Whisselwell Care Limited

Priory Home Care Service

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

Overall summary

This inspection took place at the agency's office on 20 January 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. After the visit, we spoke with people using the service, staff and professionals working with the service.

Priory Home Care Service provides personal care to seven people who need assistance in their own homes. The provider, Whisselwell Care Limited, has appointed a registered manager who is one of the owners. 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 felt safe and well supported by staff. Staff were reliable and did not miss visits. Senior staff only accepted referrals when staff were available to meet people's needs. Recruitment was well managed. Staff helped keep people safe because they knew their responsibility to report abuse in a timely manner. Staff knew the importance of infection control and safe medicines practice.

Summary of findings

People were supported by regular staff who understood their care needs. This made them feel safe and reassured. The staff group was stable so people received consistent care from staff who knew them well. People's comments included: 'All the carers are very polite and discreet in what they do', 'I am very pleased with the girls I have' and 'all my carers are lovely, very friendly and helpful'. Our conversations with staff confirmed they had a caring manner and wanted to provide consistent care to people.

Staff were committed to providing flexible care, which was responsive to people's changing needs. Staff knew when to report concerns and changes to people's health and well-being. Staff knew people well so helped organise additional visits where people were unwell and were unable to attend their usual luncheon clubs.

Staff told us they had the right skills to deliver safe and good quality care. This was because they were supported by an induction and training programme, which was supplemented by supervision and team meetings.

There were effective methods used to assess the quality and safety of the service provided.

Summary of findings

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.

People felt safe because staff were reliable and knew how to care for them.

Recruitment was well managed to help ensure staff were suitable to work with people.

Staff demonstrated an understanding of what constituted abuse and knew how to report any concerns they might have.

Risk assessments were in place and up to date to help ensure people's safety was considered and addressed.

Staff kept people safe by their good practice in connection with medicines and infection control.

Good

Is the service effective?
The service was effective.

Staff ensured people experienced effective care that met their needs and wishes.

Training and supervision were provided to staff to give them the skills to care for people effectively.

Staff knew to report changes in people's health and well-being in a timely manner.

Good

Is the service caring?
The service was caring.

People were positive about the support provided and the relationships they had with staff.

Regular care workers meant people's care was provided in a consistent manner.

Good

Is the service responsive?
The service was responsive.

Changes in people's needs were recognised and appropriate action taken.

Care records provided clear information, which was up to date.

Information was available to people if they wished to make a complaint.

Good

Is the service well-led?
The service was well-led.

Staff were loyal to people using the service and were committed to provide high quality care.

Systems were in place to check on the quality of the care and identify any potential improvements to the service.

Good

Priory Home Care Service

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 20 January 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection, we reviewed the information we held about the service and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports.

We spoke with two people receiving a service, one family member, three members of staff, and the registered manager. We also reviewed the responses to a Care Quality Commission (CQC) survey and the survey responses sent out to people by staff at the agency. We reviewed three people's care files, two staff recruitment files, four staff training records and records relating to the management of the service. Following our visit we sought feedback from social care professionals to obtain their views of the service provided to people. A social care professional provided information. We also contacted health professionals for their views but unfortunately they did not respond to our request for feedback.

Good

Is the service safe?

Our findings

People told us staff arrived on time and stayed the correct amount of time. In their survey responses, people said they felt safe because care staff arrived when they should and they had not experienced any missed visits. A relative confirmed the agency was reliable. Systems were in place to inform and reassure people if staff were late.

There were effective recruitment and selection processes in place. The registered manager had delegated the task to a senior staff member. The staff member recognised the importance of recruiting suitable new staff members, which was reflected in the thorough recruitment process. Recruitment files provided a clear audit trail of the steps taken to ensure new staff members' suitability, which included references and appropriate checks. Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

A senior staff member was clear they would not accept requests for care packages if this put pressure on existing care arrangements. They recognised the amount of people using the service could not be increased until staffing had been increased. This approach kept people safe as staff were not rushing from one visit to the next.

