

Priory Homecare Limited

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 04 October 2016 and was announced.

At the last inspection on 05 July 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Priory Homecare Limited is a large Lancashire based domiciliary care service. The service provides support to people in their own homes across Garstang, Kirkham and over Wyre. The service is overseen by care managers each responsible for one of the districts the service is provided. The service operates from offices based on Garstang Road in St Michaels-on-Wyre. At the time of our inspection visit Priory Homecare Limited provided services to 125 people.

The service did not have a registered manager in place. 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.

Prior to this inspection the manager had submitted an application to be registered with the Care Quality Commission (CQC). This was being dealt with by CQC's registration team when the inspection visit took place.

People supported by the service told us staff who visited them were polite, reliable and professional in their approach to their work. Comments received included, "Social services recommended Priory to me and I have never regretted using them. The staff are always on time and have never let me down." And, "The girls who visit us are clean, tidy and cheerful and make us laugh. [Relative] loves them all." And, "The staff visiting me are of the highest quality. Genuine caring people who will do anything for you."

People we spoke with told us they felt safe. They told us they received patient and safe care and they liked the staff who supported them. They said staff were respectful, friendly and conscientious. The relative of one person said, "I have no fears leaving them to care for [relative]. I am not stressed as I know [relative] is safe and well cared for."

Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished their care to be delivered. People told us they had been involved in making decisions about their care.

We found recruitment procedures were safe. Appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Newly appointed staff received induction training completed at the services training office base. This was followed by shadowing experienced colleagues until they felt safe to support people unsupervised. One recently appointed staff member told us they had been happy with their induction training.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We looked at how the service was staffed. The three staff members spoken with said they were happy with how their visits were managed. They told us they were allocated sufficient time to be able to provide support people required. Ten people supported by the service told us staff were reliable and very rarely late. One person said, "Never had a missed visit."

On the day of our inspection visit three staff attended Priory Homecare Limited office to receive formal supervision from a member of the management team. We spoke with them prior to receiving their supervision. They told us they felt well supported and enjoyed working for the service.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided. Ten people supported by the service all said they had confidence in the staff who supported them and felt safe when they received their care.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. Records had been completed when support had been provided. People told us they received their medicines at the times they needed them.

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks if needed.

People who used the service knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns. Where people had expressed concerns appropriate action had been quickly taken.

The manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks and care reviews. We looked at a sample of surveys and found people were satisfied with the service they received.

The manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

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.

Recruitment procedures the service had in place were safe.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who used the service.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good 

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Priory Homecare Limited

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 checked 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 visit took place on 04 October 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector.

Before our inspection on 04 October 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection visit we spoke with ten people supported by the service. We also went to the Priory Homecare Limited office and spoke with a range of people about the service. They included the manager, senior care manager/assessor, care coordinator, the services administrator and three staff members providing care in the community.

We looked at the care records of four people, recruitment records of two new staff, training records of four staff members and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what

people experienced when accessing the service.

Is the service safe?

Our findings

We spoke with ten people supported by the service who all said they had confidence in the staff who supported them and felt safe when they received their care. They told us they had the same group of staff who provided their care and they were familiar with their needs and preferences. Comments received included, "I have no fears leaving them to care for [relative]. I am not stressed as I know [relative] is safe and well cared for." And, "I feel safe and well in my home because I know my girls will arrive on time and look after me. I haven't a bad word to say about any of them. I can honestly say I am receiving the best care possible."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided clear instructions for staff members when they delivered their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified action taken by the service had been recorded. Training records seen confirmed staff had received load management and health and safety training to ensure they had the knowledge and skills to support people safely when they delivered care.

We looked at recruitment procedures the service had in place. We found relevant checks had been made before two new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. Gaps in employment had been explored at interview where a full employment history had not been provided. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed. One staff member recently recruited to work for the service confirmed their recruitment had been thorough. They told us they had not commenced supporting people until all their safety checks had been completed.

We looked at how the service was staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We looked at the services duty rota, spoke with staff and people supported by Priory homecare limited. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people supported and their individual needs. Staff members spoken with said they were allocated sufficient time to be able to provide support people required. Comments received included, "My visits are well managed and I am given plenty of travelling time so I don't arrive late." And, "They are very thoughtful arranging my first and last visits close to my child's school. This supports me to complete the school run."

