

Priority Home Care Dorset Ltd

Priority Home Care

Inspection report

Unit A3
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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:

Priority Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of our inspection there were 29 people receiving personal care from the service.

Rating at last inspection:

There have not been any published ratings inspections against this location.

Why we inspected:

This inspection was a scheduled inspection.

People's experience of using this service:

People and their families described the staff as caring, kind and friendly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives told us they were happy with the service, and that staff had a good understanding of their needs and preferences. People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults.

When people were at risk of falling or skin damage staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. People, professional's and relatives spoke highly about the management and staff had a clear understanding of their roles and responsibilities.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

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

A full description of our findings can be found in the sections below.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Priority Home 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. 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:

This inspection was completed by a single inspector.

Service and service type:

Priority Home Care is a domiciliary care agency. This service provides care and support to people living in their own homes.

Not everyone using Priority Home Care received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

Inspection site visit activity started on 12 March 2019 and ended on 14 March 2019. We visited the office location on the morning of 12 March 2019 and people in their homes in the afternoon. We returned to the office all day on 14 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit so that people could be informed of our visit and permissions could be sought to arrange home visits.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service.

We visited five people's homes and spoke with four people who used the service. We met with three relatives. We received feedback from two health and social care professionals via telephone.

We spoke with the registered manager and nominated individual. A Nominated Individual has overall responsibility for supervising the management of the service, and ensuring the quality of the services provided. We met with two carers and two senior carers. We reviewed four people's care files, four Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes, including recruitment.

- There were effective arrangements in place for reviewing and investigating safeguarding incidents. We found that there were no safeguarding alerts open at the time of the inspection.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. A professional said, "I have no safeguarding concerns and believe the service to be open and honest".
- People, professionals and relatives told us they felt Priority Home Care was a safe service. Comments included; "I feel safe when staff are supporting me", "Very safe care is delivered. I can't fault it. No concerns" "I always feel safe with staff, they always talk me through what they are doing" and "I get good safe care".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people.

Using medicines safely

- People told us they were happy with the support they received to take their medicines.
- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice. These included weekly and monthly audits.
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- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Medicine Administration Records (MAR) were completed and audited appropriately.

Assessing risk, safety monitoring and management; Staffing levels; Learning lessons when things go wrong; Preventing and controlling infection

- Where people had been assessed as being at risk of falls, assessments showed measures were taken to discreetly monitor the person and manage the risk. A person told us, "I feel safe when staff use the hoist. I have never come to any harm".
- Staff were confident people were safe and told us that systems were in place to ensure safety. For example, policies were in place, risk assessments had been completed and care plans were clear and up to date.
- There were enough staff on duty to meet people's needs. A person told us, "I feel there are enough staff and we always have our quota each day". A relative said, "There are always enough staff. Never had any missed visits and when two staff are required they both turn up". Staff comments included; "There's defiantly enough staff, we aren't over worked which is nice and gives us time to spend with people" and "I feel there are enough staff. We never miss visits and meet people's agreed time slots".

- The registered manager had implemented improvements and responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- Staff were clear on their responsibilities with regards to infection control and keeping people safe.
- Staff were supplied with Personal Protective Equipment (PPE) which included gloves and aprons. We observed the nominated individual checking the stock of these during day two of the inspection.

