Prioritising People's Lives Ltd

Prioritising People's Lives Ltd

Inspection report

Suite 24
Durham Tees Valley Business Park
Stockton
Cleveland
TS19 0GA

Tel: 01642676527

Date of inspection visit:
30 March 2016
01 April 2016
07 April 2016

Date of publication:
11 May 2016

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

This inspection took place on 30 March 2016 and was announced. The registered provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection. Second and third days of inspection took place on 1 and 7 April 2016, and these were announced. The service was registered in July 2015 and had not previously been inspected.

Prioritising People's Lives Ltd is a domiciliary care service which provides personal care to people within their own home. It is based in Stockton on Tees and provides care and support to people in the Stockton area. At the time of the inspection 12 people received personal care from the service.

The service had 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.

Risks to people arising out of their support needs and environment were assessed and reviewed, and steps were taken to minimise the chances of them occurring.

People were supported to access their medicines. Where issues with medicine administration were identified, remedial action was quickly taken.

Staff understood the safeguarding issues and felt confident to raise any concerns they had. Staff and the people they supported thought that there were enough staff employed to support people safely and at people's own pace. Pre-employment checks were carried out to minimise the risk of unsuitable staff being employed.

Plans were in place to provide a continuity of care in emergency situations. Staff had access to the personal protective equipment (PPE) they needed to support people safely.

Staff received a wide range of training, and felt they could request additional or specialist training if they wanted it. The registered manager and registered provider were committed to providing staff with any training that might be relevant to the people they supported.

Staff were supported through regular supervisions and appraisals, which allowed them to raise any issues or support needs with management.

Staff had a working knowledge of the principles of the Mental Capacity Act 2005, and could describe how they obtained people's consent to deliver care and support.

Where people were supported with food and nutrition they told us they always had a choice over what they wanted to eat and that staff understood their preferences.

The service worked with other professionals to support and promote people's health and wellbeing, including receiving specialist training where needed.

People told us that staff maintained their dignity and treated them with respect. Staff told us how they encouraged people to maintain their independence whilst always ensuring they had support when needed.

People and their relatives said that staff were kind and caring. Staff said they had time to talk with people and get to know them.

Where necessary, the service had procedures in place for organising advocates to support people and to arrange end of life care.

Care plans reflected people's preferences on how they wanted their care delivered. They were reviewed to ensure they met people's current needs. People said they received the care they wanted and that they knew how to request changes to their care plan.

Procedures were in place to investigate complaints, and people were informed of the outcomes. People were provided with the complaints policy when they started using the service.

The service's culture and values were well-known to staff, who acted on them when delivering support to people.

Staff felt supported by the registered manager and registered provider, both of whom were familiar to staff and people using the service and both of whom were described as approachable.

The registered manager and registered provider worked together closely to monitor and improve standards at the service. Feedback was sought from people and staff on what they thought of the service.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission.

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.

Risks to people were assessed and reviewed, and steps were taken to minimise the chances of them occurring.

People were supported to access their medicines. Where issues with medicine administration were identified, remedial action was quickly taken.

Staff understood the safeguarding issues and felt confident to raise any concerns they had.

Pre-employment checks were carried out to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good

The service was effective.

Staff received a wide range of training, and felt they could request additional or specialist training if they wanted it. Staff were supported through regular supervisions and appraisals.

Staff understood the principles of the Mental Capacity Act 2005, and could describe how they obtained people's consent to deliver care and support.

People were given choice when they were supported with food and nutrition.

The service worked with other professionals to support and promote people's health and wellbeing.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

The service supported people to maintain their independence.

People and their relatives said that staff were kind and caring. Staff said they had time to talk with people and get to know them.

Where necessary, the service had procedures in place for organising advocates to support people and to arrange end of life care.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and reviewed to ensure they met people's current needs.

People were supported to access activities they enjoyed.

The service had a clear complaints policy that was applied when issues arose.

Is the service well-led?

Good

The service was well-led.

The service's culture and values were well-known to staff, who acted on them when delivering support to people.

The service sought feedback from people and staff in order to monitor and improve standards. Staff described the registered manager and registered provider as supportive.

The registered manager understood their responsibilities in making notifications to the Commission.

Prioritising People's Lives Ltd

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 30 March 2016 and was announced. The registered provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection. Second and third days of inspection took place on 1 and 7 April 2016, and these were announced. The service was registered in July 2015 and had not previously been inspected.

The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities and the local authority safeguarding team to gain their views of the service.

