

Prioritising People's Lives Ltd

# Prioritising People's Lives - Alnwick

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Prioritising People's Lives - Alnwick is a domiciliary care service providing personal care to people living in their own homes within Northumberland.

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.

### People's experience of using this service and what we found

There was a strong, visible and person-centred culture at the service. People and relatives were extremely positive about the caring nature of staff. Staff used inclusive ways of involving people in their care. People were consulted, listened to and valued. Comments from relatives included, "My mum says she feels part of their family" and "I feel that the service is adaptable, and nothing comes to mind about any improvements needed. The service is outstanding."

People told us they felt safe with the staff who supported them. Risks were assessed and monitored via an electronic care management system. Management staff received an instant alert if there were any late visits or missed medication so immediate action could be taken.

People were cared for by a consistent team of staff. This meant that people were supported by staff who knew people well and understood their needs and preferences. There were sufficient staff deployed to meet people's needs. People told us there had been no missed calls and staff turned up on time.

People were supported by trained and competent staff. One relative told us, "I think they are well trained as they are fantastic."

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with CQC on 12 June 2020 and this was the service's first inspection.

### Why we inspected

This was a planned inspection based on the amount of time the service had been registered.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Prioritising People's Lives - Alnwick

## **Detailed findings**

### Background to this 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 one 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave a short notice of the inspection because we wanted to contact people to gather their views and needed their consent to do that, and also to ensure the registered manager would be in the office when we attended.

Inspection activity started on 4 November 2021 and ended on 18 November 2021. We visited the office location on 18 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with five relatives and one person who used the service about their experience of the care provided. We spoke with the nominated individual, registered manager, branch manager, supervisor and one support worker. Four support workers emailed us with feedback about working at the service. We also contacted three care managers for their feedback. All responses were used to support the inspection process.

We reviewed a range of records. This included three people's care records, medicines' records, two staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures, training information and audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks were assessed and monitored via an electronic care management system. Management staff received an instant alert if there were any late visits or missed medication so immediate action could be taken.
- An infection control system was in place. Staff confirmed there was sufficient PPE and people and relatives told us staff wore this during their visits. One relative told us, "They always wear the correct PPE and my mother often says that they don't need to wear their masks as she knows them; but they gently remind her that they need to, to protect her." There were some inconsistencies with the management of waste. Following our inspection, the registered manager told us this had been addressed.

Using medicines safely

- Medicines were managed safely. Electronic medicines records demonstrated that people's medicines had been administered as prescribed. Any gaps in the recording of medicines administration were identified, analysed and if necessary, further action taken such as additional training and supervision for the staff member involved.
- The registered manager was strengthening their medicines competency procedure to ensure that records demonstrated how staff had been assessed in all areas of medicines management.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs. People told us there had been no missed calls and staff turned up on time.
- Safe recruitment procedures were followed. Checks were carried out before staff started work at the service to help ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the staff who supported them. One relative said, "The staff make her feel safe and she feels part of the Prioritising People's Lives family. We feel safe with knowing carers are in four times a day."
- Safeguarding and whistleblowing policies and processes were in place to support people and the staff team.

Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed so any trends and themes could be highlighted, and action taken to reduce the risk of any reoccurrence. Lessons learnt were shared with staff during staff supervision and meetings.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- An effective system was in place to ensure that staff were suitably trained. An induction programme was in place, which included shadowing more experienced staff and the completion of the Care Certificate. One relative told us, "We like the fact that when a new member of staff starts they don't come in on their own. Another carer or someone from the management come with them so they get to know the little quirky things that the experienced carers know about her."
- Staff received regular supervision and an appraisal system was in place.

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

- Care was delivered in line with best practice guidance and legislation.
- People had their needs assessed before they started using the service. We discussed about the inclusion of additional information relating to COVID-19 into the initial assessment such as people's vaccination status and any identified risks relating to COVID-19. The registered manager told us this would be addressed.

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

- People were supported to eat and drink enough to meet their needs. Detailed information was included in people's electronic care plans in relation to their dietary preferences.

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

- Staff worked effectively with health and social care professionals to ensure people's needs were met.
- Health and social care professionals spoke positively about the service and the effectiveness of the care provided. One health and social care professional told us, "I have worked quite closely with Prioritising People's Lives on a number of care packages and I find they are really responsive, and they stay in regular communication. If they require anything from us they will get in touch. We are well informed of any difficulties they may be facing."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- The registered manager told us that no one using the service was subject to any restrictions placed upon them by the Court of Protection. She explained that work was ongoing regarding whether people had an appointed Lasting Power of Attorney (LPA). Relatives had been contacted to provide copies of any LPA documentation so staff could assure themselves that they were liaising with the correct decision maker.
- People's consent was obtained in relation to areas such as providing care, sharing information, taking of photographs and access to the electronic care management app.

# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong, visible and person-centred culture at the service. People and relatives spoke extremely positively about the caring nature of staff. Comments included, "The care is exceptional; nothing is too much trouble. I am happy with my care plan," "The carers are very encouraging when they find her in a low mood and will gently help her out of it. They know about my mum and her past and my mum will often sing for/with them...My mum says that they make her feel part of a family" and "My mum says that the carers are her friends, it's the best place and we are so lucky."
- Staff told us how they not only met people's physical needs but also helped promote people's emotional wellbeing. One staff member emailed us a long list of "little extras" which she did to support people's wellbeing. She stated, "One of my clients was feeling down, she hadn't been dressed for a day or two. I found Hawaiian flower necklaces and we put them on to brighten her up. It made her day, she actually kept them on for the rest of the day. Even now she has them hanging on a chair in her living room." At the end of her email she stated, "These might not be much to us, but it means a lot to my clients. I prefer to leave my clients in a calm and happy mood so if that means me taking an extra five minutes to do something that helps stop the client from worrying and stressing, it is totally worth my time."
- Staff focused on building and maintaining open and honest relationships with people and their families. People were cared for by a consistent team of staff who knew people very well and understood their needs and preferences. A care manager from the local authority told us, "When talking about the care they have received from the carers, I find my clients would often speak highly of them and state that they go above and beyond."
- During a recent storm, a member of staff, on seeing the damage to the entrance of a person's home, stayed overnight (with authorisation), until the person's family arrived the next day to ensure they were safe and well. We heard how delighted the person and their family were at the staff member's presence, reassurance and support.

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

- Staff used inclusive ways to involve people, and where appropriate, their relatives in decisions about people's care.
- Relatives spoke very positively about the electronic care management system and mobile app which helped them know what was going on 'in real time.' Comments from relatives included, "I'm pleased with the care plan as they include everything, they use the app well, so we know what kind of mood my mother is in, if she was anxious and what she ate for example" and "I think the service is outstanding and I've recommended them to a few people already. We have had the company for 18 months now and it's been

special from the start. The app is great. We get surveys for feedback, phone calls as well so I feel included in her care. I have no qualms with the management and they always get back to you if you phone up. They always listen to us or suggest things that might make life a bit easier."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was at the forefront of the service's culture and values. Staff were extremely sensitive to people's needs. A staff member had given one person a talking clock to help orientate them to the correct time since they could not see their clock properly and kept getting up early. We heard how another person's care visits had reduced, because their independence and confidence had increased due to the support of staff at the service.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives confirmed that staff planned and provided person-centred care.
- Electronic care plans were in place which provided important information about people's care preferences and goals. Reviews were carried out to ensure the care provided, met people's needs.

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.

- The provider was meeting the AIS.
- Information regarding people's communication needs was recorded in the electronic care management system

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. People and relatives raised no complaints or concerns about the care provided. One person told us, "I haven't had to make a complaint, but I have contact numbers and email contacts for the manager and general manager."

End of life care and support

- The service had no one on end of life care. The registered manager told us how they would work with the person, their family and health and social care professionals to ensure people's wishes were respected and their needs met at this important time.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was clear about their role and responsibilities. A branch manager was also in post. Staff, people, relatives and health and social care professionals spoke positively about the management staff. One relative told us, "I think Prioritising People's Lives is well led, I have a lot of time for the staff and manager. They keep us well informed and I had a zoom meeting with them and social services to discuss my mother's care."
- The provider, registered manager, branch manager and staff team supported the inspection process fully and acted on any feedback immediately.
- An electronic monitoring system was in place to monitor the service and the care provided in 'real time.' This meant that immediate action could be taken if any issues were highlighted.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and health and social care professionals spoke positively about the service. Staff also spoke positively about working at the service. Comments from staff included, "I love it, it's such a nice place to work. We have such a lovely bunch of clients and staff" and "I think we're people orientated - the clients are the focus."

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

- There had been no incidents which required the provider to act on this duty.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to involve people, relatives and staff in the running of the service. People, relatives and staff spoke positively about their involvement in the service and felt they were listened to.

Working in partnership with others

- Staff at the service worked alongside other healthcare professionals to ensure good outcomes for people.