

Priory Nursing Agency And Homecare Limited

# Priory Nursing Agency & Homecare Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook this announced inspection on 6 April 2016. Priory Nursing Agency & Homecare Ltd is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and assistance with medicines.

At our last inspection on 7 August 2014 the service met the regulation we looked at.

The service has two registered managers. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People and their representatives informed us that they were mostly satisfied with the care and services provided. They informed us that people had been treated with respect and they were safe when cared for by the service. There was a safeguarding adults policy and suitable arrangements for safeguarding people from abuse.

Care workers were caring in their approach and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were assessed and guidance provided to care workers on how to care for people. Care workers prepared appropriate and up to date care plans which involved people and their representatives. People's healthcare needs were monitored and care workers arranged for them to have appointments with healthcare professionals when needed. Care workers worked well with social and healthcare professionals to bring about improvements in people's care. This was confirmed by professionals we contacted.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided and the management of the service. Reviews and evaluations of care had been carried out. We however, noted that reviews of care and assessments had not been carried out for some people to ensure that the care provided meet their changing needs when needed.

People knew how to complain. Complaints recorded had been promptly responded to. Two people were dissatisfied and made complaints regarding the services provided. This was relayed to the registered manager with the permission of the people concerned. The registered manager agreed to investigate the complaints.

There were arrangements for the recording, storage, administration and disposal of medicines. We however, noted that there were unexplained gaps in the medicine administration records of people. This omission may put people at risk and we found a breach of regulations in respect of this.

Care workers had been carefully recruited and provided with a comprehensive induction and training

programme to enable them to care effectively for people. They had the necessary support, supervision and appraisals from their managers. Care workers were able to attend to people's care needs. Teamwork and communication within the service was good.

People and their representatives expressed confidence in the management of the service. They stated that care workers communicated well with them and kept them informed if they were held up or running late. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity, providing high quality care and promoting people's independence.

Two social care professionals provided positive feedback regarding the management of the service. They indicated that they had no concerns regarding the management of the service. Audits and checks of the service had been carried out by the registered manager and senior care workers of the service. These included spot checks on care workers and telephone monitoring to obtain feedback from people who used the service. These were not sufficiently comprehensive as they failed to identify and rectify the deficiencies we noted. Some people stated that they had not had monitoring reviews of their care within the past twelve months. We asked for but was not provided with details of how many people's care had been reviewed and what was outstanding. Regular reviews of care are needed so that people can receive a high quality of care.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

One aspect of the service was not safe. We noted that there were unexplained gaps in the medicine administration records of people. This omission may put people at risk.

The service had a safeguarding policy. Care workers were aware of the importance of keeping people safe. They knew how to recognise and report any concerns or allegation of abuse.

Care workers were carefully recruited and their records contained evidence of the required checks. The service had an infection control policy. Care workers were aware of good hygiene practices

**Requires Improvement** ●

### Is the service effective?

The service was effective. People who used the service were supported by care workers who were knowledgeable and understood their care needs. Supervision and appraisals were provided.

Care workers supported people in accessing healthcare services when needed. The nutritional needs were attended to and monitored when needed. Care workers had been provided with most of the essential training needed to do their work.

**Good** ●

### Is the service caring?

The service was caring. Care workers treated people with respect and dignity and this was confirmed by those we spoke with.

The preferences of people had been responded to. Care workers were allocated to people on a permanent basis and they were able to form positive relationships with people. People and their representatives were involved in decisions regarding their care.

**Good** ●

### Is the service responsive?

One aspect of the service was not responsive. Care plans had been prepared following consultation with people or their representatives and they addressed people's individual needs and choices. We however, noted that reviews of care and

**Requires Improvement** ●

assessments had not been carried out for some people to ensure that the care provided met their current needs.

People knew how to complain. Complaints recorded had been promptly responded to. Two people were dissatisfied and made complaints regarding some aspects of the services provided

**Is the service well-led?**

Some aspects of the service were not well led. The service did not have robust and comprehensive checks and audit. to ensure that people received a high quality of care. This may also put people at risk.

Most people and their relatives expressed confidence in the management of the service. Care workers worked well as a team and they informed us that they were well managed.

**Requires Improvement** 

# Priory Nursing Agency & 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.

The inspection took place on 6 April 2016 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection.

Before our inspection, we reviewed information we held about the service. This included notifications and reports provided by the service and information we received from local authorities.

We spoke with eight people who used the service and three relatives. We spoke with one of the registered managers, the deputy manager and nine staff including two care co-ordinators. We also obtained feedback from two social care professionals. The service provided care for approximately sixty people.