People confirmed staffing arrangements met their needs. People knew the staff who visited their home. People were not provided with a rota; staff said this because there were consistent arrangements in place so people knew which staff to expect. However, we discussed how a rota would provide information to health professionals or family members if the person was unwell or unable to remember who was due to visit. People told us they knew all the staff who visited them and knew who to expect for each visit. Staff informed them of any planned absences from work, and people told us they knew the staff who provided replacement cover.

Experienced staff told us new staff members were always introduced by existing staff before they began supporting people. People confirmed this. Records showed there was a core group of staff who provided a stable workforce, which was confirmed when we spoke with staff and people using the service. For example, one person was provided with support four times a day from two staff members, the person told us they were happy with the consistency of care. There was a small staff group. A senior staff member usually provided cover when staff were off sick or on annual leave but other staff said they all tried to work flexibly to ensure a consistent service.

Risk assessments were in place for the use of equipment, such as wheelchairs, to ensure staff knew the level of support people needed. Care plans detailed how people used the equipment to enable their independence. Staff were clear their role was to support people's independence in a safe way. A person who used equipment to help them move said staff supported them in a safe and competent manner.

Before care was provided a senior staff member assessed the potential risks in people's environment, such as trip hazards. These were discussed with the person and highlighted to staff. People told us how staff kept them safe by securing their home before they left. Staff understood the importance of keeping people's key safe codes confidential.

Staff told us about the actions they would take if a person's skin became damaged, for example, through pressure damage. This included documenting in the daily notes and alerting community nurses. There was a concern in a person's records linked to skin damage but the staff member had not documented if they had alerted senior staff or discussed with the person if community nurses should be consulted. The next staff member's entry in the person's daily notes did not document, they had checked the area of concern. We discussed this with senior staff and they showed us how the daily record forms had been changed to highlight changes to people's health or circumstances.

We recommend people's care records are reviewed to ensure all risks to people's health are well documented.

People told us staff used gloves and aprons appropriately; staff confirmed they had access to this equipment. Senior staff said staff could collect this equipment during meetings or from the office but she would also deliver protective clothing if staff ran out unexpectedly. Infection control training was provided for staff, which certificates and discussions with staff confirmed.

Staff told us most people or their spouses managed their medicines without assistance from staff. Several people

Good

Is the service safe?

needed prompting and staff explained their role and how they recorded this assistance. Medicine training was provided for staff who supported people with these needs, which certificates and discussions with staff confirmed.

Good

Is the service effective?

Our findings

People told us staff knew how to care for them; they said this was because staff knew them well. People said they had regular staff who cared for them and understood their care needs. Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. A person described how staff supported them with a shower following their wishes and respecting their independence. This reflected our conversation with one of the staff members who supported them. Records showed how staff gained people's consent before providing support. Staff demonstrated their approach in their conversations with us, which echoed the descriptions of care from people who used the service.

The agency was meeting the requirements of the Mental Capacity Act (2005) (MCA) Staff demonstrated an understanding of the MCA and how this applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. 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. 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. Staff were clear they needed to gain people's consent to care, and knew to report concerns to the registered manager if people's mental health deteriorated.

Most people managed their own meal arrangements, but several people had support from staff throughout the day with their meals. Their care plans reflected this support and their preferences. Staff described how they showed people the choice of ready-made meals; a person confirmed this approach. Staff said there was nobody who was currently at risk of unplanned weight loss. They advised if they had concerns they would inform senior staff and, with agreement, the person's GP. The registered manager said there was a recording tool to measure people's food and fluid intake, if necessary. They decided to check what recording tools were used by the provider's care home staff to see if it was suitable.

People told us staff had the right skills and approach to care for them in the way they wanted. Staff told us about a range of training, which they completed. This included first aid, medicines management, food hygiene, infection control, first aid and how to move people safely. Standard training was supplemented by training specific to people's care needs. For example, a course relating to good dementia care practice and diabetes knowledge. Senior staff described how they supported staff with training in different ways to support their different ways of learning. For example, providing one to one training to give a person time and space to think about the information and their response.

