

Pringle's Care Services Limited

# Pringles Care Services - Central

## 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 comprehensive inspection took place on 2 August 2018. We gave the provider 48 hours' notice as the service provides care to people living in their own homes and we needed to be sure the registered manager was available to assist with the inspection. Our last inspection of the service was on 5 July 2017 when we found one breach of the regulations as the provider's audits were not identifying areas that needed to be improved. At the inspection on 02 August 2018 we found the provider had acted to address the breach and now met the regulation.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to 40 older adults.

Not everyone using Pringles Care Services Central receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

People using the service and their relatives told us people were cared for safely. The provider had systems in place to keep people safe from abuse and care workers had completed safeguarding training.

The provider assessed risks to people using the service and their care workers and acted to mitigate the risks they identified.

The provider carried out checks on new staff to make sure they were suitable to work with people using the service. Care workers told us the checks were completed before they started to work with people.

Where people's care plans included support with their medicines, the provider arranged this.

The provider acted to make improvements when things went wrong.

The provider assessed people's care and support needs and delivered care and support in line with current legislation and guidance.

The provider's training matrix showed that all care workers were up to date with training the provider considered mandatory. Care workers told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively.

People's care plans included information about their preferences for how they received care and support.

People using the service and their relatives told us their care workers were kind and treated them with respect.

The registered manager regularly reviewed people's care plans and involved them in making decisions about their care.

People's care records included information about what they could do for themselves and areas where they needed care and support.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People using the service and their relatives told us people were cared for safely.

The provider had systems in place to keep people safe from abuse.

The provider assessed risks to people using the service and their care workers and acted to mitigate the risks they identified.

The provider carried out checks on new staff to make sure they were suitable to work with people using the service.

Where people's care plans included support with their medicines, the provider arranged this.

The provider acted to make improvements when things went wrong.

### Is the service effective?

Good 

The service was effective.

The provider assessed people's care and support needs and delivered care and support in line with current legislation and guidance.

The provider's training matrix showed that all care workers were up to date with training the provider considered mandatory. Care workers told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively.

People's care plans included information about their preferences for how they received care and support.

### Is the service caring?

Good 

The service was caring.

People using the service and their relatives told us their care workers were kind and treated them with respect.

The registered manager regularly reviewed people's care plans and involved them in making decisions about their care.

People's care records included information about what they could do for themselves and areas where they needed care and support.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People using the service and their care workers told us people received care and support in the service that met their needs.

The provider assessed people's care and support needs and used the assessments to develop an individual care plan.

The provider recorded and investigated any complaints in line with their policy and procedures.

### **Is the service well-led?**

**Good** ●

The service was well led.

People using the service, their relatives and care workers told us they felt the service was well-led.

The service had a qualified and experienced manager who was responsible for the day to day running of the service.

The provider had a system of audits and checks to monitor quality in the service and make improvements.

People, their relatives and care workers were encouraged to comment on the care and support people received through meetings and quality questionnaires.

# Pringles Care Services - Central

## **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 comprehensive inspection took place on 2 August 2018. We gave the provider 48 hours' notice as the service provides care to people living in their own homes and we needed to be sure the registered manager was available to assist with the inspection.

One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the location. This included the last inspection report and notifications the provider sent us. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also reviewed the Provider Information Return (PIR) we received in February 2018. 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.

Inspection site visit activity started on 2 August 2018 and ended on that day. It included reviewing the care records for five people using the service, recruitment, training and support records for five care workers, the provider's policies and procedures and other records related to the day to day running of the service. This included electronic monitoring records for care workers, the record of compliments and complaints the provider received and audits and checks the provider carried out to monitor quality in the service and make improvements. We visited the office location on 2 August 2018 to see the registered manager and office staff.

Following the inspection, we spoke with seven people using the service or their representatives and six care

workers. We also sent emails to 21 care workers and contacted the local authority's safeguarding and commissioning teams for their views. We received email comments from six care workers.

