

Prior Care Limited

Prior Care Limited - 139 Hornchurch Road

Inspection report

139 Hornchurch Road
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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?	Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on 7 June 2018 and was announced. We last inspected this service in 16 December 2016 and we rated the service 'Good'. However, we found that the provider did not ensure the service was fully safe. We therefore returned to inspect the service to ensure the provider was meeting legal requirements. At this inspection, we found the service remained 'Good'.

Prior Care Limited - 139 Hornchurch Road is based in Romford, Essex. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

Not everyone using Prior Care Limited receives regulated activity; the 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.

At the time of our inspection, 45 people were using the service, who received personal care. The provider employed 20 care staff.

The service did not have a registered manager in post but had a service manager who had applied to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

However, shortly before our inspection the provider informed us that the service manager passed away.

At our last inspection, we found people did not always receive safe care because the provider did not always assess, monitor and mitigate risks associated with the service to ensure people received safe care at all times. The provider sent us an action plan detailing how they would make improvements and told us they would be compliant by February 2017. At this inspection we saw that risks to people, such as falls, were assessed more effectively to ensure staff had adequate information to identify and manage and reduce these risks.

However some further improvements were required with quality assurance systems to ensure the service was well led. For example, not all staff followed procedures to log in and out of calls to people's homes. This meant the provider was not able to assess whether staff were arriving on time. We noted that analysis undertaken by the management demonstrated that the service was underperforming in this area and had been doing so for some time. There was not a clear plan for how this would be improved.

People were protected from abuse. Staff understood procedures to follow in order to safeguard people from potential abuse.

The provider had sufficient numbers of staff available to provide care and support to people. Staff had been recruited following pre-employment checks such as criminal background checks, to ensure staff were suitable to work with people safely.

Staff received an induction and relevant training. They shadowed experienced staff in order for them to carry out their roles effectively.

When required, staff prompted people to take their medicines and recorded this in Medicine Administration Records (MAR).

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and people's capacity to make decisions was assessed when required.

Staff told us that they received support and guidance from the management team. People's care and support needs were assessed and reviewed regularly.

People were registered with health care professionals, such as GPs and staff contacted them in emergencies.

People were supported to have meals and drinks of their choice, when this was requested.

People were involved in their care and support planning. They were treated with dignity and respect when personal care was provided to them.

Care plans provided staff with information about each person's individual preferences.

Complaints about the service were responded to appropriately.

The management team carried out monitoring checks on staff providing care in people's homes. This ensured staff followed the correct procedures and people received the care they had been assessed for. People were able to provide their feedback on the service.

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.

Risks to people were identified to ensure staff were fully aware of them when providing care to people.

Staff understood how to safeguard people from abuse. They were aware of their responsibilities to report any concerns.

A recruitment procedure was in place to employing staff that were safe. Staffing levels were sufficient in order to provide care to people at all times.

People received their medicines safely when required and staff received training on how to do this.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service was not always well led. Quality assurance systems were not robust because care staff did not follow logging in and out procedures when providing care in people's homes. This had become a continuous issue that was not resolved.

People provided their feedback on the quality of the service during care visits and via telephone.

Staff received support and guidance from the management team.

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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 was 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.

The inspection took place on 7 June 2018. This was an announced inspection, which meant the registered provider knew we would be visiting. We gave the provider 48 hours' notice. This was because it was a domiciliary care agency and we wanted to make sure that a manager would be available to support us with our inspection. The inspection team consisted of one inspector and an expert by experience, who made telephone calls to people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service and provider. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also contacted health and social care commissioners for their feedback on the service.

During the inspection, we spoke with the director and the finance manager, who were managing the service following the death of the service manager, a care coordinator, an administrator and two care staff. We spoke with six people who used the service and six relatives.

We looked at nine people's care records and other records relating to the management of the service. This included five staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

Is the service safe?

Our findings

At our last inspection in December 2016, we found concerns with how the provider was assessing, monitoring and mitigating risks to people. Risk assessments lacked relevant, sufficient or important information to manage and mitigate all risks to keep people safe from injury or harm.

At this inspection, we saw that this was addressed and risk assessments now contained more information. There was improved levels of detail to demonstrate that appropriate precautions were put in place to help staff minimise these risks. Risks were assessed before people started to use the service. They contained information and guidance for staff to follow to keep people safe. For example, we saw risk assessments for people that included their home environment, mobility needs, risk of falls, tissue and skin integrity and any nutritional requirements.