Experienced staff confirmed new staff accompanied them as part of their induction, although as there was a low staff turnover and the recruitment of staff could be problematic this was not a regular arrangement. Experienced staff recognised their responsibility to ensure new staff were ready to work unaccompanied. Senior staff described how they actively sought feedback during this introductory period, and met with new staff to ensure they felt ready to work alone. This helped them assess their competency and understanding of people's needs. Staff within the organisation had undertaken the Care Certificate assessor training to ensure new staff were supported appropriately during their induction.

Staff confirmed they had access to a one to one session with a senior staff member to discuss their work and training. Appraisals had taken place, and action had been taken to address staff training requests. For example a staff member's request to complete a national vocational qualification in health and social care. Staff records confirmed this type of support happened on a regular basis. Monthly meetings supplemented these one to one supervision sessions. Senior staff said they contacted most staff every day via a text or a call to ensure they were up to date with the type of care that had been provided and changes in people's health.

Senior staff described how staff liaised with health professionals when people's health needs changed or they became unexpectedly unwell. Where necessary, staff stayed with people until the emergency services or an out

Good

Is the service effective?

of hours GP had arrived to ensure people felt safe and reassured. In the Provider's Information Return, they said 'As a small organisation we are in a position to be reactive and flexible to people's changing needs.' These additional hours had included staff staying late into the evening until a person had been transferred to hospital. A person told us they were kept up to date by staff about the changing health needs of their relative. A social care professional told us additional support had been arranged when a person was unwell and needed an additional visit at lunchtime. During our inspection, a staff member began organising an additional visit for someone who was too unwell to go out for lunch.

Good

Is the service caring?

Our findings

In their Provider Information Return, the provider said care staff 'are aware that there is often a social element to their visit and recognise the importance of companionship.' People praised the caring attitude of staff. They told us the staff were "marvellous" and "very good". There were written compliments from people, which included: 'All the carers are very polite and discreet in what they do', 'I am very pleased with the girls I have' and 'all my carers are lovely, very friendly and helpful'. From our conversations with staff and people using the service, it was clear they had formed positive and caring relationships.

A relative said they were "very pleased" with the care. They confirmed a person who had recently used the service had been happy with the care, saying "She loved them." A person said staff never spoke about the other people they supported. This meant they were confident staff would maintain their privacy and understood the importance of confidentiality.

Staff told us about their work and how they supported people. We spoke with three experienced members of staff, who demonstrated a commitment to the people they supported and a pride in their work. They recognised the individuality of each person and described their actions to maintain their dignity and reduce their embarrassment when they were supported with intimate care.

One staff member described how they considered personal care from the perspective of the person and what the person could do to promote their independence and retain their dignity. This approach included reading the body language of the person to ensure they were at ease and comfortable with their assistance. One person described how staff supported them with a shower; they said staff were respectful and provided help "very gently."

Staff recognised how people needed to be able to maintain their independence and control over their lives. For example, a staff member described their approach with a person who used equipment to move. They acknowledged how they needed to work alongside people rather than make decisions for them. They described how they considered people's personal space when assisting them and negotiated with them about when and how to move them.

Staff told us how they changed their style to suit the person they supported and to pick up on people's moods. People's positive comments about the staff who supported them, showed their approach was successful.

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. People told us a senior member of staff visited them before the service began to discuss their care needs. People's care records demonstrated this assessment was updated as people's care needs changed. This was then used to create a care plan which had been agreed and signed by the person.

Care plans reflected people's health and social care needs. Staff said they were provided with appropriate information about the care needs of new people to the service. They said new people would always be visited and their care needs assessed before care was provided.

People told us their care plan was up to date and they were happy with the content. We looked through people's care plans and in our conversations checked the information was correct. They confirmed the information captured their individual routine. Daily records were current and senior staff described how they were working with staff to improve their written style to make daily records more meaningful. They showed us how a new format for daily records had been introduced with a box to flag up changes in people's health or care needs to keep the next care worker up to date.

Care plans were reviewed after three months, and then six monthly. We reviewed the daily records for three people, which had not been audited for several months. There was information in one person's daily notes that had not been transferred to the person's care plan and staff had not passed this information to senior staff. Senior staff said they would remind staff to share changes in how people were supported and would consider auditing daily records more often.

