Prior Care Limited

Prior Care Limited - 139 Hornchurch Road

Inspection report

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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

This inspection took place on 16 December 2016. The provider was given 48 hours' notice because the service provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. We last inspected the service in March 2014 and found that the service was meeting the required standards.

Prior Care Hornchurch delivers personal care and support to people in their own homes within the London Borough of Havering and some areas of Barking and Dagenham. At the time of our inspection, approximately 65 people were using the service. The service was employing 20 care workers who visited people living in the community.

The service did not have a registered manager in place because the previous registered manager had recently left the provider. A new manager had started a month prior to the inspection and was in their probationary period. They informed us they would seek to register after this period. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

We found that systems were in place to ensure people were protected from the risk of abuse. Staff were able to identify different types of abuse and knew how to report any concerns.

People received care at home from staff who understood their needs. People had their individual risks assessed and staff were aware of plans to manage the risks. However, not all risks to people were suitably managed because risk assessments were not effective or detailed enough for staff to minimise identified risks. This meant people were not being protected as safely as possible.

Call times to people were not always accurately reflected on the provider's online system. We made a recommendation about having more effective call monitoring procedures.

When required, staff administered people's medicines and had received the appropriate training to do this. The provider had sufficient numbers of staff available to provide support to people. Staff had been recruited following appropriate checks with the Disclosure and Barring Service.

Staff received training in a number of topics that were important for them to be able to carry out their roles. They told us that they received support and encouragement from the manager and were provided opportunities to develop. Staff were able to raise any concerns and were confident that they would be addressed.

People were treated with privacy and dignity. They were listened to by staff and were involved in making

decisions about their care and support. People were supported to meet their nutritional needs. They were registered with health care professionals and staff contacted them in emergencies.

People told us they received support from staff who understood their needs. However, care plans were not always suitably personalised to include people's personal histories and preferences about how they preferred to be cared for. We made a recommendation about developing more person centred care plans.

A complaints procedure was in place. People and their relatives were able to make complaints, express their views and give feedback about their care. They told us they could raise any issues and that action would be taken by the manager.

The manager was committed to developing the service and monitoring the quality of care provided to people. They ensured that regular checks were completed and looked at where improvements could be made. We made a recommendation about ensuring records are kept up to date and appropriately signed by authorised staff.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Although most people felt safe using the service, risk assessments did not contain sufficient information for staff to help keep people safe.

Staff understood how to identify and report potential abuse.

Staffing levels were sufficient to ensure people received support to meet their needs. The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff.

People received their medicines safely when required

Is the service effective?

Good

The service was effective. Staff received appropriate training and support. They received supervision to monitor their performance and development needs.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions was recorded and staff acted in their best interest.
People had access to health professionals to ensure their health needs were monitored.

Staff ensured people had their nutritional requirements met.

Is the service caring?

Good

The service was caring. People were happy with the support they received from staff.

Staff were familiar with people's care and support needs. Staff had developed caring relationships with the people they supported and promoted their independence.

People were involved in making decisions about their care and their families were also involved. The service was able to meet people's cultural requirements.

Is the service responsive?

Good

The service was responsive. Care plans reflected each person's needs and preferences, although the plans were not always person centred. People had involvement in planning their care.

People knew how to make a formal complaint. Where concerns were raised, the management team took appropriate action to resolve them.

Care plans were reviewed and updated when people's needs changed.

Is the service well-led?

Good

The service was well led. People and their relatives spoke positively about the management of the service.

Staff received the necessary support and guidance from the new manager.

There was a system in place to check if people were satisfied with the service provided. The manager had carried out audits and assessments and had made plans to make improvements to the service.

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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 was 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.

The inspection took place on 16 December 2016. This was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of two adult social care inspectors. Before the inspection, we reviewed the information we held about the service. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with the service manager, two senior staff, a finance manager and two care workers. After the inspection, we spoke with seven people who used the service and five relatives, by telephone.

We looked at six people's care records and other records relating to the management of the service. This included five staff recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicine records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "I always feel safe when the carers are here." Another person said, "Yes, the carers look after me." A relative told us, "I know my [family member] is in safe hands."

People were protected from the risk of abuse. Staff were provided with training in safeguarding adults and understood their roles and responsibilities to report any abuse. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to, including notifying the local authority. Staff told us that they would also speak to the manager for support and guidance. They were aware of the service's whistleblowing policy. Whistleblowing is a procedure to enable employees to report concerns about practice within their organisation to regulatory authorities.