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

- There was a clear assessment process in place which ensured that people received pre-admission needs assessments before packages of care were agreed. A relative told us, "[Person's name] was assessed in hospital. Their needs were identified as were their preferences. [Registered manager name] then came to our home and met with me. They assessed the environment, looked at needs and discussed how care can be delivered. The admission process was very smooth".
- People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes.
- People had profiles which gave an overview of important information which included; choices, needs and preferences.
- There were actions under each outcome of care. Visits including times, routines and preferred methods of support were clearly recorded and available to all staff via an online system which staff accessed via smart phones. Staff told us it was helpful to have access to all information via their device as it enabled them to deliver effective care.
- Staff understood people's dietary needs and ensured that these were met. A relative told us, "Staff always promote and encourage fluids. Staff also use a fortified powder mix to help with [person's name] weight".
- People's nutritional needs had been assessed as part of their care plan and clear guidance was given to staff in relation to the support people required including their preferences. One person had a safe swallow plan in place. Staff were aware of this and able to describe how they supported the person safely.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. Staff comments included; "I feel we get enough training. Most recent was a refresher in moving and assisting. This is mandatory annual training" and "We get enough training and I have just started my health and social care diploma. We recently asked for a first aid practical which was arranged and delivered".
- There was a clear induction programme for new staff. This included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed that the induction process was effective. A new staff member told us, "Induction was enjoyable, they eased me in gently. I met with people and did shadow shifts, these were really useful". A relative said, "There were a couple of new staff shadowing last week. It's good they do this. I was asked if I objected to this beforehand".

- The registered manager told us staff received annual appraisals and regular 1:1 meetings.
- A person said, "Staff are trained and always appear to know what they are doing". A professional told us, "I've no concerns about the level of training".

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

- People had access to health care services as and when needed. Health professional visits were recorded on the on-line system. Recent health visits included; occupational therapists and a GP.
- Relatives told us that the service worked effectively with them to coordinate and arrange health appointments as and when needed. One relative said, "Recently [registered manager name] contacted me with concerns about my loved one's weight. They arranged a GP visit here which I thought was very good".
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments and best interest paperwork was in place where necessary. Assessed areas included; personal care, medicines and finance. A relative told us, "We are very much involved in best interest decisions. The service always involves us".
- Consent to care and support had been sought and people had signed their care plans. Those people who had a Health and Welfare Lasting Power of Attorney (LPA) were identified in care plans and documents kept. A Health and Welfare Lasting Power of Attorney (LPA) gives one or more trusted persons the legal power to make decisions about people's health and welfare if they lose capacity.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions.
- Staff told us how they supported people to make decisions about their care and support.

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; equality and diversity

- People and relatives told us staff were kind and caring. Comments included; "Staff are kind and caring", "[Person's name's] face lights up when carers come, it's lovely" and "Carers are caring. I have a good rapport with them all". A relative explained, "If [person's name] is in pain in the morning and they say be careful, staff are very considerate and kind".
- People's cultural and spiritual needs were respected. These were assessed and reflected in people's care and support plans.
- Training records showed that all staff had received training in equality and diversity.

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

- Where people were unable to express their needs and choices verbally, staff understood their individual way of communicating. Staff used text, objects, observed body language and eye contact to interpret what people needed.
- People and relatives told us they were pleased with the care delivered by Priority Home Care and that they felt involved in decisions. A person said, "I would definitely recommend the service based on the care I receive and how satisfied I am with them". A relative told us, "I am really happy with the care delivered to my loved one. We have used three providers and this is the best we have had".
- People were supported to make informed decisions by staff who knew people well. Staff told us that involving people and enabling them to express their views was important to them. A person told us, "Staff know what I like and don't like. They encourage me to make decisions".

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. A staff member introduced us to a person and reminded them why we were there. The staff member spoke softly, bent down to the persons level and made sure they were comfortable. Before leaving and saying good bye they explained what time they would be back and who with.
- People told us they felt respected. Comments included; "I feel respected and made to feel human. They are a friendly caring team of staff" and "Staff are respectful and listen to me and ask what I want".
- Promoting independence was important to staff and they supported people to live fulfilled lives. Staff explained that their approach was focused on supporting and empowering people to do things for themselves.

