

Pro-vida Care Limited

Pro-vida Care - Lichfield, Tamworth & surrounding areas

Inspection report

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Tamworth
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26 March 2019

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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:

Pro-vida Care is a domiciliary care service that was providing personal care to people living in Tamworth, Lichfield and surrounding areas. At the time of our inspection visit, the service was providing personal care support to approximately 17 people.

People's experience of using this service:

People were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. However, improvements were needed to ensure the provider systems were fully engaged with local safeguarding arrangements and all concerns were referred for investigation when needed.

People were involved in decisions about their care and were happy that staff respected their individual routines. People's diversity was recognised and promoted by the staff.

Risks associated with people's care and support were managed safely. When needed, people received support to take their medicines as prescribed. Improvements were needed to ensure care documents accurately reflected people's needs. The provider followed safe recruitment procedures and staff were trained and supported to meet people's changing needs.

People were supported by kind and caring staff who respected their privacy and dignity and promoted their wellbeing. Staff listened to people and encouraged them to maintain their independence. Where required, people were supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access other health services when needed.

People and their relatives were complimentary about the service. They knew how to raise concerns and complaints and there were systems in place to capture people's views on how the service could be improved.

There were systems in place to monitor and improve the service. Staff felt supported and valued by the provider.

Rating at last inspection: This is the first ratings inspection of the service.

Why we inspected: This is our first planned inspection of the service.

Follow up: Going forward, we will continue to monitor this service. We will revisit in line with our inspection

programme for services rated Good.

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

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 responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

Pro-vida Care - Lichfield, Tamworth & surrounding areas

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection, supported by 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:

Pro-vida Care is a domiciliary care agency. It provides personal care to people living in their own home.

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:

We gave the service five working days' notice of the inspection visit because we needed to arrange telephone calls to people using the service and their relatives. Inspection site visit activity started on 19 March 2019 and ended on 26 March 2019. It included telephone calls to people using the service and their family members. We visited the office location on 26 March 2019 to see the registered manager and care staff, and to review care records, policies and procedures.

What we did:

We looked at information we held about the service including notifications they had made to us about important events. We reviewed 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 also considered other information sent to us, for example from the local authority and members of the public. We used all this information to plan our inspection.

Before we visited the provider's office, we spoke with two people who used the service, and five relatives. During our office visit, we spoke with two members of care staff, and the registered manager, who is also the provider. We reviewed three people's care records, policies and procedures and records relating to the management of the service, including training records and two staff recruitment files.

Is the service safe?

Our findings

Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse:

- Safeguarding policies and procedures were not consistently followed and the registered manager did not fully engage with local safeguarding systems. We found that three incidents in relation to a person had been recorded and investigated but not referred to the local authority safeguarding authority for investigation. We discussed this with the registered manager who contacted the local authority to make the referrals. They also reviewed their incident reporting procedures to ensure that all concerns would be referred when needed.
- Staff had received training and recognised the potential signs of abuse. They knew how to raise concerns both at the service and externally, if they needed to. The provider was also introducing a safeguarding application on staff mobile phones, which would enable them to contact the local safeguarding team directly if they needed to.

Assessing risk, safety monitoring and management:

- People and their relatives had no concerns about their safety. They told us the staff understood their needs and supported them to be safe when providing care. One person said, "I always ask if all the carers know about my medical conditions as my life is in their hands. I am assured that they do".
- Staff we spoke with could tell us about people's needs and explained how they supported them to be safe, whilst maintaining their independence. We saw this information matched what was recorded in people's risk assessments and care plans.
- People's care records were kept under review to ensure they continued to be supported in a safe way. Staff told us the provider briefed them about changes by phone and they were reminder to read people's care plans at each visit.

Staffing and recruitment:

- There were sufficient staff and people received consistent care from staff they knew well. People and their relatives told us they usually had the same care staff and were always introduced to any new staff.
- Staff told us they had sufficient time to travel between calls and two carers were provided when needed.
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. These checks assist employers in making safer recruitment decisions.

Using medicines safely:

- People who received support with medicines were encouraged to be as independent as possible. A relative told us their family member had a medicines reminder, known as a Pivotell. They said, "The carers oversee that the meds have been taken from the Pivotell".
- Staff were trained and deemed competent before they administered medicines. Competence checks were repeated at regular intervals and staff received further training when needed.
- There were suitable systems for recording and monitoring medicines.

Preventing and controlling infection:

- Staff understood their responsibilities to follow infection control procedures to keep people safe from the risk of infection.
- Staff had clear procedures to follow and spot checks were carried out to ensure they followed safe practice.

Learning lessons when things go wrong:

- Whilst we have identified improvements needed to safeguarding systems and processes, staff were fully supported to raise any concerns. Accidents and incidents were investigated and learning shared with staff to prevent reoccurrence.

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

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 and their relatives told us they had agreed their care needs prior to starting to receive a service. A relative said, "I was involved in agreeing the care plan. The company is very good, they are kind and caring and understand [Name of person's] needs.
- People's needs were assessed and plans were in place to ensure people's care was delivered effectively. Referrals were made to other professionals to make sure people's needs were met.

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

- People who received support with their meals told us they were supported to have choice. One person said, "They do my breakfast and lunch. I tell them what I want, a sandwich or a microwave meal or heat some soup up".
- Staff were aware of ethical and cultural choices in relation to people's food. For example, the importance of Halal food to adhere to Islam law.

Staff support: induction, training, skills and experience:

- People and their relatives were confident that staff were well trained and understood how to care for them effectively.
- Staff were positive about the training and support they received, which was managed closely by one of the provider's directors. Staff received an induction and did not work unsupervised until they and the registered manager were confident they could do so.
- Staff knowledge and competence was monitored through an appraisal system which supported them to review their practice and discuss any training needs.

