

Mrs Lynda Clarke

Priority Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 3 and 31 October 2017 and was announced. When we last inspected in May 2017 we found breaches in regulation relating to the safe care and treatment of people. At this inspection we found that improvements had taken place. We had also found a breach in regulation as systems and processes were not in place to assess, monitor and improve the quality and safety of the service. At this inspection we found that although improvements had been made more was required to ensure they could be sustained.

The service provides personal care to older people living in their own homes. At the time of our inspection there were 28 people receiving a service from the agency.

The service has a registered manager. 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.

Improvements had been made in the safe care and treatment of people. Management auditing systems were being researched but had not been implemented to monitor the quality and safety of the service and ensure that improvements made were being sustained.

Reviews of each person's care had taken place and where risks had been identified actions had been put in place to minimise the risk of avoidable harm. People had been involved in decisions about how their risks were managed and had their freedoms and choices respected. Care workers told us that new care and support plans were helpful and gave them insight into people's risks and medicines.

People felt their care was safe and were supported by care workers that had received training on how to recognise signs of abuse and the actions they needed to take if abuse was suspected. Staff had been recruited safely included checks to ensure they were suitable to work with vulnerable people. Staffing levels ensured that people received their agreed care calls including when the time of a visit was critical to meet a health or social need.

Medicines were administered and recorded safely. Information provided to care workers provided the details needed to ensure that topical creams were applied as prescribed. People were involved in decisions about how risks associated with their medicines were managed.

A quality assurance system was in place to gather feedback from people using the service and their families. Initial analysis had highlighted that improved communication was needed and the registered manager told us in response they would be introducing a monthly newsletter for people.

The management of the service was described as open and friendly. Staff felt included in the development

of the service and felt their ideas were listened to and when necessary appropriate actions had been taken. Staff felt communication was good and included monthly informal meetings, formal minuted meetings and a monthly newsletter. Staff understood their roles and responsibilities and felt supported with decisions.

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.

People were supported by staff who had been trained to recognise signs of abuse and understood the actions needed if abuse was suspected.

People were protected from avoidable harm as risks had been assessed and actions put in place to minimise identified risks whilst protecting people's freedom and choice.

People were supported by enough staff to meet their agreed care needs and who had been recruited safely.

Medicines were administered and recorded safely.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Auditing systems had not been implemented to ensure that improvements in the safe care and treatment of people were being sustained.

The service had an open, friendly culture that promoted staff inclusion and empowerment.

Systems and processes were in place to ensure effective communication between the management of the service and staff team.

Quality assurance survey gathered feedback from people and their families that was used to improve service delivery.

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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 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.

We undertook an announced focused inspection of Priority Home Care on the 3 October 2017 and continued on the 31 October 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on the 31 May and 1 June 2017 had been made. We inspected the service against two of the five questions we ask about services: is the service safe, is the service well led. This is because the service was not meeting some legal requirements at the last inspection..

The inspection was carried out by one inspector. We looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

Prior to our inspection we spoke with a social care commissioner about their experience of the service. During our inspection we spoke with three people who used the service and three relatives. We spoke with the registered manager and three care workers. We reviewed five people's care files, medicine records, management audits, staff meeting minutes and staff rota and training records.

Is the service safe?

Our findings

We undertook an inspection on the 30 May and 1 June 2017 and found the service was not complying with regulation as people were not receiving safe care and treatment. At this inspection we found improvements had been made.

People and their relatives described the care as safe. One person told us "We have complete and utter confidence in the carers. Not one we don't trust". Another told us "When the staff help me I feel safe". Records showed us that staff were up to date with safeguarding training. They understood how to recognise signs of potential abuse and the actions they would need to take if abuse was suspected.

Following our last inspection risk assessments had been reviewed and when a risk had been identified a care and support plan had been created that detailed the actions in place to minimise any risk of harm. One person had a risk of choking. The plan described how they needed to have their drinks thickened to ease safe swallowing. Another person had a risk of falls and the plan described how they mobilised with a zimmer frame but needed somebody walking alongside them. A third person was at risk of skin damage and had an air mattress to help prevent pressure damage. Air mattresses need to be set to a person's weight in order to provide the correct protection. When we visited people in their homes we checked the air mattress settings and they were correct. Care workers had a good knowledge of the actions they needed to take to support people. One care worker told us "We've had new care plans (since the last inspection) and they're really helpful if you have a new client. You can read through and get an idea of risks and medication". One person explained "A new member of staff read through before they started to check what they needed to do which is reassuring".