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

- Priority Home Care was responsive to people's current and changing needs. The service had implemented observation monitoring sheets which were completed when staff noticed changes, or delivered new care approaches which may not be detailed in the persons care plan. A staff member showed us how they completed these. These were then flagged up with the registered manager who updated care plans and informed all staff.
- A positive and inclusive culture was observed during the inspection. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted.
- People and professionals were positive about the support and outcomes achieved by people with staff support. A person told us, "I have a copy of my care plan and it has been done in conjunction with what I want". A professional said, "People's needs are well assessed and met. Paperwork is very good".
- People's information and communication needs were identified and assessed by the service. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for people.
- Staff could tell us how they put people at the centre of their care and involved them and their relatives in the planning of their care and treatment. The registered manager told us that annual review meetings took place with the local authorities (when available), families and people where possible. A health and social care professional told us, "I'm involved in reviews. There is an initial review shortly after care packages are taken on and then annual reviews from there. People and relatives are very much involved". The registered manager and nominated individual made calls to people on a monthly basis to discuss care needs and ensure people were happy with the service. During our visits to people's homes this was confirmed and we were told people and relatives appreciated this.
- Staff considered how barriers due to disability impacted on people's ability to take part and enjoy activities open to everyone. A professional told us, "Priority Home Care always try to find solutions".

Improving care quality in response to complaints or concerns

- Complaints were seen as a positive way of improving current practice and driving the service forward. The registered manager said, "I actively encourage feedback and complaints. They are a way of improving".
- The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of the inspection there were no live complaints.
- People and relatives told us they knew how to raise concerns and make complaints. A person said, "if I had a complaint I'd call the office and follow it up with an email. I've only complained once and it was dealt with quickly". A relative told us, "If we had a complaint we'd contact [registered manager and nominated

individual names]. We have never had to but are sure that it would be listened to and acted upon".

End of life care and support

- At the time of inspection, nobody was receiving end of life care. A senior carer told us, "We adapt care to people who are at the end of their life. We respect their choices and wishes and understand their end of life care plans. We offer support to families, for example, make calls, listen, give contacts to other services and agencies who may be able to offer support to them".
- End of life wishes had been discussed with people and those who wished to share their preferences and wishes had done so. The registered manager told us that they were still exploring this with people who had refused to in the past.

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; Continuous learning and improving care

- Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly.
- The registered manager, nominated individual and senior carers carried out spot checks on staff. A senior carer told us, "I arrive before staff to make sure they are on time. I observe their interactions with people. Make sure staff are wearing their ID and look presentable. I also review their notes and tasks completed. I have never identified any concerns". A person said, "[Nominated individual name] observes staff here sometimes which I think is a good thing".
- Managers and staff were clear about their roles and responsibilities. Regular staff meetings took place and the management team came together weekly to discuss the week ahead, any changes, concerns or developments.
- Staff told us they felt valued and listened to by the management team. We were told that the service had recently introduced a staff award scheme which recognised staff. We were told by people and staff that the registered manager and nominated individual deliver support to people in their own homes. A person said, "[Nominated individual name] provides care to my loved one, this is nice and sets a good example".
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- People, professionals and relatives were positive about the management of the Priority Home Care. People's comments included; "[Registered managers name] is a good manager, they know their stuff and manage staff effectively" and "Management are always accessible and very approachable which is nice". A relative told us, "The quality of care is 10/10 the attitude of staff is great, nothing is too much trouble". A professional said, "[Registered manager] is really helpful. Always goes out their way to help people".
- Staff comments included; "[Registered manager name] is really good. I connect with them. They are professional, very supportive and know their stuff" and "I love the registered manager. They are very personal she'll do as much as possible for me. They are flexible and lead by example".
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

Working in partnership with others; Engaging and involving people using the service, the public and staff;

- Priority Home Care worked in partnership with other agencies to provide good care and treatment to

people. A relative said, "I mentioned to [registered manager name] that I didn't have much contact with the local authority or surgery. I don't know what they did but they now call me regularly".

- Professionals fed back positively about partnership working with the home. One social care professional said, "They are always really helpful and professional. Information is readily available and we work well together".

- People and relatives were actively engaged and involved in the service improvements and delivery. A person said, "I feel listened to, staff want to know my views and opinions. That's good actually". A relative told us, "We receive the quarterly newsletter which is good. The door is open to us giving our own experiences which we might take up".

- We reviewed the staff survey results and observed the Priority Home Care had implemented a number of changes in response to feedback. These included, salary, uniform and team building.