Risks were assessed for severity, which meant each risk was rated as being low, medium or high. There was a profile for each risk for the assessor to write relevant information about the risk. One person's assessment stated they were at medium risk of incontinence but were "physically able to use the toilet and commode" and for staff to monitor this. Another person was reluctant to have a bath or shower and care staff were advised to "offer the right encouragement to [person] and they will agree to a strip wash." This meant that people were supported by staff who were aware of how to manage risks and ensure people were safe in their care.

People we spoke with told us they felt safe when being supported by staff. One person told us, "They are very good, they stand near me as I walk from the bedroom and bathroom because I'm inclined to topple". Another person said, "They do everything for me, morning and evening, help me with personal care and meals, they always arrive on time." People were required to be kept informed by senior staff if their carer was running late or were delayed for their visit. One person told us, "They are always on time, I have no bad vibes, they are calming, never hurried or rushed." However, some people told us the staff did not always arrive on time. One person said, "I just have to keep waiting until they come, they are quite often late." A relative said, "Sometimes they don't get there until late. One day they didn't turn up and we had to go and check on my [family member]. The carers then came really late."

We fed this back to the finance manager, who was also managing the whole service in the interim and they told us they were aware of issues such as lateness. They said, "We have had a few late calls recently due to traffic or bad weather." The finance manager told us that they would ensure late visits were minimised and they would take action if staff were persistently late or did not attend a care visit. Records showed that late or missed visits were investigated and action was taken so that re occurrence was minimised.

Care staff were monitored by senior staff, based in the office. They would be alerted through an online call monitoring system if staff did not log in a visit after a certain time or had missed any visits. Office staff checked the system to see that care staff had logged in to a personal care visit remotely by using a person's home telephone with their permission. If a telephone was not used, care staff completed a timesheet instead. A care staff member said, "I always make sure I arrive on time and log in. If I was late, I would inform

the office as people would get worried if I haven't arrived."

However, we noted that care staff did not always log in and out of their calls. We asked why this was and a care coordinator told us that this was sometimes due to the call monitoring system not operating effectively or care staff forgetting to log in. The finance manager informed us this was being looked into and they always reminded staff to ensure they logged into calls for their own safety and for the safety of all people using the service. They said, "Absolutely, the carers must let us know whether they have attended a call otherwise we won't know what's happened. A client could have had a fall and we wouldn't know about it."

Staff told us they were happy with their rota and schedules. They told us they had sufficient time to travel in between care visits to people to ensure they arrived at the scheduled times. One member of staff said, "I live locally and so do my clients. It's really easy to get around to see everyone on time." Care coordinators and monitoring officers visited people's homes to ensure care staff were following safe and correct procedures when delivering care. We saw monitoring and spot check records, which were observations of staff to check that they were following safe and correct procedures when delivering care.

Arrangements were made when staff were unavailable to provide care to people if there were staff absences. Cover staff were available to provide care for example if a colleague was on leave or had an emergency and was unable to attend the care visit. The provider had an out of hours on call system in place should people and relatives require assistance in the evenings or at weekends. Staff were able to contact the on-call staff, in case of an emergency.

There was a safeguarding procedure in place for staff to follow in order to protect people from abuse. Staff were aware of their responsibilities for safeguarding people and understood how to report any abuse, such as physical, financial or verbal abuse. Staff also were aware of the whistleblowing policy, which enabled them to report any concerns they had about their employer to regulatory authorities, such as the police or the Care Quality Commission.

The finance manager and staff were aware of what actions to take in the event of accidents or incidents occurring. We saw records of serious incidents that had taken place. The provider was committed to learning from incidents to ensure that there was continuous improvement and people using the service remained safe.

There were safe recruitment procedures in place. The provider carried out the necessary criminal checks to find out if the person had any convictions or were barred from working with people who use care services. We saw that new staff completed application forms and provided two references. Infection control procedures were in place to help protect staff and people who used the service. Staff told us they used gloves, anti-bacterial gels and aprons, to prevent the risk of infections spreading when they provided personal care.

A medicine policy and procedure was in place for staff to administer medicines safely. Care plans contained information on whether people themselves, their relatives or carer staff were responsible for administering their medicines. We saw that staff logged that the person had taken their medicine in Medicine Administration Record sheets (MAR), which contained details of people's medicines and their personal details. People and relatives told us staff assisted them with their medicines safely. One person said, "Yes the carers help me with taking my medication." Staff who were required to prompt or administer medicines to people told us they were confident with managing medicines. One member of staff said, "I record medicines on a MAR sheet after they are taken. I take the medicines out of blister packs. I received training to do this."