During the inspection we spoke with three people who used the service and four relatives. We looked at three care plans, three medicine administration records (MARs) and handover sheets. We spoke with five members of staff, including the registered provider, the registered manager and care staff. We looked at three staff files, which included recruitment records.

Good

Is the service safe?

Our findings

People and their relatives told us the service kept them safe. One person told us, "Oh I feel very safe." Another person said, "I feel very safe around the carers. They put me at ease." A relative we spoke with said, "I think [named person] is safe." Another told us, "I think they're safe." A third relative said, "I definitely think [named person] is safe. I have no worries."

Risks to people were assessed and plans were in place to reduce them. Risk assessments were carried out in areas including medicines, moving and handling, meal preparation, personal care and communication. Where a risk was identified, plans were developed to reduce the risk of it occurring. For example, one person had a risk assessment in place for moving and handling. The assessment identified that they needed support with getting into and out of the bath, and instructed staff on how to do this. Another person's risk assessment for medicines explained how their behaviours that challenge could impact on their taking their medicines, and how staff should support the person to overcome this.

Risks to people arising out of their environment were also assessed. When people started using the service a risk assessment of their home was carried out to ensure they and staff were safe. This covered areas including lighting, trip hazards and any mobility aids or equipment used. Staff understood the importance of keeping people safe in their own homes. For example, one member of staff told us, "If someone had a tripping hazard, like a coffee table, I'd explain the risk and ask if we could move it somewhere less risky." The same member of staff went on to describe a time when they had worked with a person to move some furniture around to make their environment safer.

Procedures were in place to monitor and learn lessons from accidents and incidents. No accidents or incidents had been reported since the service began, but the registered manager said they would monitor any trends from accidents that were reported to see if remedial action was needed.

People were supported to access their medicines when they needed them. One person told us, "They help me with medicines. (Staff) tell me what they are giving me. They check the time I've got them and give me the right (to refuse). They don't force me to take them." Another person said, "They help me with medicines. It's in a special cabinet. They unlock it and look at the MAR to see what I'm on. They always ask if I want it." A relative we spoke with said, "They (staff) are good with medication. Very good." Another said, "I think they know what they're doing with medicines. There was once when (a member of staff) hadn't logged it in the notes and they were dismissed." Staff told us they knew how to safely support people with medicines. One said, "I look on the MAR and it has a list, which I check against (the medicines). It there is any additional medicines, or any 'as and when required medicines' I add that to the communication sheet. I always ask (if people want their medicines) before I pop them out."

Care plans contained information on people's general health and medical conditions, and the level of support they needed with managing their medicines. People who were supported with medicines had medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The MARs we reviewed had been completed

to show when people's medicines had been administered. One MAR we reviewed had a recording gap when a person had chosen not to have their medicines, and another did not list the person's medicines in full. We asked the registered manager about this and they immediately updated the records. Staff had access to a medicines policy, which contained guidance on how to support people with medicines. On the first day of the inspection we noted that this did not contain guidance on the use of 'as and when required' (PRN) medicines, and asked the registered provider about this. When we returned for the third day of our inspection the medicines policy had been updated to include PRN guidance.

Staff understood safeguarding issues and looked out for the types of abuse that can occur when people receive care. There was a safeguarding policy in place, which contained guidance on signs that abuse may be occurring and how it should be reported. Staff also received safeguarding training. Where safeguarding issues had been raised, investigations had taken place. One member of staff told us, "I have done safeguarding training" and "I would report things, even little, trivial things." Another member of staff told us about the time they had reported a concern, and how this had been investigated. They told us, "It was dealt with straight away. It was dealt with by management." Staff also said they would be confident to whistle blow if they had any concerns about the service. Whistleblowing is where an employee reports misconduct by another employee or their employer. One member of staff said, "We have a whistleblowing policy, which I have used."

We asked the registered manager how they ensured staffing levels were sufficient to support people safely. They told us, "We are continuously recruiting and monitoring. All staff have room on their rotas to cover things like sickness and holidays." The registered manager used a computer programme to plan staff rotas and monitor staff availability for calls. They said, "If we were short we would look to see who had spare capacity and phone them. Staff are good at picking (extra calls) up." The computer programme used staff's phones to track where they were when on duty, which the registered manager also said helped to ensure all rotas were covered. Staff said there were enough staff to support people safely. One said, "I think there are enough staff as we never seem to struggle. There might be a one off where you get a call asking if you can cover. We definitely have time to get between calls. I did have one call ending at [a given time] and another starting then too. I don't think [the registered manager] realised so I called the office and it was sorted straight away." Another member of staff said, "We have enough staff. If someone is off [the registered manager] calls and it always gets covered. We (care staff) also co-ordinate between ourselves and communicate."