We reviewed a range of records about people's care and how the service was managed. These included the care records for twelve people using the service, six staff recruitment records, staff training and induction records. We checked the policies and procedures of the service.

# Is the service safe?

## Our findings

People and their relatives stated that care workers took good care of people and people were safe when cared for by their care workers. One person said, "My carer gives me my medicines daily. She does a good job. I trust her and feel safe." A second person said, "Both my carers are nice, no trouble whatsoever. They give me my medicine daily. I feel safe with them."

There were arrangements to ensure that people received their medicines as prescribed when this was agreed with people or their representatives. The service had a medicines policy and procedure. People we spoke with said their care workers were reliable and confirmed that their medicines had been administered by their care workers daily. We however, noted that in five out of the seven records of people there were unexplained gaps in their medicine administration records. Two people had more than one gap and the rest had single gaps. The registered manager stated that this would be looked into. Improperly completed records do not provide information on whether people had received their medicines. This may put people at risk. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

The registered manager informed us that he would take action to ensure that the records are properly completed. He informed us soon after the inspection that one person was not on any medication. A second person had informed them that they had received their medication. However, he stated that they must do a better job of always recording it consistently.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and care workers had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were available in the office. One safeguarding allegation was reported to us and the local safeguarding team. We noted that the service had co-operated with investigations and taken appropriate action to safeguard people.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with moving and handling, home environment and people's mental condition. Care workers we spoke with were aware of the importance of ensuring the safety of people.

We looked at the records of care workers and discussed staffing levels with the registered manager. He stated that the service had enough care workers to manage the workload. He stated that contracts had been turned down when they did not have sufficient care workers. Staff we spoke with told us that they were able to manage their workload and there was usually sufficient travel time as their visits were close to each other. We examined a sample of six records of care workers. We noted that care workers had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to care

workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people.

The service had an infection control policy. Care workers we spoke with were aware of good hygiene practices such as washing hands and using hand gel to protect against infection. They said they had access to protective clothing including disposable gloves and aprons. People informed us that care workers followed hygienic practices.



# Is the service effective?

## Our findings

Relatives and professionals informed us that care workers were competent and they were satisfied with the care provided. One person stated, "I am happy with the service. The carers are reliable and do a good job." Another person stated, "I am very happy. They are reliable. My medicines are given daily. They do ask for my consent."

People's healthcare needs were monitored by care workers where this was part of their care agreement. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of medical or mental conditions. Some people told us that their care workers assisted them attend appointments with healthcare professionals such as people's dentist and GP.

There were arrangements to ensure that the nutritional needs of people were met. Where needed, people's nutritional needs had been assessed and there was guidance for them and for care workers on the dietary needs of people. We saw that the care workers handbook contained information on nutrition and healthy eating. However, senior care workers informed us that in most cases, care workers were responsible for only heating the food for people. This was confirmed by people we spoke with. Care workers we spoke with were aware of action to take if people were unwell or lost a significant amount of weight. They said they would notify their manager and also report it to the person's doctor. We noted that care workers had received training in food hygiene and nutrition.

Care workers were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Topics included communicating effectively, equality and diversity, moving and handling, code of conduct, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role. The service had a training spreadsheet with details of training provided for staff. The deputy manager informed us that she was in the process of ensuring that all staff received essential training and updates when needed.

New care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. These topics were similar to those in the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

Care workers said they worked well as a team and received the support they needed. The registered manager and senior care workers carried out supervision and annual appraisals of care workers. This enabled them to review their progress and development. Care workers we spoke with confirmed that these took place and we saw evidence of this in the staff records. We however, noted that one care worker did not have a record of an appraisal being done in the past twelve months. The registered manager stated that he would check and feedback to us. He informed us soon after the inspection that an appointment had been made for the care worker concerned to have their appraisal.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 registered manager informed us that most people using the service had capacity and where they lacked capacity, close relatives such as people's spouses had been consulted. The service had a policy on the MCA. Senior care workers were aware of the need for best interest decisions to be made and recorded when necessary. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment. They stated that they explained to people who used the service prior to assisting them with personal care. They also asked people for their consent or agreement prior to providing care or entering their homes.

## Is the service caring?

### Our findings

People and their relatives informed us that their care workers were caring and they had been able to form positive relationships with their care workers. People told us that they specially liked having the same workers being allocated to them. One person said, "I am happy with my carer. She is a nice person. I am pleased that she does a good job." Another person stated, "I have the same carer for the morning and afternoon. I am happy with my carer. My carer does the job nicely, is gentle and v good." A relative said, "I am happy with my carers. They treat me with respect."