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 manage their health. A relative told us, "On a recent hospital discharge, one of the managers came out to check on things".
- Staff were aware of what they should do if people's health deteriorated, for example when to call the GP or an ambulance. One member of staff said, "We wait until the ambulance arrives, or stay if family want us to, always giving that reassurance".

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".

We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and understood their responsibilities to support people with decision making. Staff sought people's consent and involved them in day to day decisions about their care. One relative said, "(Name of person) has dementia. The carers still talk with them and not over them and try to include them in conversations. I would without fail recommend this company".
- Care plans we looked at showed people had signed to consent to their care. When people's relatives were involved in decisions about their care, the registered manager checked that they had the legal authority to do so to ensure their rights were upheld.

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

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 had regular care staff and had developed good relationships with them. One person said, " It's the small things that count – one of my carers makes a lovely cup of tea and says she makes it as if for herself. They take pride in their work and are not here just to do a job".
- Staff treated people as individuals and encouraged them to maintain their appearance. Relatives we spoke with told us the staff 'went the extra mile' with people. One said, "They chat nicely with [Name of person]. Often, they go above and beyond and will do nail varnish and make up and show them [the finished result] in the mirror. I would absolutely recommend this company."
- Staff told us they made sure they stayed the allotted time with people and would contact the office if they felt people needed more time. One member of staff said, "We don't rush, we make sure we have plenty of time to do the tasks and ask for more time if needed".

Respecting and promoting people's privacy, dignity and independence:

- People and their relatives told us the staff treated them with dignity and respect at all times. Staff told us how they involved people in their care and explained what they were doing as they went along. One said, "I make sure people have privacy and feel comfortable before we start. I get them to join in and keep their independence by not doing things for them if they can do it themselves".

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

- People and their relatives told us they were fully involved in making decisions about their care. One person said, "They [the care staff] do exactly what has been agreed. And if not, I would say so".
- Staff ensured people's confidentiality. One said, "We don't discuss things with other family members unless they have given permission, or if we feel they are at risk".

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People and their relatives were happy with how the staff supported them and that their individual needs were met. They told us care was provided in a timely way which fitted in with their daily routine. A relative said, "The carers have the same morning routine with [Name of person]. They know the doorbell means they [carers] are here.
- People and their relatives told us the service was flexible in meeting their changing needs. One relative said, "The company has been really good with us especially over a recent hospitalisation. They have checked on progress and kept us on." Another said, "I find if I need to alter anything they are contactable and approachable and will respond".
- Staff recognised and understood people's diverse needs, particularly the communication needs of people with a sensory impairment. For example, they told us how they made sure people always had their glasses or hearing aid in before leaving them.
- People's care plans reflected their needs and noted their likes, dislikes and preferences for how they wanted to receive their care. A relative told us, "I used to be a carer and this company has written a very good care plan".
- The registered manager was aware of the Accessible Information Standards. They were in the process of reviewing the service's Statement of Purpose to ensure it was up to date and provided adapted information for people. For example, in large print.

Improving care quality in response to complaints or concerns:

- People and their relatives knew how to raise any concerns or complaints and were confident they would be taken seriously. One relative told us how they had contacted the registered manager about a problem and was happy with the outcome. Another said, "Any niggles are easily resolved".
- There was a complaints procedure for logging and tracking any complaints, which showed that any complaints had been responded to promptly.

End of life care and support:

- People were encouraged to record their preferences for support at the end of their life.
- Staff were committed to being able to support people to have a comfortable, dignified and pain-free death and were due to undertake training in this area.

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

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:

- Although the registered manager had not always engaged with local safeguarding procedures, they understood the requirements of registration with us and had notified us of important events as required.
- There was a clear management structure at the service, which included a deputy manager and call scheduler. Staff told us they had regular meetings with the registered manager and felt able to raise any concerns they had. One said, "We are all treated fairly, you can phone or come in [to the office] whenever you need to, I've never felt uncomfortable about anything".
 - Staff were aware of the whistleblowing policy and told us they would not hesitate to raise any concerns with the management team. Whistleblowing is when staff raise concerns about poor practice or wrongdoing at their workplace.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The provider had recently introduced an electronic monitoring system, which alerted the management team when calls were late or missed. There had only been one missed call and we saw this had been investigated and action taken to minimise the risk of reoccurrence. People and relatives we spoke with had no concerns about late or missed calls.
- There was a quality assurance system in place to monitor, and where required improve the service. Action was taken when shortfalls were found. For example, staff were provided with additional medicines training when errors occurred.

Continuous learning and improving care; Working in partnership with others:

- The provider kept quality assurance systems under review and was focussed on improving people's care. They worked alongside care staff to monitor the quality of care people received. Relatives consistently complimented the approach of the management team. One relative told us, "The registered manager is hands-on and goes out to people's homes. All the management team will come out and cover a shift [if needs be]". Another said, "The managers have been very supportive to me as a family member. They think outside the box and are pro-active to try different things in working with [Name of person]".
- The registered manager and management team worked closely with other professionals to ensure people

received effective, joined up care. For example, we saw they had developed close links with social workers and community professionals.

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

- People and relatives were positive about how the service was managed. They told us they were always able to contact the office and could speak to a member of the management team if they had any concerns. A relative said, "The management listen to me as a relative and respond, often getting straight back to me".
- People's views on the service were sought through spot checks and review meetings. The provider had recently sent out a questionnaire, seeking people's opinions on how well led the service was performing. The initial analysis showed that the feedback was positive and the provider planned to feedback the results to people through a Newsletter.
- Staff were motivated and clearly proud of the service. One member of staff said, "Personally this is the best place I've ever worked, I feel I get so much support, home and work, they are very understanding".