People and their relatives told us that calls were covered on time by stable care teams. One person said, "They're mostly on time and most of the time it's somebody I know." Another person said, "It tends to be the same carers." A relative told us, "It's three or four carers, the same all the time. They (the person) are not getting lots of different people." Another said, "It's similar faces all of the time."

The recruitment process was designed to minimise the chance of unsuitable staff being employed. Applicants completed an application form asking for details of their employment history. At interview, they were asked a series of questions based on care scenarios and supporting and respecting people. Applicants were required to provide proof of their identity and address. Written references were obtained – including from previous employers – and a disclosure and barring service (DBS) check was carried out before staff started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. One member of staff told us, "I had to do a DBS check. There was a delay in getting mine back so I started late. I couldn't start without one. I needed references."

A business continuity plan was in place to provide a continuity of care to people in emergency situations. This covered a range of emergency scenarios such as loss of power or utilities and data loss, and guidance to staff on how to respond.

Staff had easy access to personal protective equipment (PPE) such as gloves and aprons, to minimise the risk of infection control. We saw that there were stocks of these available for staff should they be needed. A newsletter sent out to people who used the service and staff in July 2015 explained what PPE was and why staff had to use it.

Good

Is the service effective?

Our findings

Staff received mandatory training in subjects including moving and handling, safeguarding, the Mental Capacity Act, first aid, food hygiene, medicines, infection control and dementia awareness. Mandatory training is training that the provider thinks is necessary to support people safely. The registered provider monitored staff training on a training matrix, and this showed that all staff had completed mandatory training within the last 12 months. The registered provider said training was refreshed annually. Staff also received additional training in specialist areas, such as PEG nutrition and Deprivation of Liberty Safeguards (DoLS). PEG is a system used where people having difficulty using their throat to eat and drink. On the first day of our inspection a PEG nurse visited to deliver certificates for staff who had recently completed PEG training. The registered provider said, "We have a client who (uses PEG). The family is responsible for that, but we wanted staff to have knowledge of it."

New staff completed induction training, shadowing experienced staff and a probationary review before they were allowed to support people unsupervised. Staff files contained records of completed induction training, in areas including the service's policy and procedures, team work and punctuality. Staff said they felt supported by their induction training. One member of staff told us, "I did shadowing when I first started, which boosted my confidence. I went out shadowing for 11 hours and still wasn't confident enough, so I got extra shadowing."

Staff said the training they received helped them to support effectively, and that they would be confident to request more if they felt it was needed. One member of staff said, "I enjoy the training. It's enjoyable learning, for example when we get to use the hoist to practice (moving and handling). I would be happy to request more training. [The registered manager] is the type of person who if you asked they wouldn't say no. [The registered manager] prefers us to ask rather than do things wrong." Another member of staff said, "The training is good. We have refresher training every year. I did moving and handling last week." A third told us, "We're constantly training. That's what I like about this company."

People and their relatives told us they thought staff were well trained. One person said, "I think they've had enough training." A relative told us, "They know what they're doing."

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff received four supervisions a year, and annual appraisals. Records on staff files confirmed that these were taking place, and that staff were able to raise any support needs they had. The registered provider and registered manager also carried out spot checks of staff when they were supporting people. One member of staff told us, "We get supervisions and appraisals, quite a few. We also get checks at (people's) homes, things like are we wearing our uniform, how we talk with people and everything like that."

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. Everyone using the service had capacity, and no one was subject to any Court of Protection orders of Lasting Powers of Attorney. The registered manager was able to describe how the service worked within the principles of the Mental Capacity Act, and staff we spoke with understood how it applied to care settings. One member of staff told us about a person they supported who was living with a dementia. They said, "Some days [the person] can decide, some days they can't. I can tell by things like if [the person] is sat up and talking. If they are having a bad day, we encourage [the person]. I would always ask for permission. We always give people a choice."

Some people received support with their food and nutrition. Where this was the case, people told us that staff understood their dietary needs and preferences. One person said, "Sometimes they help me with my food, and always give me a choice." Another person told us, "They help me with meals. I choose what I want and they will do anything I want." A third person said, "They prepare my food and it's my choice. They sort it out for me." We asked staff how they supported people with their food and nutrition. One told us, "With food, we ask people what they would like. One person has high cholesterol, so we try to encourage them to cut down on butter. The person responded to this and said it has helped them." At the time of the inspection no one who used the service was subject to the dietician or having their weight monitored. The registered manager told us they had previously supported a person who received assistance from a dietician and the MUST team, and that staff worked with them to help the person. Malnutrition Universal Screening Tool (MUST) is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese.