People had been involved in decisions about how risks they lived with were managed. One person explained "Priority worked with the occupational therapist (OT) and myself. Each step was carried out safely and in a good time frame". The carer follows the guidelines agreed between me, Priority and the OT. They don't intrude on my freedoms. I say what I want and they work around it". Care workers had a good knowledge of the actions they needed to take to support people. Records showed us that risk assessments were planned for review within six months.

Environmental risk assessments had been completed to check the safety of people's homes and included slip and trip hazards and fire safety.

People were supported by enough staff to meet their assessed care needs. One person explained how aspects of their personal care was time critical and this had been achieved. A relative told us "We've never been let down; somebody has always turned up and stays for the allotted time". The registered manager told us "We are not taking on any new packages at the moment due to recruitment; we need to stay comfortable with the packages we already have". We looked at rotas and saw that the registered manager and deputy had regularly provided care to cover for care staff vacancies or leave.

People were supported by staff that had been recruited safely. Checks had included employment

references which had been verified and criminal record checks to ensure they were safe to work with vulnerable adults.

People had their medicines administered safely. We spoke with a care worker who told us that following our last inspection medicine administration had been discussed at staff meetings and changes had been made which included a weekly audit to check everything was correct. One person had a medicine that advised not to be taken with alcohol. Records showed us that discussions had taken place with the persons GP in order to protect the person whilst respecting their rights and choices. Some people had topical creams prescribed. The care and support plans contained information on what the cream had been prescribed for, how to apply and where to apply. One relative told us "The carers do the creams. I have great confidence in them. (Name) skin stays in good condition". Another person explained "We have the right creams in the right place". We checked medicine administration records which reflected that medicines had been administered as prescribed.

Is the service well-led?

Our findings

We undertook an inspection on the 30 May and 1 June 2017 and found the service was not complying with regulation as systems and processes were not in place to assess, monitor and improve the quality and safety of the service. At this inspection we found that although improvements had been made further improvements were required to ensure they could be sustained.

Following breaches of regulation at our last inspection the registered manager had carried out a review of each person's risk assessments and written care and support plans that detailed the actions needed to minimise risks to people. Medicine administration systems and processes had been reviewed which had led to people having their medicines administered safely and a weekly checking audit completed by care workers had been introduced. We discussed with the registered manager how they would monitor the quality and safety of the service to ensure these improvements would be sustained. They told us that a management auditing process had not been implemented. They were currently researching professional health and social care websites to find a suitable audit tools that would gather the details needed to ensure people were remaining safe and regulations were being met.

A quality assurance survey had been sent to people using the service in September 2017. A relative told us "A form came, lots of tick boxes, and you completed it anonymously. It was asking our views. (Registered manager) always asks us how things are when she comes here". The registered manager told us they were awaiting full analysis of the results. They explained that from initial feedback people were indicating that improvements could be made with communication. They went on to say that a staff newsletter had proved successful and they planned to introduce something similar for people using the service.

Staff described the management of the service as open, friendly and helpful. One care worker told us "Whenever I have issues I feel they are taken notice of by the office. An example was one person needed longer calls in the morning and when I discussed it with them it was put into place really quickly". The registered manager told us "Staff are involved in developing the service. One carer put forward a suggestion for recording an 'x' on medicine records when people were away or at day centres and we've implemented that".

Staff described communication as good. One care worker explained how there was an application on their telephone which they could use to send messages directly to the office. They said "We get phone calls, monthly newsletter, text messages and I often pop into the office; they're always willing to have a chat". Another care worker told us about a monthly informal meeting. They told us, "We have an informal meeting; it's nice to see everybody outside of work as your always busy. It's definitely helped with communication as you get to see everybody". We read minutes of staff meetings which included discussions on service development and reflective learning. Staff understood their roles and responsibilities and were clear about the management structure of the service and boundaries of decision making.

The manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as

required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.