# Is the service safe?

## Our findings

People using the service and their relatives told us people were cared for safely. Their comments included, "Yes, it is a good service. I feel perfectly safe," "The carers know what they're doing, they make sure I'm safe" and "They [the care workers] make sure I'm safe when I move around. They're always telling me to slow down and take my time."

The provider had systems in place to keep people safe from abuse. They had reviewed their safeguarding policy and procedures in October 2017. It referred care workers to appropriate legislation and guidance from the Department of Health, the Social Care Institute for Excellence (SCIE) and the Association of Directors of Adult Social Services (ADASS). The guidance included information about the types of possible abuse and actions for care workers to take if they had concerns.

Care workers we spoke with and those who sent us their comments could describe the types of abuse they might encounter in their work and told us about the actions they would take. Their comments included, "I would report the abuse immediately to the office manager. The abuse I might come across is verbal abuse, financial abuse, physical abuse, sexual abuse physiological abuse, neglect and emotional abuse," "I would tell my manager straight away," "The abuse I might come across are financial, sexual, neglect, verbal, physical - I would record and report it" and "I would report any abuse immediately to the office so it can be dealt with straight away."

Care workers also told us they had completed safeguarding training and the provider's training records and staff personnel files confirmed this.

The provider assessed risks to people using the service and their care workers and acted to mitigate the risks they identified. All the care records we reviewed included an assessment of the person's home environment and possible risks to their care workers. Where there was a risk identified, the provider agreed a plan of action with the person using the service to keep people safe. For example, one person agreed that their large pet dog would be kept away from the rooms where care workers were providing personal care and support.

Care records also included assessments of risk to the person using the service and guidance for their care workers on how to mitigate the risk. Assessments covered pressure care, falls, health care, physical disabilities and medicines management. Where the provider identified a possible risk to a person using the service they acted and gave their care workers clear guidance on mitigating the risk. For example, where a person was at risk of developing pressure ulcers, the provider instructed their care workers to follow guidance on bathing and drying the person. They also made sure care workers repositioned the person and recorded this on every visit.

The provider carried out checks on new staff to make sure they were suitable to work with people using the service and care workers we spoke with confirmed this. The staff recruitment records we checked all included proof of the person's identity and right to work in the UK, an application form and full employment history, two references and a Disclosure and Barring Service (DBS) criminal records check. Care workers told



us, "Yes, they carried out all the checks and told me I couldn't work until they had my DBS check and references" and "All the checks were done before I started to work with people in their homes."

People received the medicines they needed safely and as prescribed. The provider had a policy and procedures they had reviewed in February 2018 and we saw this referred to best practice guidance from the Royal Pharmaceutical Society, the National Institute for Health and Care Excellence (NICE), the Nursing and Midwifery Council and the Care Quality Commission.

Where people's care plans included support with their medicines, the provider arranged this. Training records showed care workers had completed training in medicines management and people's care plans were clear about the support they needed. When required, care workers recorded the medicines they gave people on a Medicines Administration Record (MAR) chart. The MAR charts we saw during the inspection were well completed with no errors or omissions. We also saw that care workers returned the MAR charts to the office at the end of every month and the registered manager audited these to make sure people had the support they needed with their medicines. One person's relative told us, "My [family member] has specialist health care needs and the care workers have had extra training to support them. They are very good."

The provider had systems to prevent and control infection. They had a policy and procedures, care staff told us they had completed training and the provider's training records confirmed this. Care workers told us they had access to personal protective equipment that included gloves, aprons, shoe covers and sanitising hand gel.