The service supported people to access external professionals to maintain and promote people's health and wellbeing. The registered manager said the service worked with the local mental health team, GPs, district nurses and occupational therapists. Staff gave us examples of when they had worked with GPs and other external professionals when supporting people. One relative told us about how the service arranged a visit from a District Nurse to help a person who had developed a pressure sore, and then worked with the District Nurse to treat it.

Good

Is the service caring?

Our findings

People and their relatives told us that staff treated them with dignity and respect. One person said, "[Named staff member] is very good on dignity. Very polite." Another person said, "(Staff) are respectful." A third person told us, "Oh they (staff) are polite, very polite." A fourth person said, "They put me at ease when they're doing personal care."

A relative told us, "[Named person] is always very comfortable with the carers." Another relative said, "(Staff) are very respectful. It's the way they speak to us. They always ask if we're alright, then get on with the job. They're very good on dignity. They give [named person] a towel (during personal care)."

Staff told us how they protected people's dignity and treated them with respect. One member of staff told us, "With dignity, I always explain each bit (of care) I am doing. I partially undress people and cover them with a blanket or towel." They then went on to explain how they had encouraged and comforted one person who was initially embarrassed to receive support with personal care. Another member of staff said, "I always ask if people want personal care, like a shower." A third member of staff said, "I make sure I protect people's privacy buy covering them up and closing doors."

There was a privacy and dignity policy in place, and people were sent a copy in the 'service user guide'. This stated, 'We aim to respect your privacy and dignity at all times' and went on to list a number of objectives in how to achieve this.

People and their relatives described staff as caring and kind, and spoke positively about the support they received. One person said, "I'm more than happy with them. I'm absolutely over the moon." Another person said, "I am quite happy with the care. (Staff are) friendly." A relative told us, "(Staff) are very friendly, and talk with [named person]." Another relative said, "They're pretty good, really good." A third relative said, "The care staff are really good. They communicate and interact with [named person]." Another told us, "(Staff) are very attentive, very helpful, very kind. Nothing is too much trouble for them. [The person] was absolutely fine when (staff) first came in. [The person] is delighted with them. I've met them all and am really happy with them. The care is so kind and caring."

The service had two written compliments from people on display. These were from people who used the service and their relatives, and thanked the service and staff for the support received. One from a relative read, 'I have had other care companies but it did not work out but from the moment we chose you everything changed. You are the most caring people I know. You don't know how much you have helped me and I am truly grateful. '

Staff told us they had time to get to know people, and that they enjoyed talking with them during care calls. One member of staff said, "We normally have five or ten minutes to sit and chat with people." Another member of staff said, "We have time to sit and chat with people."

Staff told us they tried to promote people's independence whilst always offering support when needed. One

told us about a person they had encouraged to use their mobility frame to try to move around move. They said, "[The person] appreciates that as they are not so stiff now and can do more things for them self." Another said, "I see what people can do for themselves and encourage that."

At the time of the inspection no one was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us how the service had previously supported somebody who used an advocate, and explained that procedures were in place to do so again should the need arise.

At the time of the inspection no one at the service was receiving end of life care. The registered manager was able to explain how this would be arranged if it was needed.

Good

Is the service responsive?

Our findings

People's care was based on their assessed needs and preferences. Care plans began with an 'essential information form', which gave staff an overview of the person's support needs, any support they needed with communication and information on their family and other professionals involved in their care. Some care plans then had a detailed life history of the person, which described their family and things and events that were important to them. Not all care plans had this, and when we asked about this the registered manager said that everyone was asked to provide this information but that some people did not want to.

Care plans were then produced in a number of areas, including medication, nutrition, personal hygiene, mobility and continence. Most of the plans we looked at were person-centred and contained lots of detail to assist staff in supporting the person. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. For example, one person's plan contained a detailed description of the support they wanted during their 'morning call', including how they liked their food prepared, how they should be supported with eating and a description of non-verbal indicators of what the person was thinking. Elsewhere in the same care plan the estimated time a task should take was given so that staff were reminded to work at the person's own pace. Another care plan contained details of how the person should be encouraged with food and personal hygiene. One care plan we reviewed lacked detail on how a person should be supported with personal hygiene. The registered provider said the service was always reviewing the care plan format to ensure they were accessible to staff and people whilst also containing enough information. The registered manager said that more information would be added to the care plan we had brought to their attention.