People had risk assessments in place. The risk assessments were based on the needs of the person. The assessments identified and detailed what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks associated with the moving and handling of the person, their mobility and risks related to their home environment. The new manager informed us they were intending to redevelop the risk assessments and care plans "to make them more personalised and people friendly." However, we found that the current risk assessments did not contain sufficient information and there was limited detail to demonstrate that appropriate precautions had been put in place to help staff minimise these risks. We saw a recorded risk score for the likelihood of a risk occurring and a key that showed the impact of harm against each assessed score. For example, one person's risk assessment showed that they were "unable to weight bear for very long" and that this could lead to serious injury, which was a score of 3. The measures to reduce this risk only stated for the staff to "encourage [the person] to stand more as they can do it but do not like to." We were not assured that this provided enough information to keep the person safe. It did not state how many staff were required to assist them, how staff would make the person feel comfortable and how they would support the person to bear their weight to prevent them injuring themselves.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before our inspection, we received concerning information that the provider was not following safe recruitment procedures, such as employing staff with criminal records. We found that this was not the case and appropriate action was taken by the provider for staff facing disciplinary or personal matters that affected their work. However, the manager told us that they were implementing new procedures to ensure that recruitment documentation was in order. They said, "I identified a number of issues such as a lack of appropriate forms and logs for when we recruit staff." We saw a new format and checklist that was developed by the manager. New staff completed application forms outlining their previous experience, provided references and evidence that they were legally entitled to work in the United Kingdom. They attended an interview as part of their recruitment process. We saw that a DBS check had been undertaken before the member of staff could be employed. The DBS is a check to find out if the person had any criminal

convictions or were on any list that barred them from working with people who use care services.

People and their relatives confirmed they usually had the same staff providing care and this helped with consistency. Staff provided care to people who mostly lived in the local area, which meant that journey times between visits were short. People told us that staff usually arrived on time or were notified by the service if, for example, their care worker was unable to attend because of sickness. One person said, "The office always phone if my carer is sick, they never just send someone new without informing me."

An online system was used to record the days and times care was scheduled to be provided to people. We looked at staff rotas, daily notes and timesheets and saw that staff were able to complete their tasks. We noted that the times on the system did not always correspond to the times that the actual care was provided. The manager told us, "The system is used mainly for invoicing. We are not able to alter the system after the care package has started, due to the licensing agreement. We track changes to times through logs and timesheets." The manager also said that some staff made private arrangements with people and agreed, for example, to provide care half an hour later than scheduled. However, they would not always inform the office about the arrangement, so that the office could let other people know if their care worker was going to be a little later than usual. We also found that rotas were sometimes unclear due to changes and amendments made on them. We were concerned that this could lead to complications and a lack of consistency in the times being recorded, particularly as the online system was not able to change times allocated for people.

We recommend that the provider looks into more robust call monitoring and coordinating procedures to ensure accurate recording of visits.

Staff told us their workloads and schedules suited them. They said they had sufficient time between their shifts to deliver the support that was detailed in people's care and support plans. There were enough staff employed to meet the needs of the people using the service. However, at the time of our inspection, there was a shortage of office based staff and cover arrangements were in place to coordinate care. The manager told us they were looking to fill vacant posts as soon as possible. During staff absences or if there was an unexpected increase in people's needs, senior staff and the manager, who were based in the office, were available to provide care.

Staff entered and left people's homes safely by ensuring that they announced themselves when arriving by ringing the doorbell or in some instances, entering with a 'keysafe'. This was a secure key to the home that is only accessible with a passcode. Staff were required to identify themselves when they entered a person's home, wear a uniform and carried identification.

Records showed that staff worked together in order to move people safely. Two staff were always present to assist people that required help with moving and handling, for example, when the use of a hoist was required.

Staff followed the provider's infection control procedures. Staff used Personal Protective Equipment (PPE) such as anti-bacterial gels, gloves and aprons to prevent any risks of infection when providing personal care.