The provider acted to make improvements when things went wrong. They told us they had identified care workers' punctuality as a major issue that affected the delivery of care and support to people in ways they chose and preferred. The registered manager told us they understood the importance of care workers attending on time, due to the clients' needs for medication, personal care, meal preparation and other relevant tasks. They said they had reviewed the ways the service operated and implemented certain measures, tools strategies and technologies to mitigate and deal with the issues related to lateness. They told us, "We implemented the People Planner app so carers are able to view any changes live on their mobile phones. This allows us to connect our field-based care workers and the office staff. We can share important information in an easy-to-read summary, so carers can access each individual's care needs and preferences, quickly and easily. Care workers can see any changes to care plans as soon as they happen and their rota. Secondly, we implemented the CM2000 Monitoring System, that was specifically designed to show the care worker's actual time of arrival and departure live on screen in the office. We are now using live alerts via texts and emails to alert us when and if the care worker is running late within 15 minutes. These alerts are critical as they enable us to immediately put in place contingency measures and cover the call."

The registered manager said, "Since the implementation of these systems, the attendance of care workers on time has improved significantly and clients have given testimony to this." People we spoke with confirmed that their care workers usually arrived on time and two people said they had noticed an improvement in punctuality in recent months. One person told us, "You could never be sure what time they'd turn up but things are much better now. They arrive on time and if they are running late they let me know."

## Is the service effective?

### Our findings

The provider assessed people's care and support needs and delivered care and support in line with current legislation and guidance. They had subscribed to a service that provided regular updates and reviews of their policies and procedures. The updates referred the provider to relevant guidance from professional bodies, including the Nursing and Midwifery Council, the Royal Pharmaceutical Society, the National Institute for Health and Care Excellence (NICE) and the Care Quality Commission. The registered manager told us they would pass on information about changes and developments in care practice through supervision, staff meetings and training and the records we saw confirmed this.

The provider's training matrix showed that all care workers were up to date with training the provider considered mandatory. This included health and safety, first aid, infection control, medication, pressure care, moving and handling and safeguarding.

Care workers we spoke with confirmed they had completed their training and the provider arranged regular refresher training when required. Their comments included, "I've had all relevant training needed for my job role, Recently I've had first aid training, mental capacity and dementia training; these were helpful in terms of understanding and improving the care for my clients," "We had to go through all the inductions and shadowing before I could start. The training I completed recently was helpful. I found the first aid training very useful especially the practical parts. Doing the refresher helps me to remember what to do in case of emergency" and "I have completed all my training. They were very helpful and detailed. There were lots of practical examples and scenarios."

The provider also confirmed they had introduced the Care Certificate for staff who were new to working in social care services. This is an identified set of 15 standards which health and social care staff should adhere to in their daily working life.

When people's care and support plans included help with eating and drinking, their care workers provided this and recorded details in the daily log book. Some people's daily records included details of what they had to eat and drink and all the records we saw showed the care workers always left people with a drink at the end of their visit. The provider's assessments of people's care needs also included information about what the person liked to eat and drink. For example, "I like to have smoked mackerel, lightly toasted bread with mushrooms and a milky cup of tea with no sugar" and "I like to eat porridge, bread and jam and a cup of tea for breakfast." We checked people's daily care notes and saw their care workers provided them with the food and drinks they preferred.

Most of the people using the service whose care records we checked had relatives who supported them to attend health care appointments. People's relatives told us their care workers always kept them informed of any changes they noticed in their family member's health. One relative commented, "They are very good, we take [family member] to appointments but if the carers notice any change, they always let us know."

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 make 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. We checked whether the service was working within the principles of the MCA and found the registered manager understood their responsibilities under the Act.

People's care records included a form the provider asked people to sign to indicate they consented to and agreed with the care and support they received. Where a relative held Lasting Power of Attorney (LPA) for health and welfare or finances, the provider recorded this clearly in the person's care records. In these cases, we saw the provider had discussed consent and the care they provided with the person's relative before they signed to indicate agreement on their behalf.

Care workers told us they made sure people had choice and control over their lives. They told us they supported people in the least restrictive way possible and the policies and systems in the service supported this. Records showed care workers sought people's consent before they provided care and support. For example, care plans included information about people's preferences for how they received support and the daily care logs we saw showed that care workers respected these.

