

Priority Services4u Ltd

Priority Services4u

Inspection report

Unit 12 Indigo House
Fishponds Road
Wokingham
RG41 2GY

Tel: 07735553633

Website: www.priorityservices4u.co.uk

Date of inspection visit:
21 April 2021

Date of publication:
07 May 2021

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

About the service

Priority Services4u is a community care provider providing personal care to 30 adults at the time of the inspection. This included people living with sensory impairments, physical disabilities and dementia. The service employed 21 staff.

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

People and relatives felt the care was safe. People's medicines were managed safely. There were enough staff deployed to meet people's needs. Infection prevention and control helped protect people. Some improvements were required with regards to recruitment and we have therefore made a recommendation about safe recruitment.

Staff had the necessary knowledge, skills and competencies to provide effective care. People's likes, dislikes and preferences for care were recorded in their care plans. Community-based social and healthcare staff were involved in people's care when required. Consent was obtained and recorded in the right way.

People and families commented that staff were kind and caring. They confirmed that they were included in support and that staff promoted people's independence. Staff respected people's dignity and privacy.

Care plans were personalised. They contained the necessary information for staff to provide support in accordance with people's needs. The management of complaints documentation was satisfactory.

The registered manager lacked some knowledge and experience in relation to using existing data and feedback to drive improvements in the service. The registered manager acknowledged they needed to undertake further work in this area to always ensure a well-led service. The team leader had completed spot checks of care worker practices to check quality of care. The service had sent surveys to people and their relatives to gather views. The service was proactively working with the safeguarding authority and commissioners.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 2 April 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Priority Services4u

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 two inspectors 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 April 2021 and ended on 24 April 2021. We visited the office location on 21 April 2021.

What we did before the inspection

We reviewed information we held and had received about the service since its registration. We sought feedback from the local authority and other professionals who work with the service. We checked information held by Companies House. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with five people who use the service and fifteen relatives about their experience of the care provided. We spoke with the company director, the registered manager, the HR and recruitment manager, team leader and a senior care worker.

We reviewed a range of records. This included eight people's care records and multiple medicines administration records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. After the site visit, we requested and received further information from the registered manager about the service's governance.

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.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the service was safe.
- Comments included, "Completely safe. They look after me well, support me well", "Yes, completely safe. They are very caring", "Yes, I feel safe" and "Oh yes, very much so. Quite pleasant people. They make sure I am safe."
- There was a safeguarding policy in place. This required some updates, and the registered manager was receptive to our feedback.
- Staff received training in protecting vulnerable adults. This provided them with the knowledge needed to know the steps to take if there was suspected or actual abuse or neglect.
- The registered manager had completed additional training in how to handle any allegations about unsafe care.

Assessing risk, safety monitoring and management

- People's risks were assessed to ensure they received care that was safe.
- Prior to a support package commencing, the registered manager completed an assessment of a person's needs. These included the home environment, moving and handling, personal hygiene needs, eating and drinking and management of medicines.
- The service used information from other agencies to help determine potential or existing risks. For example, we saw that referrals from the local authority were used as part of the decision-making process for planning support packages.
- People and relatives told us they were supported safely when mobilising or moving. Comments included, "I have walking aids. They make sure the equipment is there for me", "I have a hoist. They know how to use it and I feel confident with them" and "There are aids in the bathroom and they [staff] know how to use them."

Staffing and recruitment

- There were enough staff deployed to meet people's needs.
- People said their calls were usually on time. Comments included, "Never late. If someone else [care worker] is coming they let me know" and "Very rarely late. [The office staff] let me know if they [care workers] are going to be late."
- Records showed a small number of calls had been missed. This was mainly due to unforeseen circumstances, such as staff short notice absences. The registered manager explained steps taken to ensure calls were met; asking other care workers to cover or going out to calls themselves.
- People and relatives told us they had regular carers. Feedback included, "I have a regular one [care

worker]. Almost always the same one", "We have regular carers. Consistency is needed" and "Yes, I have regular carers. Same one at the moment."

- Although the staff files we looked at contained some of the information required by the regulations, three of the four files we reviewed had some required information missing.
- For example, of the four staff files we saw only one had evidence of verification of reasons for leaving previous jobs with children or vulnerable adults. One file did not include evidence of conduct in previous jobs with children or vulnerable adults. There was no evidence to show the registered manager had identified the omission or tried to obtain the missing information.
- During the inspection, the evidence of conduct request form was updated to include requesting reason for leaving. The HR manager took steps to ensure the personnel files contained the staff's reasons for leaving prior roles.

We recommend the provider reviews current Care Quality Commission guidance in relation to Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure the safe recruitment of staff.

Using medicines safely

- People's medicines were safely managed.
- Staff completed computer-based and practical training, observation and competency assessment prior to supporting people with their medicines.
- Satisfactory records of medicines were completed. These showed that the number of medicines in people's homes were tallied to ensure that the correct amount were remaining and people did not run out of their medicines.
- Medicines incidents were correctly reported using an incident form.