The service operated an electronic call logging system to monitor staff visits to people's homes. Staff were required to log on the system when they arrived at a person's home and log off when they left. This enabled the service to check staff were arriving on time and staying for the correct amount of time allocated. The care manager informed us the system alerted office staff if a staff member hadn't logged in at the correct time. The staff member would then be contacted to establish the cause of the delay. The manager told us

the staff members next appointment would be contacted, made aware of the situation and informed what action was being taken by the service.

We spoke with ten people supported by the service. They told us staff who supported them were reliable and rarely late. Comments received included, "All local staff who visit me. They are always on time and have never let me down." And, "They always send a replacement if my regular girl is unable to visit me. I have never been ignored."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct. When we undertook this inspection visit there had been no recent safeguarding concerns raised about staff working for the service.

We looked at procedures the service had in place for assisting people with their medicines. Records we checked were complete and staff had recorded support they had provided people to take their medicines.

Staff employed by the service received medication training during their induction. Discussion with three staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with ten people about management of their medicines. They told us they were happy with medication arrangements and received their medicines when they needed them.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Two of the three staff we spoke with had been employed by the service for 14 and 15 years respectively. They told us they visited the same group of people which enabled them to develop a good understanding of their needs.

Ten people supported by the service told us they were happy with their care and support they received. Comments received included, "We have been supported by the service for 12 years and they are top quality. Excellent at matching their carers. We have a farming background so they sent a farmer's daughter to support us. A bit of thought goes along way." And, "They have supported me to stay in my own home and I am so happy. Best team of carers I could have wished for." And, "If I run out of something I ring the office and they get the girls to go to the shop before they visit me. I cannot praise them enough."

We spoke with three staff members, looked at individual training records and the services training matrix. All recently appointed staff had been enrolled on the Care Certificate which is a set of standards that social care and health workers follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Existing staff had achieved or were working towards national care qualifications. Records seen confirmed training provided by the service covered a range subjects including safeguarding, Mental Capacity Act (MCA) 2005, moving and handling and first aid. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

On the day of our inspection visit six staff were attending training at the services training premises in a different location. The staff were completing standard three of the Care Certificate (Duty of Care). This training covered promoting wellbeing and how staff could make sure people they support are kept safe from harm, abuse and injury. The training is provided to ensure staff had the knowledge to identify areas of concern and how to report concerns in agreed ways.

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.

The manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the manager confirmed she was aware of the process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood procedures needed to be followed if people's liberty was to be restricted for their safety.

Records seen and staff spoken with confirmed regular supervision and annual appraisals were in place.

These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. We spoke with three staff members attending the office for supervision with a member of the management team. They told us they felt well supported and enjoyed working for the service. One staff member said, "I haven't been with the company very long but I am happy and enjoy working for them. You get good support from management and I have received some positive feedback from people I support about my performance."

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they support where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices. People supported with meal preparation told us they were happy with the arrangements in place. One person said, "If I want something particular I ring the office and the girls will bring it for me when they visit. They also check my fridge to ensure food that needs to be eaten is at the front so I don't miss it."

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed.

Is the service caring?

Our findings

Ten people supported by the service told us they were treated with kindness and staff were caring towards them. Comments received included, "The staff visiting me are of the highest quality. Genuine caring people who will do anything for you." And, "I can honestly say I am receiving the best care possible. Really nice girls who will do anything for you, and they make me laugh." And, "I cannot think of anything I am unhappy about. They are brilliant, caring and patient people. The support I receive is working really well for me."

We looked at the care records of four people and found a person centred culture which encouraged people to express their views. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence people's care plans were reviewed with them and updated as necessary. This ensured information staff had about people's needs reflected the support and care they required.

People supported by the service told us they were satisfied staff who visited them had up to date information about their needs. They told us staff listened to them and their care was delivered in the way they wanted. Comments received included, "The staff who visit me are always cheerful and make me laugh. They do things exactly how I want them doing. They do very well for me." And, "I cannot praise my girls high enough. I want to remain in my own home and they are helping me to stay. I am so happy and would recommend them to anyone."