Care workers told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. One care worker told us, "Consent is important for everyone and we must support and respect the choices people make." A second care worker said, "I have had training in the MCA and I always make sure I get consent before I support someone."

## Is the service caring?

### Our findings

People using the service and their relatives told us their care workers were kind and treated them with respect. Their comments included, "They [the care workers] would do anything for my [family member]. They are like family," "They are very kind. They do everything I need and always make sure I am alright before they leave," "We have nothing but praise for them [the care workers]. They are first-class, very caring people" and "They have been very good. It's not an easy job but they are patient, kind and caring."

The registered manager regularly reviewed people's care plans and involved them in making decisions about their care. A relative commented, "They talked to us about the help my [family member] needs and what they could do for themselves. That was very important. They do call to see how things are going and if there are any changes we want but overall it works well. I'd say we are as involved as we could be." A second relative told us, "I know they helped my [family member] fill in a survey and they do call us to ask if we are happy with the care."

The provider sent satisfaction surveys to people using the service and their relatives in June 2018 and 23 people completed and returned these. Most of the comments people made were positive but the surveys did include a small number of comments about care workers' punctuality. We discussed this with the registered manager who told us they had enhanced their electronic monitoring system to alert office staff if the care worker did not sign in at the person's home within 15 minutes of the planned call time. All the people we spoke with as part of this inspection told us their care workers were usually very punctual and they always let people know if they were delayed.

People's care records included information about what they could do for themselves and areas where they needed care and support. Guidance the provider gave to care workers stressed the importance of offering choices to people and promoting independence whenever possible. One care worker told us, "Everyone can do something for themselves and we have to allow them to do that. It is good for people to be independent." A second care worker commented, "It can take a bit longer but our job is to help people stay as independent as possible for as long as possible."

## Is the service responsive?

### Our findings

People using the service and their care workers told us people received care and support in the service that met their needs. They told us, "They [the care workers] always follow the care plan and write down what they do," "The carers are great. They understand exactly what help my [family member] needs and they stick to the plan," "There is a care plan and the regular carers know what they have to do. If the carer changes, they usually read the care plan or ask my [family member] or me what help they need" and "I'd say they do an excellent job. They always make sure my [family member] is cared for. There is a care plan but really they would do anything you ask."

When we asked care workers how they found out what help people needed when they visited them for the first time, one told us, "I would read the care plan and we are always told what are the client's needs and wishes. Any cultural preferences by the office before we get to the house. We also have a lot of information on our app regarding each client which is helpful. Also, any changes come straight through the mobile app." A second care worker said, "I check the care plan. The office normally gives us a brief before we get to the client about their needs and what needs to be done." A third care worker commented, "The office makes you aware of the client's needs before attending the client and what needs to be done for them. You are also advised to read the care plan. We are also advised by the manager that any changes need to be reported back to the office immediately so it can be dealt with. Our mobile app is also uploaded immediately with the client details so you can see changes immediately."

The provider assessed people's care and support needs and used the assessments to develop an individual care plan. They wrote people's care plans in a person-centred way and used 'I' statements to reflect the person's choices and preferences. For example, "I have a good appetite but eat slowly," "I like to have a hot drink and biscuits before settling down for bed" and "I enjoy watching TV, reading and listening to music." Where the provider identified specific cultural needs and preferences they gave care workers clear guidance on how to meet these. For example, people's care plans included information about food they liked to eat, TV stations they liked to watch and radio programmes they listened to.

The provider had a policy and procedures for responding to complaints they received and they had reviewed these in December 2017. The provider recorded and investigated any complaints in line with their policy and procedures. In May 2018 the provider produced an action plan to improve quality in the service because of complaints they had received. The action plan included improving training for care workers, increasing the frequency of spot checks and supervision for care workers and sending satisfaction surveys to people using the service and their relatives.

Complaints records showed the provider cooperated with the local authority's safeguarding and commissioning teams and informed people of the outcome of their investigations.