Is the service effective?

Our findings

People and relatives told us staff met their individual needs and that they were satisfied with the quality of care they received. One relative said, "My [family member] has dementia. The carers calm [family member] down when they are distressed. When [family member] can't understand they speak quietly and give them reassurance. Without the carers, [family member] would not be able to be in their own home and we would not be able to cope." A person we spoke with told us, "Yes, the carers have the skills to provide me with good care." One relative felt that the less experienced care staff required further training to understand their family member's dementia.

Records showed that staff had received training to enable them to provide safe and effective care. There was a four day induction programme in place for new staff, which provided them with the necessary training. The training incorporated the Care Certificate, which is a set of standards that health and social care workers comply with in their work. New staff shadowed and observed experienced staff to help them settle into their role, providing personal care to people. Shadowing assessments were completed for new staff to show that they demonstrated the necessary skills whilst under supervision. Staff told us they were supported by senior staff and the training helped them to perform their roles. One member of staff said, "The induction and training was very helpful."

Records showed that supervision meetings, where staff have the opportunity to formally discuss any issues or concerns with the service manager, took place. One staff member said, "I had regular one to ones with the manager. It helped to improve my work and assess my performance."

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. We checked that the provider was working within the principles of the MCA. We found that capacity or best interest assessments for people were completed in accordance with MCA principles and people's consent to care was sought when required.

People's needs were assessed by the provider before the person started to use the service. The assessments set out the needs of the person, their current health, what they required help with and how they kept safe. The information was included in their care plan. Each person had a copy of their care plan in their home, which contained details of what support people wanted for each part of the day, such as in the morning and in the evening. Discussions were held with other health or social care professionals for further information and contact details were included in the care plan.

People were supported to have their nutrition and hydration requirements met by staff and told us that staff provided them with food and drink, when they requested it. A person told us, "Yes, the carers do everything and provide me with meals." People's care was planned and delivered to maintain their health. Records confirmed that people's relatives and their GP were informed of any concerns raised about people's

wellbeing or health. Staff told us they knew how to respond to any concerns they had about a person's health. One person told us, "They can't take me to hospital or doctor appointments, only personal care. But they would know what to do if I was unwell."

Is the service caring?

Our findings

People and relatives told us that care staff treated them with respect, kindness and compassion. One person said, "Yes, they are definitely very caring." Another person said, "The carers always arrive on time, they are like my two friends and are very good to me."

Staff told us they had a good understanding of all people's care needs and developed positive relationships with people. People and their relatives told us they usually saw the same care staff, who provided care. People and relatives told us they felt comfortable with staff who visited them regularly. One person said, "The carers always take a few minutes to chat, they always say good-morning, it's the way they talk to you, they ask if there is anything else they can do before they leave." A member of staff said, "I really enjoy what I do. I love getting to know people and seeing them smile." Another staff member said, "I would treat people like I would treat my own mum or dad."

People's care plans identified their specific needs and how they were met. People required assistance from staff for most of their needs, although care plans showed they were supported to remain as independent as possible by staff. A staff member told us, "Yes we encourage people to be independent as much as possible, for example letting them dress or wash themselves."

Staff had an understanding of how to treat people equally, irrespective of their race, religion, sexuality or gender. Staff we spoke with told us they were respectful of people's personal preferences and their religious beliefs.

People and relatives told us staff were friendly, helpful and treated them with dignity. One member of staff said, "We give people privacy and make sure they are covered and doors are closed." A person told us, "They are really kind and nice, they pull the curtains and blinds when they are dressing and undressing me." A relative said, "The carers always ask [family member's] permission before they assist her, they explain what they are doing."

People and their relatives told us they were involved in discussions with the provider about the person's care plan. A relative said, "There was a meeting yesterday and the care plan was discussed, it includes information about [family member's] dementia."

People's personal information and care plans were filed securely in the office, which showed that the provider recognised the importance of people's personal details being protected. Staff said they were aware of confidentiality and not sharing people's personal information. They adhered to the provider's data protection policies.

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs and they were satisfied with the level of care they received. One person said, "They do everything for me, morning and evening, help me with personal care and meals. They never rush me, they wait to see that I am alright, ask me what I want."

People confirmed that they had a care plan. Care plans were personalised in a document. It contained their likes and dislikes, details about their preferred daily routines and information about their family relationships. This helped people receive a person-centred service and staff responded to people's requests and needs. Care plans detailed the support people would require and described the tasks that staff would need to complete during care visits throughout the day. The plans were reviewed monthly and updated to reflect people's changing needs when they occurred. One person said, "Sometimes the office staff come around to talk to me about it, the staff are well trained to look after me."