Care plans provided clear information so staff knew what they needed to do when they visited each person and on each visit. For example, where the person might be in their house and their normal routine. This included security issues regarding who was able to secure their home and who needed assistance from staff.

Staff recognised the importance of promoting people's well-being by making people aware of local social clubs and by ensuring the timing of visits enabled people to attend. When people were unwell and could not participate at lunch clubs, staff ensured additional visits were put in place to provide a meal. The provider also owns a care home, and in their Provider Information Return they documented how people who lived alone were given the opportunity to visit the home for a Christmas meal. In their Provider Information Return, the provider stated they were looking for more ways to meet the social needs of people living in the local community.

Some people who received a service from the agency had later chosen to move to the organisation's care home because their care needs had increased or arranged to stay for a break while their family was away. The provider said the agency's care plan went with them and provided a foundation for their new care plan. Care staff from the agency were able to share information with the care home staff to help them with their assessment and help ensure a consistent approach to the person's care.

People were provided with a copy of the complaints procedure, which set out the process which would be followed by senior staff and the registered manager in response to a complaint, including timescales. During the inspection, additional contact details relating to the ombudsman were added to the service's complaints information to ensure people were informed about the role of other agencies. People were made aware of the complaints process when the agency started their package of care. People told us senior staff were approachable and kept in contact with them. People said they could report concerns; two people said their concerns had been addressed promptly.

Good

Is the service well-led?

Our findings

There was a registered manager in post who is also one of the owners of the agency. She met or spoke with senior staff on a regular basis, as a number of tasks were delegated to them. This included arranging staff training, staff supervisions, staff recruitment, assessments, care planning and rotas. The majority of staff had worked for the provider for a number of years and were committed to providing a consistent service to the people they supported. One of the senior staff members had completed an NVQ Level 5 in management to develop their skills further.

Senior staff received supervision from the registered manager and said the registered manager was always available if they had concerns or queries. People using the service identified senior staff as their point of contact if they had concerns or queries, and said they had regular contact with them. This was because senior staff provided hands on care, as well as providing an out of hour's on-call service. The details of which were on the front of people's care plans for easy reference.

Following our visit to the agency's office, we were sent the service's service user guide. It was written in a clear style and explained how the service was run. Staff confirmed they had read the agency's key policies and knew where to find them if they needed to check information. Senior staff said new staff were given a generic handbook written by a national organisation and the codes of practice for homecare workers. We asked if staff were provided with local information, senior staff said a list of local useful numbers had been given out to staff. Staff said they had recently been given a folder to store this type of information, including the minutes of staff meetings. Staff meetings had taken place on a weekly informal basis but some staff were not always able to attend so the decision had been made by senior staff to make these monthly. Senior staff said this made them more effective and described how the discussions or information sharing that took place were documented. Brief minutes were in place but senior staff recognised more detail was needed to make them meaningful for staff who were unable to attend.

Senior staff said they had considered suggestions from a previous inspection to improve the quality of the quality assurance systems for the agency. For example, they explained how they had introduced spot checks to monitor the practice of staff and check the quality of their work, which records confirmed. The registered manager and senior staff had also adopted quality assurance systems that had been introduced in the care home owned by the same organisation. They had recognised audits needed to be improved to ensure all aspects of the running of the service were managed effectively. This included the management of recruitment, training and care planning. For example, we saw action was being taken to address the gaps in some staff members' training.

Senior staff had sent out surveys in 2015 to gather feedback from people using the service. We reviewed the responses and saw they were all positive, which confirmed the service was safe, caring and effective. Comments included 'very satisfied and see no way at this time, where the service needs improving' and 'can't fault anything, excellent service...' The registered manager and senior staff said they planned to send out surveys again in 2016 but this time they planned to collate the responses and send out the results to people using the service. Staff had not been sent out a survey in 2015 to provide feedback on the service and how they were supported. However, staff said they were able to give this type of feedback at meetings or in supervision.