

Prayngel Healthcare Limited

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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

Prayngel is a care at home service providing regulated activity older people across Shropshire. At the time of our inspection there were fourteen people using the service. 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.

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

People felt safe and were supported by trained staff who knew them well. People received their medicines as prescribed. People were supported by a regular staff team who attended people's homes at the right times and for the right amount of time. Staff wore the correct protective equipment when supporting people.

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 in line with their needs where they required this. Staff underwent recruitment checks prior to their employment and had access to regular supervisions.

People were supported by caring staff who respected their dignity and promoted their independence. People and those important to them felt able to give feedback about their care and were confident any feedback would be acted upon. People could access information in formats which supported their understanding.

People knew who the registered manager was and felt able to speak with them. There had been improvements made to the quality assurance processes at the services to ensure people received safe care and support.

Rating at last inspection and update

The last rating for this service was good (published 12 July 2017). At this inspection the service remained good.

Why we inspected

The inspection was prompted in part due to concerns received about people's care and treatment and oversight at the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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.

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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 and an Expert 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 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 a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 01/08/22 and ended on 08/08/22. We visited the location's office on 02/08/22.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does 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 three people who use the service and four family members. We reviewed a range of records including three people's care files and medicines records and staff recruitment files. We reviewed a range of documents in relation to the monitoring of quality and oversight at the service and we also spoke with five members of staff including the registered manager and the consultant.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff recruitment files did not always contain complete information about staff's full employment history. We raised this with the registered manager who acted immediately during the inspection to ensure any gaps were completed.
- Staff were recruited had employment checks completed prior to them commencing work. For example, the provider arranged for checks to be completed by the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- People were supported by sufficient staff to meet their needs at the times they were allocated to do so. One relative told us, "Staff never rush my [relative], if [they are] rushed [they get flustered and can lose balance, the carers allow [they] all the time [they] need."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were supported by staff who had completed safeguarding training and were aware of local safeguarding procedures. One staff member told us, "I would report any concerns about people's care to the manager."
- Where concerns were identified the registered manager reported these to the Local Authority safeguarding team for further review.

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

- People had risk assessments in place which explored their known risks and provided clear guidance for staff to enable them to mitigate these risks. For example, where a person was at risk of not eating and drinking enough, there was clear guidance for staff to encourage them with this.
- Accidents and incidents were reviewed by the registered manager and investigations were completed where required to ensure lessons were learned when things went wrong. For example, following a serious incident the registered manager ensured staff were retrained and their competencies checked prior to them recommencing work.

Using medicines safely

- People told us they received their medicines as prescribed by trained staff.
- The registered manager completed audits on medicines which identified where errors had occurred. We saw where staff had not signed people's medicines records following supporting them with their medicines, timely action had been taken by to address this.

Preventing and controlling infection

- People and their relatives told us staff wore the correct PPE. One person told us, "Staff always wash their hands and wear a mask, aprons and gloves to protect me."
- The infection prevention and control policy was up to date.
- The management team completed spot checks on staff to ensure they were adhering to infection control guidelines.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs were assessed prior to the start of their care. This enabled the registered manager and staff to understand the level of support people needed and to make sure this was in place when their support commenced.
- People and those important to them were involved in reviews of their care. One person told us, "I discussed what care I wanted at the beginning and I am always involved in decisions to be made."
- People had oral health care plans which gave staff guidance around how to support people to maintain their oral health care needs should they require this.

Staff support: induction, training, skills and experience

- People were supported by trained staff. One person told us, "I feel my carer's are well trained, they know what they are doing."
- Staff told us they received a mix of online and face to face training and this was 'good'. One staff member told us, "The training is very, very good because it helps you learn how to support people."
- Staff told us they received an induction which helped them do their job effectively by the registered manager. One staff member told us, "[The registered manager] has shared a lot of their experience with me, it has been really helpful."

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

- People were supported, where required, by staff to eat and drink in line with their needs and preferences.
- People's preferences and goals were recorded around their eating and drinking. For example, one person had been unable to prepare meals for themselves following an injury but wished for staff to support them with shopping so they could remain involved to become independent again once they were able.

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

- People were supported to access healthcare professionals when it was needed. For example, staff supported people to make appointments with healthcare professionals and attend them where required.
- People and their relatives were supported to engage with healthcare professionals where they required this support to communicate their needs and wishes.

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.