We asked how care plans were reviewed. The registered manager said, "We review if there are changes at any point, or annually if there are no changes." The registered provider said, "We're out and about regularly." Care plans had review and audit sheets attached, which had not yet been used. The relative of a person using the service told us, "If we ever wanted a change we just put a piece of paper in with the carers and the [the registered manager] sorts it out."

People and their relatives said they were involved in planning people's care. One person told us, "I put the care plan together. I chose what I wanted. (The service) will do anything I want." Another person said, "I was involved in the care plan, with my social worker. It covers everything I want." A relative said, "We were involved in putting the care plan together." Another relative said, "[The person] is getting everything they need." Another relative said, "We would know who to speak to if we needed anything changing."

Some people received support with accessing activities, and where this was the case they told us staff helped them to do whatever they wanted. Where people received this support, care plans contained details of their hobbies and the activities they liked to participate in. The registered provider told us about the kinds of activities staff had been involved with, including bowling, trips to the cinema and helping people to visit their friends. The registered manager told us about one person who was encouraged to change their care plan to maximise their time for social activities.

There was a complaints policy in place, and people were sent a copy in the 'service user guide' they received when they started using the service. The policy contained details of how the complaint would be investigated, timeframes for doing so and the details of external organisations people could contact if they were dissatisfied with the outcome. Where complaints had been raised, there was evidence that these had been investigated and outcome letters sent to the people raising them. People told us they would be confident to complain if they had any issues. One person said, "If I had any concerns I would go straight to the supervisor, but I've never had reason to."

Good

Is the service well-led?

Our findings

The 'service user guide' people received when they started using the service listed its 'aims and objectives'. This read, 'We believe that people are entitled to the best level of care possible. We aim to provide a service which allows our clients to lead independent and interesting lives in the comfort of their own surroundings.'

We asked staff about the culture and values of the service. One member of staff said, "We help people to keep independent and look after them." The registered provider said, "When you care for someone you should treat them as your own (family). If you don't think that, you're in the wrong business. Here, both [the registered manager] and I have cared for people in the past and it is a privilege to do so." The registered manager said, "This isn't just a job."

Staff spoke positively about the registered manager and registered provider, and said they felt included in how the service was managed. One member of staff told us, "I love this company. I have worked for a couple and this one seems to care. The [registered manager], the way [the registered provider] is with people. If anything is wrong it gets sorted straight away. People are first, staff second. That's the way it should be." Another said, "I have encouraged staff to join here. [The registered manager] couldn't be more perfect. They are absolutely supportive" and "[the registered manager] asks us for our views." Another member of staff said, "I feel supported by [the registered manager]. If I have any concerns I always call [the registered manager] or [the registered provider]" and "I really like working here, working with [the registered manager] and [the registered provider]. They're really approachable and I would be happy to raise any issues with them. [The registered manager] asks how things are going and for suggestions."

Staff meetings took place on a monthly basis, and staff confirmed that they were free to raise any issues they had at the meetings. One said, "We all raise issues there." Another said, "We get monthly meetings. We're asked our opinions and tell them anything that needs sorting. They're on the ball like that."

The registered manager carried out a number of quality assurance checks to monitor and improve the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager or senior carers audited care plans whenever changes where needed, or as a minimum every 12 months. A senior carer carried out monthly audits of medicine administration records,

Satisfaction surveys were sent to people and staff four times a year to obtain feedback. This had most recently been done in February 2016. We looked at some of the responses to the survey, and these contained positive feedback. One person's response included, 'I am very happy with the service PPL care provide for me. My carer is very professional and understands my needs.' The registered manager said, "We speak with people as much as possible. If there are any problems we go out and deal with it."

People and their relatives confirmed they were asked for feedback on the service, and said they felt able to raise any issues they had. One person said, "I'm always asked if I'm happy, and I am at the moment."

Another person told us, "[The registered manager] is good…I would ring for any changes or go into the office."

A relative told us, "If I had any concerns I would just ring. I have the telephone number for the registered manager." Another relative said, "There's a (member of staff) comes out to ask if we need anything, to check things." A third relative told us, "[The registered manager] and [registered provider] seem pleasant. I met [the registered provider] at hospital when [named person] was being assessed. They have always done what we've wanted. "

The registered provider worked from the same office as the registered manager, and told us about the checks they carried out. They said, "I chat with people and staff and check with the registered manager. I have access to the care management system so I check that." People we spoke confirmed they had met the registered provider, and that they could raise issues with them.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission.