

Prior Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Prior Care Limited is a domiciliary care agency and is based in the London Borough of Havering. The service provides personal care to adults in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection, the service was supporting 34 people with personal care.

People's experience of using this service

We found that robust systems were not in place to ensure staff attended calls on time and stayed the duration of the call. Robust quality assurance systems were not in place to identify shortfalls and take prompt action to ensure people received safe and effective care in a timely manner.

Risks were identified and assessed to ensure people received safe care. Staff were aware of how to safeguard people from abuse. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Medicines were being managed safely.

Staff had been trained to undertake their roles effectively. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were caring and had a good relationship with them. People's privacy and dignity was respected. People were encouraged to be independent and to carry out tasks without support.

People received person-centred care. Care plans had been reviewed regularly to ensure they were accurate. Systems were in place to get feedback from people. Feedback was used to make improvements to the service.

Rating at last inspection

The previous rating for this service was Good (published 12 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Prior Care Limited on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Prior Care Limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 1 inspector and an Expert By Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 13 September 2023 and ended on 19 September 2023. We visited the location's office on 13 September 2023.

What we did before the inspection

We reviewed the information we already held about the service. This included their last inspection report and notifications. A notification is information about important events, which the provider is required to tell

us about by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service.

We reviewed 4 staff files, which included pre-employment checks and 5 care plans which included peoples support needs. We looked at other documents such as quality assurance and training records.

We also spoke with 4 people who used the service, 4 relatives of people who used the service and 4 staff members by telephone to get feedback about the service.

Is the service safe?

Our findings

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

At the last comprehensive inspection, this key question was rated Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Systems that were in place to monitor time keeping ensuring staff attended calls on time were not robust. The service used an online call monitoring system to monitor staff timekeeping and attendance. Staff logged in and out of visits electronically. This showed they had attended and left their visit after carrying out personal care.
- Records showed the planned time that staff were supposed to attend call visits. Staff monitoring data showed a number of calls had not been attended on time and staff did not stay the duration of the visits. A person told us, "The carer today told me she had to go a few times, as she was rushed off her feet and rushed out." We fed this back to the registered manager, who told us they would look into making systems more robust.
- We also found staff were not being given time to travel in between appointments, which meant that they would be late for calls. A staff member told us, "We are not given time to travel in between appointments so can be late if it is back-to-back calls."

The above concerns meant that effective systems were not in place to ensure people received safe high-quality care in a timely manner. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks included criminal record checks, health declarations, references and obtaining proof of staff identity and the right to work in the UK. References had been requested and completed to ensure staff were of good character. Disclosure and Barring Service (DBS) checks had been made to ensure staff were suitable to work with vulnerable adults and children. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Risk assessments were in place to ensure people received safe care. They contained information about specific risks to people for staff to be aware of. These included risks related to people's health conditions, such as diabetes. For example, if people were diabetic, risk assessments contained information on the signs and symptoms of high or low blood sugar levels and the action staff should take to mitigate these risks. A relative told us, "They all know what needs to be done, and they are safe when they help her."
- Risk assessments had also been completed for people at risk of falls and skin complications, which included measures to minimise the risk. A person told us, "They look after me well."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A relative told us, "They have built a good trust with us, and they are extremely good at their job."
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding adults and understood how to protect people from harm and who to report to when required. A safeguarding and whistleblowing policy was in place.

Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Charts (MARs) showed that medicines were being administered as prescribed.
- Medicine support plans were in place, which included if people required support with medicines.
- Staff had been trained on medicines and told us they were confident with managing medicines.

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- We were told there had been no incidents or accidents since our last inspection. An incident and accident policy was in place and we saw the template that would be used if there were accidents or incidents. The provider told us if there were accidents or incidents, they would ensure they were analysed to learn from them. Staff were able to tell us the process on managing accidents and incidents.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff had received training on infection control.
- Staff confirmed they had access to Personal Protective Equipment's (PPE) such as gloves and aprons and used this when supporting people with personal care. A staff member told us, "We are given enough PPE to wear during visits." A relative commented, "[Staff] wear their uniform, gloves and always wash their hands."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: training, skills and experience

- Staff had completed mandatory training and refresher courses such as moving and handling, safeguarding and basic life support to undertake their roles effectively. The registered manager had a training matrix, which provided oversight on staff completion of training and when training was next due. A staff member told us, "Yes, I got very intensive training, all very helpful as I never done this role before." A person told us, "I am happy with it all – I pay for the help, so I would speak up if I wasn't happy! I've been with them a long time now."
- Supervisions had been carried out regularly to ensure staff were supported.
- Staff told us they felt supported. A staff member told us, "[Registered manager] is very good. Very supportive."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess people's needs and choices.
- Pre-assessments had been carried out to ensure the service was able to provide person-centred support to people.
- Reviews had been carried out with people to ensure people received support in accordance with their current circumstances. People or their relatives were included as part of these reviews and decisions, to ensure people received the care they wanted. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Nutritional care plans were in place, which included the support people required with meals.
- People's preferences had been recorded with meals and nutritional care plans included the times people preferred to have their meals.
- Staff told us they were aware of people's preferences with meals but would always ask people what they would like to have, so they were given choices. A staff member told us, "I always give choices for people on what they would like to have for food and drink."