Preventing and controlling infection

- People were protected against the spread of infections.
- The service supplied staff with appropriate personal protective equipment. This included disposable gloves, aprons, eyewear or visors and masks.
- Staff maintained hand hygiene by washing their hands or using alcohol-based gel which they carried with them.
- The service ensured they followed government guidelines regarding the COVID-19 pandemic.
- Staff completed regular viral testing as part of the national programme to ensure they were safe to work with people.

Learning lessons when things go wrong

- Accidents and incidents were appropriately logged.
- A senior staff member reviewed the content of the incident reports and made any changes needed to prevent recurrence of similar events.

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.

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

- Each person's care details were based on a full assessment and included individual preferences on how the person liked the care to be provided. The records demonstrated the person and/or those close to them had been involved in drawing up their care details. People's records were kept under review and amended when changes occurred, or if new information came to light.
- Each person was contacted by the provider every three months to discuss their well-being, the care being provided and to also identify if they would like to review their care.

Staff support: induction, training, skills and experience

- People received care from staff that had the necessary knowledge, skills and experience to perform their roles.
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. One member of staff commented, "I have had training in all the equipment use."
- The service provided training in topics they considered mandatory, such as moving and handling, safeguarding adults and infection control. All training the provider considered to be mandatory was up to date.
- During the inspection, we identified that training within the Mental Capacity Act (MCA) was within the required training rather than mandatory. This was reported to the business manager and was changed to mandatory training.
- Staff received additional training in specialist areas relevant to the needs of individual people. For example, further training had been provided to staff in catheterisation and for specific medical conditions including Motor Neurone Disease.
- Staff received formal supervision every six weeks to discuss their work and how they felt about it. Staff told us they felt this supported their development and gave them time to express any concerns.

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

- Information about people's dietary needs had been recorded in their care files.
- People were supported by staff to order healthy balanced meals from online services.
- People's daily care notes included food and fluid given at each visit. For example, one person's records stated, "I asked [name] what she would like for lunch. [Name of person] chose cheese on toast with a coffee". It was then marked within the planned activities that food and fluids were given.

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

- The provider was in regular contact with local authorities who support with funding for people using the service.
- The provider had completed monitoring logs for each person to document all correspondence and input from other agencies including occupational therapists (OT) and GPs to provide ongoing care. One example stated, "[Staff member] called the OT regarding the update and equipment required. OT agreed to order necessary equipment to support [name]."
- The provider also documented telephone calls made to GP surgeries to support people with obtaining appointments.

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.

- People's care records provided staff with detailed information in respect of the decisions people were able to make independently.
- Within people's care plans, it documented if the person had capacity and if they required any support with making decisions. One care plan stated, "[Name] has capacity to make decisions regarding their personal care on a day to day basis."
- Within one person's care plan, it stated the person had a Lasting Power of Attorney in place and contact details were included. However, the provider had not requested evidence that this was in place. We discussed with the provider the need to ensure that they had evidence of appointed attorneys to identify who was legally able to consent on a person's behalf.

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 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; respecting equality and diversity

- People said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- People said staff supporting them were kind and caring. Some of their comments included, "Very kind, very excellent, could not be with anybody better." And, "They do respect my choices. If I ask to do things, they do it" and "Very caring. Of course, they treat me with dignity and respect."
- Staff told us translation services were available for people who did not have English as a first language.
- Family members observed that their relatives felt comfortable with staff who visited them. They told us, "Yes they are kind and treat her with dignity and respect... They ask her how she is feeling and find ways to help ease her pain."

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

- Care plans were created and amended with people, their relatives and relevant professionals, including the local authority.
- The registered manager reviewed people's care plans and risk assessments every three months or when people's needs changed. This ensured they were accurate, up to date and reflected the current needs and preferences of people.
- People and relatives told us they were involved in decisions about people's care and support. One person told us, "I was involved in my initial assessment. As I have improved, more assessments have taken place."

Respecting and promoting people's privacy, dignity and independence

- The management team reported regular spot checks took place, and this included ensuring that staff were treating people with dignity and supporting people with their independence.
- Care plans included requesting staff support people with their independence. Family members observed that their relatives felt comfortable with staff who visited them. They told us, "They ask for [name]'s consent. They ask what [name] would like. They give [name] choices. They bring meals out to show her so [name] can choose. They ask if it is ok to put cream on [name]."
- People's care plans included information on how people would like to receive personal care including their likes and dislikes. The information allowed staff to understand the needs of the person.

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

- All care plans and risk assessments reviewed were individualised to each person's different needs.
- The care plan was discussed with the person and their relatives (where required). They were asked what their likes, dislikes and preferences were and these were recorded in the care plan.
- Updates of the care plans were completed at set intervals. Changes were made to care plans if people's support had changed between care reviews.
- The service was moving from paper-based to electronic records. We reviewed documents in both formats. The increased use of the computer care records meant these were more accessible to people, relatives or health and social care workers.
- Cultural and faith-based wishes and preferences were recorded in people's care plans. This ensured diversity was respected.
- People and relatives confirmed that the care planning was personalised. Feedback included, "I was involved in the planning of my care. All my needs are catered for. The care is delivered in a way I like", "Yes I was involved [in planning my care]. They take care of me the way I like" and "[The registered manager] came around and spoke to me. All my needs are taken care of..."

