, training, skills and experience

- Staff were up to date with their mandatory training. Some staff had completed additional courses which were specific to people's needs.
- Staff were supported to complete the Care Certificate as part of their induction along with other courses to gain specific knowledge skills they may need to provide care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific jobs roles in health and social care.
- Staff were supported with a full induction when they first started working at the service. One member of staff told us, "After I completed my induction, I was then introduced to the people I would be supporting and spent a lot of time doing shadow shifts so I could get to know them well."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A member of staff told us, "My manager is very supportive and supervises me regularly. The manager also carried out spot checks."

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

- People received support to eat and drink enough to maintain a balanced diet. Details of nutrition and hydration were seen in people's support plans.
- One relative told us, "My [relative] looks so much healthier and has recently gained some weight because of how staff are supporting them which has been really positive for us."

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

- The service worked closely with health and social care professionals to help support people to maintain their health and wellbeing. The manager told us they made referrals to external professionals when appropriate.

- Staff had practical information to support people with their healthcare needs. Support plans contained prompts and guidance for staff on action to take, should a person become unwell.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the Mental Capacity Act (2005) and how to support people to make decisions for themselves when they had capacity.
- The manager gained consent from people to have their care delivered and this was recorded in their care notes.

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

- People received kind and compassionate care. Staff used positive, respectful language which people understood and responded well to. A person told us, "[Staff] always go above and beyond and are amazing. I have no complaints. They are extremely kind, considerate and very caring."
- Staff were focused and attentive to people's emotions and support needs. A person told us, "The care they provide is very good. The carers are very supportive and go above and beyond to keep my [relative] happy."
- Staff were able to tell us about people's preferences and how they like to be supported.
- Feedback from relative's was positive about how caring staff were. A relative told us, "Staff are consistent and know exactly how to care for my [relative]. The manager is very caring and very attentive. My [relative] is always very happy and staff always talk to them and keep them involved."

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

- The manager worked closely with people and their relatives to ensure their care was tailored to match their needs and we saw evidence of this in their care plans.
- Support plans were kept up to date and regularly reviewed to ensure staff had all the information they needed.
- The manager had tools in place to gather feedback such as surveys for relatives and people to complete on their experience of care

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's confidentiality was respected. Records were kept securely.
- Staff treated people with respect and dignity. A relative told us, "Staff are always respectful, patient, kind and caring even if my [relative] is in a bad mood. They always say the right things which make them feel better."

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 based on their assessment needs. The manager undertook a thorough assessment of people's care needs when they first contacted the service. Care packages were planned with people's and relative's involvement to ensure their needs could be met.
- People were supported by a small team who knew them well and how they like to be supported. One relative told us, "Staff always take their time to speak to my (relative). They always speak to them and never over them."
- People's care was reviewed regularly, and people had the opportunity to shape the service they received. The manager told us they regularly amended or updated the care plans with families as and when required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- People's care plans were written in practical, plain English.

Improving care quality in response to complaints or concerns

- There was a policy on how to manage and record complaints.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Families confirmed they were aware of the procedure, "I have never had to raise a complaint, but I know who I would need to speak to if I did have to."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. We found an example where a person had raised an informal complaint to the manager and immediate action was taken to resolve the complaint.
- There was a process for complaints to be logged on the system and the manager audited these on a monthly basis.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.

- There was limited information in the support plans we reviewed relating to people's end of life wishes. The manager told us they will review this and look at incorporating more detail about people's wishes.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A relative told us, "The manager is very caring and manages the service very well. We can see how much they care about the people they support."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. A member of staff said, "My manager is very supportive, and they always listen and are approachable." Families told us the service was open to suggestions. A relative told us, "The manager is lovely and always trying to help where they can."
- Managers worked directly with people and led by example. Staff told us, "My manager often carries out spot checks and gives me the opportunity to regularly discuss anything I need to with them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was aware of their responsibilities in relation to the duty of candour. This requires providers to be open and transparent with people who use their services and others acting lawfully on their behalf.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of any important reportable events. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC.
- The manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the services they managed. There was an effective quality audit system in place which included a supervision audit which correlated to supervision records.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.

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

- People, and those important to them, worked with the manager and staff to develop and improve the service. One relative told us, "The manager is always available to speak to and very approachable and listens to any suggestions."

- The manager had systems in place for staff to share information and had frequent contact with staff to gain feedback on the care they were providing.
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about trainings.

Continuous learning and improving care; Working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The manager had systems in place to review care and was developing additional audits to better monitor and evaluate outcomes for people.
- The manager had joined networks with other registered managers where they shared ideas and information on the care system.