- Staff received training and understood the principles of the MCA and how this impacted on the people they support. One staff member told us, "We have to assume everyone has capacity at first. People have the right to choose and make their own decisions where they are able."
- The registered manager understood their responsibilities in relation to the MCA and DoLS and knew when and how to assess people's capacity, complete best interests decisions where these were required.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 and their relatives told us staff were caring. One relative told us, "Carer's arrive on time, they are brilliant, they do what I ask and really listen to me. They are kind and patient and often stay over their time, I never feel rushed." Another person told us, "I like the carers, they are friendly and kind."
- Peoples' needs in relation to their sexual orientation, religion and other protected characteristics were discussed and recorded on their care plans.
- People told us regular staff knew them well. One relative told us, "My [relative] feels safe because [they] have the same carers, they know [my relative] and we trust them."

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

- People were encouraged to make choices about how they were supported. One relative told us, "Carer's always explain what they are intending to do and ask if [my relative] would prefer a shower or wash down, they always involve [my relative] in decisions and gain [their] consent."
- People were supported to give regular feedback about their care. One relative told us, "I had a call from the office to check we were happy with the standard of care, I said we were happy with the care."

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity maintained. One person told us, "Carer's are polite and I always feel I am treated with dignity. They clean up and dispose of all their rubbish and leave the place tidy." Another person told us, "They knock the door before coming in and tell me who it is, they are so kind and gentle and take time to listen to me."
- People were supported to maintain their independence. For example, where people were able to wash themselves, staff encouraged them to do this, only supporting when they needed or were asked to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained 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 had personalised care plans in place which explored their needs and choices. For example, one person's care plan detailed how they liked a hot meal from the local pub.
- People's care plans included who was important to them and who they would like to be involved in their care.
- People's care plans prompted staff to ensure they were offering people regular choices about their care.

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 could access information in a variety of formats to support their understanding. For example, people could access information in their preferred language and large print.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise concerns about their care. One relative told us they had raised concerns that staff weren't very talkative with the registered manager who had taken action to make improvements, "[Staff] are much more chatty now, I heard them all laughing together this morning."
- The provider had a complaints policy in place and the registered manager and wider management team were adhering to this.

End of life care and support

- No one at the service was receiving end of life care at the time of our inspection. We discussed the importance of forward planning in end of life care with the registered manager who told us they planned to speak with people during the reviews of their care about any preferences they had about end of life care.

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

- Prior to our inspection concerns had been raised about the monitoring of quality at the service. During this inspection we found these concerns had been taken seriously and improvements were underway to develop the service. For example, reviews of staff performance and increased quality monitoring had begun. Whilst these were still in progress, significant improvements had already been made.
- The registered manager completed a variety of quality assurance audits across the service to ensure continuous learning and improvements were made where required. For example, the registered manager had implemented a new online system which allowed them to track staff movements to ensure staff were supporting people at their allocated time for the full amount of time.
- Staff had begun to record people's care and support on an app. Where staff failed to record they had completed a person's care tasks this would send an alert to the management team to enable timely action to be taken to address any concerns.
- Where errors and omissions in people's care had been identified by the registered manager, action was taken to make improvements to people's care. For example, following a medicines error, staff were involved in retraining and further competency checks.
- The registered manager understood their responsibilities of their registration with us and had notified us of events that had occurred at the service.

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

- People and their relatives gave positive feedback about the registered manager. One person told us, "A very nice [person] came from the office the other day, they asked me lots of questions about the care I receive, I told her I can't fault them."
- Staff we spoke with also gave positive feedback about the registered manager. One staff member told us, "[The registered manager] at is a good manager. If there is any time we need to call [them, they] are always ready to take our calls."

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 registered manager understood their legal responsibilities in relation to the duty of candour and were open and responsive to feedback to ensure improvements were made to the service people received.

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

- Staff had access to regular supervisions to enable them to continue to learn and make improvements to the care they provided.
- The registered manager and wider management team used the feedback they had received to create an action plan of improvements they were making at the service. These improvements included, ensuring people had access to consistent care and support at the time they have requested this.

Working in partnership with others

- The registered manager and staff worked with external professionals to enable people and their relatives to achieve the support they required. One person told us, "I had a visit from the [registered manager], I told them I want to improve my ability to move around at home after a fall, they have contacted my doctor to arrange a visit at home."
- The registered manager had worked with the Local Authority and a consultant to make improvements at the service following concerns being raised.