Care plans detailed if prescribed medicines were to be administered by either staff or relatives or were to be taken by the person themselves. We looked at daily record notes and saw staff administered medicine when this was stipulated in the care plan of the person. Staff who were required to give people their medicine, recorded the dosages taken in medicine administration record sheets (MARS) and in daily note files to

evidence that the medicine was taken. One member of staff told us, "We take medicines from the blister packs and record what the type of medicine and when it was taken on the MAR sheet. We don't touch the tablets and just drop them into a cup for the person to take." Blister packs are plastic packages containing individual pills and tablets that can be removed one by one. One person told us they were confident ion the staff's ability to manage their medicines and said, "The carers leave my medicines out for me to take. They know the best way so the tablets go down right."

Where staff prompted people to take their medicines, they recorded that they did so. Staff were also observed prompting and administering medicines by senior staff during spot checks, where applicable. Spot checks are observations of staff to ensure that they were following safe and correct procedures when delivering care.

Good

Is the service effective?

Our findings

People and relatives told us staff met their individual needs and that they were happy with the care provided. One person told us, "They help me with my foot and wash me." Another person said, "My carer comes three times a day and they do all the things they're supposed to do."

We looked at the registered provider's policy on the Mental Capacity Act 2005. The 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. We found that the provider was working within the principles of the MCA and that people's human rights were protected. We saw that records of capacity assessments were available, where applicable. People were able to make their own decisions and were helped to do so when needed. Staff understood their responsibilities under the MCA and what this meant in ways they cared for people. Staff would discuss concerns about people's capacity with the manager.

Staff told us they received the training and support they needed to do their job well. They had received training in a range of areas which included infection control, medicine administration, the MCA, safeguarding adults, moving and handling, basic first aid, pressure care prevention and catheter care awareness. There was also training provided around the awareness of disabilities such as dementia, mental health and learning disabilities. Staff were also in the process of completing or had completed a Diploma in health and social care.

The manager told us they were making changes to the training. For example, they were sourcing a new training provider and would be incorporating Care Certificate standards into the training, particularly for new staff who were less experienced or did not have a certain level of health and social care qualifications. The Care Certificate is a set of 15 standards and assessments for health and social support workers who were required to complete the modules in their own time. We saw that staff had completed the modules or they were in progress.

We looked at care workers' training records which confirmed the dates that they took training and any scheduled dates for refresher training in the future. The induction training was provided to new staff in their first three days and had to be completed before they were permitted to work. New staff shadowed more experienced staff, as part of their induction and to learn about people's individual care needs and preferences. Staff told us the induction training they received provided them with the knowledge they needed.

Staff were supported and monitored by the manager and care assessors, who introduced new care workers to people. Senior staff also telephoned people to check that they were happy with the service and later visited them after a few months, to carry out reviews. This ensured that care was being delivered and people

were satisfied with their care and their care worker. We saw records of assessments and observations of staff who provided personal care.

Staff were aware of how to fulfil their roles and responsibilities. Regular supervisions took place every few months, in which staff had the opportunity to discuss the support they needed, guidance about their work and any training needs. Supervision sessions are one to one meetings with line managers where staff are able to review their performance. Records confirmed that supervision meetings took place with the current manager or the previous registered manager, which staff said they found helpful and supportive. We saw that supervision meetings contained discussions with staff about their training, development, attendance, rota and any concerns they may have. One member of staff told us they felt more supported under the new manager, "The new manager is very helpful and friendly. They have supported us and want us to improve and do well."

People's consent was sought before any care was provided. Staff acted on their wishes and asked for their consent before carrying out any task. People receiving care told us that the service shared information with them and their family members. However, we looked at records held in the office and did not see that consent was confirmed with people and relatives and the contents of care plans were agreed. The manager told us that they had developed a new, more detailed consent form which they showed us and was to be used to ensure that consent from people was recorded. This assured us that the manager was taking steps to carry out changes and improvements where necessary.

Where needed, people were supported to have their nutritional and hydration requirements met by staff. Care plans included details of types of food they liked to eat and what they preferred to drink. One member of staff told us, "I can make meals or snacks for people, such as sandwiches and salads. I also make a hot drink or a microwave meal." People told us that staff ensured they were provided with food and drink. One person said, "The carers know how I like my tea. That's the important part!"

Records showed that staff took appropriate steps when a person was unwell and knew what to do in emergencies. A member of staff said, "I would contact the GP or the district nurse if I had concerns. In an emergency, we would call an ambulance and inform the office staff." Staff were also able to contact the manager out of office hours and during weekends in case of emergency.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff treated them with respect, kindness and dignity. They also told us they felt the staff listened to what they said and provided them with care that suited their wishes. One person said, "They help me to have a shower on a board then help me put cream on my body. They are so very gentle." Another person told us, "I couldn't ask for better; they're all lovely carers."