Supporting people to live healthier lives, access healthcare services and support

- People had access to health services to ensure they were in the best of health.
- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Staff knew when people were not well and what action to take. A relative told us, "They [staff] are very quick to spot any little mark, they keep me informed and they take a photo and send it to the office, and we can show the doctor. They really are the best people."

- Records showed a number of referrals had been made to health professionals when people were not well.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to obtain consent from people to provide care and support.
- Consent forms had been completed to ensure people consented to receive care and support from the service.
- The registered manager and staff were aware of the principles of the MCA and told us that they would always request people's consent before doing any tasks. A staff member commented, "I always talk to [people] and let them know what we are doing."

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.

At the last comprehensive inspection, this key question was rated Good. At this inspection this key question has remained Good. This meant 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 were treated with kindness and respect. A person told us, "Absolutely lovely carers."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- People were involved in decisions about their care. Care plans were person centred and evidenced that people were involved with the decisions made about their care. Care plans also included that people should be given choices when being supported.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with personal care. A staff member told us, "We involve them decisions on when we support them, yes."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- The registered manager told us that when providing support with personal care it was done in private. A staff member told us, "I do respect their dignity and privacy and respect their home. I always knock on doors and make sure they are covered when supporting them with personal care."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- People were encouraged to be independent. Care plans included information on how people could be supported to be independent such as supporting people with personal care or mobilising.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last comprehensive inspection this key question was rated Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised support, which was in accordance with their preferences and choices.
- Care plans included information on how to support people in a number of areas such as personal care, dressing and nutrition. A person told us, "[Staff member] is very understanding about my needs." A relative commented, "I am very satisfied with the support my wife and I are getting."
- Care plans also included people's background and hobbies, so staff could meet their needs and knew who were important to them. A person commented, "The carer is now more like part of the family, knows me so well."
- Staff told us they found the care plans helpful. One staff told us, "Care plans are always up to date, if there is any change, then its updated."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication ability was not recorded on the care plans. The registered manager told us that people were able to communicate verbally but would record this on the care plan. The registered manager was aware should people have difficulties communicating then this would be recorded on the care plans and materials would be made available to support people with communication if needed.
- People and relative told us that staff communicated effectively. A relative commented, "Yes, they do (communicate well), and they chat away to [person] when they are helping her."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. We were told by the provider that no formal complaints had been received since the service registered with the CQC.
- The provider told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection, the service did not support people with end-of-life care. End of life preferences were explored with people as part of care planning.

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.

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Robust systems were not in place to ensure people received safe and effective care in a timely manner.
- At our last inspection, we found the service lacked oversight on ensuring staff logged in and out of call. At this inspection, we found improvements was required to ensure management had oversight of staff time keeping. Although, monitoring was taking place to ensure staff logged in and out of calls, we found staff were late to calls due to lack of travel time in between appointments.
- Audits were not being completed on staff timekeeping to ensure staff attended calls on time and stayed the duration of the visit. A person told us, "I think their communication is not very good – they keep saying 'I've got to go', they're rushing to get out." This meant that people may not receive the care required to ensure they were safe at all times.
- Audits and monitoring checks were being carried out. These included audits on medicines and communication logs. However, we found care plans were not being audited, which may have identified the shortfalls we found with communication plans. The registered manager told us they would ensure systems were in place to ensure care plans were audited regularly.

This meant the service had failed to ensure that adequate quality assurance systems were in place to identify shortfalls and ensure people received safe care. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Spot checks were being carried out regularly to ensure staff were competent in their roles and were providing personalised and safe care. The outcome of the spot checks were shared with staff.
- There was a system for continuous learning and improving the service. Feedback was sought from people and relatives by telephone and wellbeing checks to make improvements to the service.
- Staff told us they were clear about their roles and responsibilities and were encouraged and supported by the registered manager to perform in their roles. A staff member told us, "Very impressed with them. I have no concerns." Another staff member commented, "[Registered manager] is brilliant, she is supportive."
- Relatives we spoke with were positive about the service. A person commented, "I always have a nice chat with them, and they check with me very regularly that everything's alright." A relative told us, "Yes, very good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's beliefs and backgrounds were recorded and staff were aware of how to support people considering their equality characteristics.
- The provider told us they obtained feedback from people through surveys. Records confirmed this. The results of the survey were analysed and action taken to ensure the service was continuously improving.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and to be open and transparent with people should something go wrong.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people were in good health.
- The registered manager told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times.</p> <p>Regulation 17(1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider was not deploying sufficient numbers of staff to ensure people received support in a timely manner.</p> <p>Regulation 18(1).</p>