People using the service and their relatives told us they knew about the complaints procedure and said they felt the provider dealt with any complaints they raised. One person told us, "There were a few issues to begin with. We spoke with [the registered manager] and it was sorted out."

## Is the service well-led?

### Our findings

When we carried out our last inspection of the service in July 2017 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider's audits and checks did not identify areas where they needed to make improvements. At the inspection in July 2018 we found the provider had acted and made improvements to address the breach we had identified.

People using the service and their relatives told us they felt the service was well-led. Their comments included, "They are pretty good. If you need to speak with the office there's usually someone who can help," "I've met [the registered manager]. They seemed very caring and interested in what help I needed" and "I'd say it was well managed. Things that need to be done get done."

Care workers commented, "The service provided by Pringles Care is well managed and I do get the necessary support from the company," "Yes, I am normally able to call if I am having a problem with any client and we would get advice on what to do or a manager would visit the client's house," "Yes, I get full support, a weekly call from the office to check up on any changes regarding any client," "The service is brilliant. The manager is always there to pick up a phone and explain anything. I got a lot of support from the office. We are spot checked on very often and we have to attend supervision and one to one meetings. We are normally checked up on during the day to see if there are any changes to any of the clients. I enjoy my job a lot. At the end of the shift I can say I have done something wonderful for my clients. Because of my training and support from the office my clients always ask for me because I go the extra mile to provide the care they require. I am passionate about my job and I can see it with the clients. This is a result of my training and the support from the office team." "Pringles are good. I never knew anything about care before I started with Pringles but I was given the opportunity with the training and support from the office. I can say I am proud to be a carer."

The provider is a limited company and the sole director is the nominated individual (NI) for the service. The NI is also the registered manager and registered with the Care Quality Commission in February 2018. They told us they had completed Level 3 and Level 5 qualifications in the leadership and management of health care and a BSc in Health Promotion. They had worked as a care worker, a deputy manager in a care home and an assessor for National Vocational Qualifications (NVQ). They were also a qualified trainer for moving and handling and medicines management. When we asked the registered manager how they kept up to date with developments in social care, they told us they were a member of the United Kingdom Home Care Association (UKHCA) and went to provider forums arranged by the local authority.

The provider had a system of audits and checks to monitor quality in the service and make improvements. The registered manager reviewed people's care plans and risk assessments regularly and where they identified changes in people's care needs they acted to update the care plan and provide updated guidance for care workers. Other audits the registered manager carried out included, accidents and incidents, medicines, daily care notes, staff training and supervision.

Care workers told us they had regular meetings and records confirmed this. The provider arranged staff

meetings in April and June 2018 when they discussed people's care needs, training, punctuality, the introduction of electronic monitoring and daily recording. The provider also produced a newsletter for care workers in June 2018. Care workers told us they found these helpful and informative. The provider also held a managers' meeting in March 2018 when they discussed CQC standards and inspections, care worker recruitment, new tenders and developing care workers. The registered manager confirmed they cascaded relevant information to care workers during staff meetings so care workers could improve their practice and feel valued.

In May 2017 the provider carried out an internal quality assurance audit using the Care Quality Commission Key Lines of Enquiry (KLOEs) to make sure they were meeting the fundamental standards. The registered manager told us they discussed the outcome of complaints, incidents and accidents with care workers and office staff so they could improve their practice and implement any lessons learnt.

People, their relatives and care workers were encouraged to comment on the care and support people received through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether people's needs were met by the service. Most of the comments people made were positive. All care workers 'agreed' or 'strongly agreed' the provider had systems in place to keep people and their care workers safe. All said they felt well trained in safeguarding people and risk management.

The provider also carried out phone checks when they called people using the service or their relatives to make sure they were happy with the care and support they received. The record of phone checks included positive comments, including, "It's been really supportive to have a service that is 100% there for me" and "The service has supported me through hard times with my health and continues to support me."