The three staff we spoke with showed they had an understanding and an appreciation of people's individual needs around privacy and dignity. People supported by the service told us staff spoke with them in a respectful way and they were treated with dignity during delivery of their personal care. They told us they were treated with kindness and compassion and liked the staff who supported them. One person we spoke with said, "The girls who visit me are polite and respectful. I enjoy their visits because they cheer me up. They are really thoughtful and go above and beyond for me what they are expected to do."

We spoke with the manager about access to advocacy services should people require their guidance and support. The manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. We received positive feedback about the standard of service delivery and care provided. The information provided helped us gain a balanced overview of what people experienced accessing the service.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. Comments received included, "They know what support I need and how I want it providing. They are very good with me and I like them all." And, "What I like is they see things and get on with it without me having to ask them. They never leave without making sure I am happy and they have done everything for me."

Care plans seen confirmed people had expressed when, how and by whom they wanted their support provided. For example people had been encouraged to specify the preferred gender of staff they wanted to support them. We also saw people had expressed their choices and preferences about visit times and the level of support they required. People's objectives and desires had been identified as part of the plan of care. For example to promote independence or maintain a balanced and nutritious diet.

We looked at care records of four people. We found they were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible and had been regularly reviewed for their effectiveness. The service had responded to the changing needs of people by updating care records. Personal care tasks had been recorded along with fluid and nutritional intake where required. Discussion with staff confirmed they were informed promptly when changes to people's care had been required. This ensured they had up to date information about the care needs of people they support.

People supported by the service told us they found the services office staff were responsive if they contacted them. We were informed they were quick to respond if they needed an extra visit or additional support. For example people told us they could contact the office and ask if staff visiting them could call to the shops for them before their visit. Comments received included, "The office staff are very polite, friendly and caring. They always do their best for me and I feel well looked after." And, "They have been very good at matching my girls with me who do their upmost to ensure I am happy in own home."

During our inspection visit at the Priory Homecare Limited office we observed office staff dealing with calls from people supported by the service. We saw they were polite and professional in how they dealt with the calls and responded to the caller efficiently. We noted the office staff knew the people making the calls and were familiar with the service they received. Requests made for additional support were dealt with immediately.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

We saw the service had a system in place for recording complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

People who used the service told us they knew how to make a complaint if they were unhappy about anything. Comments received included, "I have no complaints and would recommend them to anyone." And, "I cannot think of anything I am unhappy about. Excellent service in my opinion."

Is the service well-led?

Our findings

The service did not have a registered manager in place. Prior to this inspection the manager had submitted an application to be registered with the Care Quality Commission (CQC). This was being dealt with by CQC's registration team when the inspection visit took place.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with members of the management team confirmed they were clear about their role and between them provided a well run and consistent service. Comments received from ten people supported by the service included, "I cannot stress highly enough the quality of this company. They are a professional, caring and well run service." And, "Really well run service with helpful and polite managers and staff. I am very happy they are supporting me."

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through satisfaction surveys. People were asked a number of questions. These included asking if their carers arrive on time, are they polite and courteous, engage in conversation and use their initiative to perform extra tasks. Also if they stayed for the correct amount of time and if the person enjoyed having the carer in their home. Where concerns had been raised these had been followed up by the service. For example one person commented they didn't know who to make a complaint to. We saw a telephone call had been made to the person by a member of the management team and advice given.

Comments received in surveys included, 'Lovely girl who visits me. She works so hard she deserves a medal.' And, 'Thank you for providing friendly, caring and funny staff who make me laugh. Perfect way to start the day.' And, 'I find my carer is a capable and caring person. In fact, I think she is fantastic.'

Additional quality monitoring procedures in place included home visit assessments and telephone monitoring. People supported by the service confirmed they were regularly contacted and asked for comments about the service they received. One person we spoke with said, "It's nice to know they care and want to know if everything is working well. They needn't worry the girls are great with me."

We found regular audits had been completed by the service. These included medication, safeguarding incidents, training, staff supervision arrangements and reviewing care plan records. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.