Daily records contained information on personal care tasks that were carried out and helped staff to follow up on any concerns and report on the wellbeing of each person. The records contained details about the care that had been provided to each person and highlighted any issues. This helped staff monitor people's wellbeing, share important information and respond to any concerns. The records were brought back to the office and checked by senior staff to ensure they were being completed appropriately.

We looked at how people who used the service could receive information in a way that they could understand. We saw that people's communication needs were identified and recorded in their care plans with guidance on how to meet those needs. The provider sent out newsletters and memos to people providing them with useful information. One person told us, "Yes, I receive a newsletter informing me of functions and coffee mornings."

Staff we spoke with told us they were able to communicate well with people and their relatives. One staff member said, "You have to be a people person, be a friend and build relationships. You see the same people everyday so it's important to communicate well, make eye contact and speak clearly." Where people were unhappy with the service, they told us they would contact the office or make a complaint. One person said, "I would ring the office if I had a complaint, they always respond, I have been with them for over 10years."

A complaints procedure was in place. People and relatives were aware of the complaints process and knew how to complain. We saw that after a formal complaint was received, it was investigated by the management team and a response was written to the complainant. All formal and informal complaints were logged with details of how it was investigated and the outcomes. Staff told us they were aware of the procedure and would support people to make a complaint if required.

Is the service well-led?

Our findings

The service manager of Prior Care Limited had passed away shortly before our inspection and had been away from work for a few months. The service was being managed by the finance manager and the owner and provider of the service. We noted that the service manager had yet to be registered by the Care Quality Commission before they passed away, although they had submitted an application to register. However, their registration had yet to come through. The finance manager and the owner of the service were unaware of this.

Our records confirmed that the manager's application was not completed which meant that the service did not have a registered manager. The provider confirmed that a recruitment process was taking place to install a new permanent manager who would be registered. The provider said, "I was sure [manager] was registered but I can't say for certain. Unfortunately [manager] is not here to clarify this. It is very sad. However, we can't stop. Our service users are our priority and we have carried on as best we can to deliver a service." The management team had written to people, relatives and staff informing them of the recent news about the service manager.

The provider had identified some concerns within the service that required further action, although the existing systems required strengthening. Analysis of call monitoring by the management team and carried out by the local authority showed that the system was ineffective. Care staff were having to be continuously reminded to log in and out of calls to confirm that they had attended people's homes and carried out care. Records showed that this was the case over the past year and there was still this issue up until June 2018. The service manager had implemented a reporting system to monitor whether carers were following logging in and out procedures and analysed any trends.

However, reports from the local authority showed that they still had concerns and asked for improvements to be made. Staff and managers told us that they had started to use a new call logging device but it was expensive to use. Other issues that were highlighted by the service manager included faulty telephones, care staff PIN (personal identification) numbers for logging in not working and carers not using the system as they should. This had a considerably negative impact on the service's performance levels. We did not see what further plans were in place to improve performance. It meant quality assurance systems to monitor and improve the service were not fully robust to ensure care staff were following correct procedures. The finance manager told us, "Yes, call logging is something we need to improve and we will continue to try and rectify it. We will call the carers in to discuss the issues. But sometimes it's not always their fault, we have had a few problems with the system."

We also noted that people and relatives had not received annual questionnaire and feedback forms to complete, which would help people to express their opinions. The provider had not completed a Provider Information Return (PIR) which is a form we ask them to send us with key information about the service, what the service does well and improvements they plan to make. We have taken recent circumstances into account, in relation to the management of the service and have been assured that the provider will take the necessary steps to make further improvements, once a new manager is recruited and registered.

Spot checks of care staff took place and telephone calls to people were made by office staff to ensure they were satisfied with their care worker and the service. People and relatives told us they were happy with the way the service delivered care to them. One relative told us, "The regular staff are lovely and know my [family member's] needs."

Compliments and feedback that were received included comments such as, "Thank you to the [carers] that helped me through a very difficult time in my life" and "You have gone above and beyond our expectations and are very much appreciated."

Staff attended meetings and discussed topics such as training, communication, sickness, codes of practice and professional boundaries. This ensured they were aware of their responsibilities and they received information and updates from the management team. Staff told us the management team and office staff were approachable and helpful. They were confident they could approach the managers with any concerns. One member of staff said, "I have been here a year and found the staff to be lovely and friendly. The manager was really nice and supportive."