Staff understood the importance of respecting people's privacy and dignity. They knew about people's individual needs and preferences and spoke about people respectfully. One member of staff told us, "We have to make sure doors and curtains are closed when we are providing personal care."

Staff told that they got to know people and their families well. People told us they felt comfortable with the staff and enjoyed their company because there was an understanding and familiarity between them. One person said, "They do all the things they're supposed to do. If they finish quickly they sit and have a cup of tea. I appreciate it." Another person told us, "I get on well with all of them; it doesn't matter where they are from. They are universally very nice carers."

People also commented that they got on well with the care workers who visited them because they made them feel comfortable. One person told us, "We have a nice relationship now, my carer and I." Another person said, "I'm not sure what I'd do without [the carer], to be honest." A relative told us, "My [family member] needs the support and I can't be with them all the time. The carers are a blessing."

One member of staff said, "I have to be respectful and treat everyone as an individual. I have an understanding of people's different beliefs and cultures, so I can get to know them." Another member of staff told us, "I find the job very rewarding and I enjoy looking after people."

Staff were respectful of and had a good understanding of all people's care needs and personal preferences. People's care records identified their specific needs and how they were met. We saw that people were supported to remain as independent as possible by staff. For example, we noted that one person's care plan said, "Sometimes [The person] will need prompting to have a shower. They are able to wash and dress themselves independently."

People told us they had involvement in their care plan when it was reviewed and updated. There was evidence in the care plans and through our discussions with the manager that people were involved in their care. One relative told us, "My [family member] has a care plan. The staff ask me what they need and want. They try their hardest to do it." This meant people and their relatives had the opportunity to contribute and have their say about the care they received from the provider.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their care needs and they were happy with the care they received. Comments from people included, "They know my routine", "The office phones me when there is a new carer" and "They look after me." Another person said, "The office always sorts things out for me. The communication is really good."

The service received referrals from the local authority for people who required assistance with personal care at home. Referrals were also received for people who were being discharged from hospital and required further care. We saw an initial assessment of people who were referred was carried out before a care package was agreed, including risk assessments. Discussions were held with other health or social care professionals for further information. The care plans outlined people's needs. A senior staff member said, "I assist with ensuring clients' preferences are met when I carry out an assessment of their needs. The carer will also be present so we can introduce them to the service user before the start of the care."

Care workers were able to learn about the needs of the people they were supporting. Each person had a copy of their care plan in their home, which reflected their preferences regarding how they wished to be cared for. Detailed information provided by the local authority about the person's care and health needs was also included. Care plans and risk assessments were reviewed and updated to reflect people's changing needs. The care plans included details such as how a person wanted their care to be delivered, information relating to their current health conditions, their likes and dislikes and details of significant relationships. We noted that some of people's interests and daily activities they enjoyed doing, were described. For example, one person's plan stated, "[The person] enjoys reading to keep their mind active and watches television when not in company." This information was important because it enabled people to inform their care workers about how they wished to keep active and what they liked doing during their day.

One member of staff told us they were able to meet the needs of people of different cultural backgrounds. They said, "We need to understand different cultures. Some people like the care provided in a certain way, want to do certain things themselves or do not wish to have family members present. You have to know the differences." This meant that the service was able to respond to and respect people's religious beliefs, cultural needs and requirements.

Although people told us they had seen their care plan and had some involvement in developing them, we noted that the care plans were written from a third person perspective and not from the point of view of the person receiving the care. The manager was intending to develop more person centred care plans that would be "personalised and involve the service user to develop them."

We recommend that the provider seeks advice and guidance from a reputable source about developing personalised care plans to ensure that the care provided is more person centred.

We saw that care plans contained details of what support people wanted for each part of the day when a member of staff was scheduled to visit, such as in the morning, lunchtime or in the evening. We looked at

daily records written by staff and found that they were hand written and contained details about the care that had been provided to each person and highlighted any issues. This helped to monitor people's wellbeing and respond to any concerns.