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. 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 service assessed and recorded any communication impairments people had. This ensured staff knew which people may require adjustments to enable successful communication.
- The service was able to provide relevant information in different ways. This included large text or explaining care in different ways. This enabled people to understand the support they received.

Improving care quality in response to complaints or concerns

- An appropriate complaints management process was in place.
- Concerns and complaints were always logged in a register. The date, nature of the complaint and resolution were recorded.
- The complaints register showed apologies were provided to people and relatives, where appropriate.

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.

Continuous learning and improving care

- The service completed audits to check the quality of care people received. However, the service did not always use results from their checks to drive improvements.
- We found that although satisfactory documentation was kept of various aspects of the service, these were not always examined thoroughly by the registered manager.
- For example, there was good amounts of information about the number of incidents and accidents, medicines errors, concerns and complaints and results of surveys from people and staff. However, the registered manager had failed to assess the information and use it in a meaningful way to improve care and quality.
- At the site visit, we provided this feedback to the registered manager, who accepted the findings. They acknowledged they could have used the information to better understand what worked well and what required improvement at the service.
- The registered manager explained they would create a continuous improvement action plan. The action plan would be used to log the results of their audits. Where improvements were identified by the audits, the registered manager stated they would log steps to be completed in the action plan. This meant they would have clearer oversight of areas where care could be further improved.

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

- People and relatives were satisfied with the care and support received. Some people described how the service encouraged their welfare.
- Feedback included, "They gave her [the person] a box of chocolates for her birthday", "Excellent service. Extremely pleased" and "I called [the service] as my car was broken and we needed to go for our COVID-19 injections. They took us [to the appointments] both times."
- The registered manager explained staff turnover rates and sought the reasons for any who resigned. Staff at the time of the inspection felt the workplace culture was positive.

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 had a satisfactory understanding of the duty of candour requirement.
- They stated, "If something goes wrong, my responsibility is to inform people and others of what has happened, send a letter with the outcome and offer an apology."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People said the management of the service was good. They stated, "I have had one other experience of these services. This one is very good. They do what I want and do it well", "They are well managed. They do keep in touch with any changes. Someone [management] is on the ball", "Seems well managed", "They are trying to do well" and "I think it is well managed. If they [management] can't get a carer out [the registered manager] will step in themselves."
- Relatives also felt the service was well-led. Comments included, "Reasonably well managed", "Certainly well managed", "Definitely well managed. If I need extra care they will help me out", "It [the service] is well managed."
- A small number of audits were completed by the management team to check the quality of the service. The team leader and senior care workers completed unannounced 'spot checks' of care workers who supported people. These ensured that staff completed personal care in the right way and in line with the service's set standards.
- Quarterly 'wellbeing' telephone calls were made to people by the senior care workers and team leaders. Questions included, "How are you finding the service?", "Are there any changes you would like to be made?", "Are you happy with the staff who are attending the calls" and "Would you like a formal review of the care package?" If prompted by the response to the telephone call, a review of a person's care package was scheduled with them.
- The registered manager understood their role well. They explained it was their responsibility to assess and monitor the quality of the support provided to people. The registered manager demonstrated they had a satisfactory knowledge of regulations and associated guidance about community-based care.

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

- There was involvement of people, relatives and staff in how the service operated.
- Verbal feedback from people and relatives was used on a regular basis to make changes to how support was provided. For example people stated, "I had two ladies ask if I was happy" and "I can communicate with [the registered manager]."
- Formal methods of gathering feedback from people and relatives included surveys and questionnaires on a regular basis. There were good response rates to the surveys, which provided valuable information about the performance of the service.
- The results of written feedback were positive. Feedback included, "I can't fault you guys [staff]. Very punctual. They help with anything I need and it's a complete luxury. I feel safe and my needs are always met" and "I have asked for an extra visit...on occasions, and it had been given at a time I asked for. I am very grateful for this."
- There was regular communication with staff. This was mainly via electronic methods, such as messages on mobile phones. They were also asked to complete regular surveys to gauge their opinion about the service.
- The registered manager employed a part-time 'welfare worker'. This was to help staff with the psychological and emotional impact of working throughout the pandemic. Staff were offered both virtual and face-to-face consultations with the 'welfare worker'. Care workers were able to discuss work-related and personal matters with the worker. Staff appreciated the opportunity to talk about issues that impacted them during the lockdowns.

Working in partnership with others

- The service worked well with external stakeholders.
- This included with the local safeguarding team and the commissioning team.

- One stakeholder wrote, "From my point of view, Priority Services4u are a very reliable, well run agency, easy to contact and very caring and good with clients [people]. I have no problems working with them and am happy to continue to work with them."