People were complimentary about the service and said they had regular carers and were happy with their care arrangements. One person told us, "I have had the same carer for many years now, three times a day they come unless they are on holiday. [Care worker] is lovely, I wouldn't trade [care worker] for the world." The service had a complaints policy and people told us they knew who to contact if they had a complaint. The provider's service user guide contained details of how people could make a complaint. One person said, "I don't have anything to complain about. I would ring the office if I did." A relative told us, "I have no concerns. The [care workers] are mostly very nice and my [family member] is comfortable with them." Another person said, "No complaints. The carers are lovely people; so bright and cheery."

The manager told us that all complaints and negative feedback were investigated and responded to. We looked at records and saw that investigations were carried out and action was taken in response to each concern. We noted that people and relatives were written to, informing them of the outcomes of investigations into complaints. Actions that were taken were detailed clearly. For example, we saw that a relative was unhappy that their family member's health and wellbeing were not being recorded by staff. We saw that these issues were raised with the care staff involved and they were reminded of their responsibilities to "document and report any changes or concerns in the behaviour of any service user." Disciplinary meetings with staff also took place following serious complaints about people not receiving personal care or assistance when required.

Good

Is the service well-led?

Our findings

The previous registered manager left their post in October 2016. A new manager commenced their role in November 2016 and was responsible for the day to day running of the service. We found that people were satisfied with the quality of the service and told us the provider was managed well. One person said, "Very nice people. They are far better than the other [care agencies]. This is the third agency I've tried, the rest were not as good. I have no complaints so far."

The new manager understood their role and responsibilities. They told us, "My aim is to improve the service, particularly around documentation, reviews and assessments. We are bidding for a contract from the local authority, so we need to make some improvements." We saw that they had arranged a team meeting to introduce themselves to staff and set out what they wanted to change and improve within the service. We noted that they had plans to "start guiding the carers more," "recruit more staff" and "update all the staff training and office files." People's care was to be reviewed after each of the first two weeks and then again after 12 weeks. All reviews were to be recorded on the provider's online system. We saw that the new ways of working had been implemented. Other items covered during staff meetings included guidance for care workers on recording, reporting, using new systems and following good practice. We saw that the minutes were detailed and that they were well attended.

We looked at records of observations of staff practice when carrying out personal care and saw that they were completed by senior staff. However, they were not always signed by staff and the senior staff to show that staff had seen the record and were aware of any improvements that were required.

We recommend that the provider ensures all documents that are required to be signed off by staff are up to date, checked and signed as part of good practice record keeping.

The manager said they were looking forward to developing the service and would register with the CQC once they had completed their probation. They said, "It has been very busy and challenging but I have an open door policy. They are a lovely group of staff, who are committed and caring." Staff told us they were happy working for the registered provider and the new manager. One member of staff said, "The new manager is very helpful. They are approachable and nice." Another member of staff told us, "The manager took time to speak to each of the staff. I find the manager friendly but also direct and professional." Senior staff told us, "[The manager] is still getting to know the place but they are moving the service in the right direction."

The manager received feedback from people who called the office and from people who were visited by senior staff. This helped to ensure people were happy with the care and support that was delivered. Daily report records, which contained information on tasks that were carried out, were completed and brought back to the office each month to be quality checked. We saw that there was a system to monitor care workers followed a set schedule on their individual rotas. Staff were required to log in to the system using a Freephone number from people's phones with their permission, when they commenced care and support in their homes. This helped the team in the office see that staff had arrived to carry out personal care for people according to the wishes of the person.

The manager sent surveys to people and relatives to seek their views and opinions. We saw questionnaires which had been sent out or returned from this year. The service had received compliments and feedback from people and relatives which were positive. For example, we noted that one person commented, "The carers are regular, nice trustworthy and friendly." Other comments from people included, "Need more staff to cover sickness", "Communication from the service has improved" and "I am happy and so grateful for the help."

People's records were filed securely, which showed that the provider recognised the importance of people's personal details being protected and to preserve confidentiality. Staff were aware of confidentiality and adhered to the provider's data protection policies. The manager was supported by the responsible individual, who was the director of the provider and they were in regular contact to ensure that the service was being managed appropriately. Providers of health and social care have to inform us of important events which take place in their service. The provider notified the CQC of incidents or changes to the service that they were legally obliged to inform us about.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not protecting people against risks in a suitable way. Risk assessments lacked relevant, sufficient or important information to manage and mitigate risks to keep people safe from injury or harm. Regulation 12(2) (a)(b)