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care. They said they would also first explain to people what needed to be done and gain their agreement.

We saw information in people's care plans about their background, life history, language spoken and their interests. This information was useful in enabling the service to understand people and provide suitable care staff for people. Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. Care workers informed us that they had been informed during their training to treat all people with respect and dignity. The service had a policy on promoting equality and valuing diversity.

The registered manager stated that care workers were allocated on a permanent basis to each person. He explained that this enabled people and their carer workers to form a good relationship as people and care workers would get to know each other well over time. People confirmed that their regular care workers knew what to do and they got on well with them. This was also confirmed by care workers we spoke with.

People informed us that their care workers listened to their views and responded to them. We saw documented evidence that people and their representatives' views regarding people's care were recorded and responded to.

## Is the service responsive?

### Our findings

People and their relatives informed us that care workers provided the care needed and as stated in the care plans. They were satisfied with the care provided and they stated that care workers were responsive and helpful. One person said, "Everything is fine. My carer cooks my food. She understands me very well. I know how to make a complaint." Another person said, "My carer is reliable, provide very good care although she is sometimes late as she comes a long way." A third person said, "I am lucky. My carers are careful when caring for me. I have no complaints." A relative stated that care workers responded to preferences and choices of people."

There was documented evidence that people and their representatives were involved in planning care and support provided. People's needs had been assessed before services were provided and this had involved discussing the care plan with people and their representatives. The assessments included important information about people including people's health, nutrition, mobility, medical, religious and cultural needs. People's preferences and choice of visit times were documented. Care plans and agreements were then prepared and signed by people or their representatives to evidence that they had been consulted and agreed to the plans. This ensured that people received care that was personalised and appropriate. The registered manager informed us that they had provided a care worker who had been a chef for a person who needed someone who could cook particular meals and the person had appreciated this.

Care workers had been informed by the registered manager and senior care workers in advance of care being provided to any new person. Care workers told us that prior to visiting a person, they had been informed of the care to be provided. They demonstrated a good understanding of the needs of people allocated to them and when asked they could describe the needs of people and their duties. People stated that care workers knew how to meet their care needs. People were especially satisfied because they told us they usually had the same care workers.

We discussed the care of people who had special needs such as those with diabetes. Care workers were able to tell us what the particular issues, risks and needs of people were. For example, in the case of those with diabetes care workers knew what type of foods people should avoid. They were also aware of the importance of ensuring that people had their meals on time so that they can be given their insulin or other diabetic medication.

Reviews of care had been arranged with people and their relatives to discuss people's progress. This was noted in the care records of people and confirmed by people and their relatives. They stated that senior care workers had spoken with them or visited them to discuss the care provided. We however, noted that in one instance there was no documented evidence that the care of a person had been reviewed for over a year and no visit had been made to this person's home to discuss their care with them. In another instance a person stated that no senior care staff had visited their home for over a year to discuss their care. The registered manager stated that they would check and inform us of the outcome. He informed us soon after the inspection that an appointment had been made for one of them to have a care review.

We asked the manager to provide us with details of how many people had been reviewed over a twelve month period and how many were outstanding. The service was unable to provide us with this information. In view of this we cannot be confident that all people had received regular reviews of their assessments and care so that the care provided meets their changing needs. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

The registered manager informed us that he would take action to ensure that they had a spreadsheet of reviews done to ensure that people's care were regularly reviewed.

The service had a complaints procedure and this was included in the service user guide. Relatives informed us that they knew how to complain and when they had complained, the provider had responded appropriately. Care workers said they would take action if they received a complaint. They knew they needed to report all complaints to the registered manager or senior care workers so that they can be documented and followed up. We examined three recent complaints in the complaints book and noted that they had been promptly responded to.

Two people we spoke with made complaints regarding the care provided. These complaints were relayed to the registered manager with the permission of the people concerned. The registered manager agreed to respond to these complaints. He informed us soon after the inspection that they had contacted one of the complainants and the relative of another complainant and the concerns of both complainants had been resolved.

## Is the service well-led?

### Our findings

The feedback we received indicated that most people were pleased with the quality of the services provided. People and their relatives expressed confidence in the management of the service. One relative said, "The supervisor had visited us within the past twelve months. Staff from the office had also rung to check if everything is alright." One person said, "I am satisfied. The carers do whatever they have to do. The supervisor came two months ago and checked that care was alright." Two social care professionals informed us that they had not received any complaints or information of concern regarding the service. One professional added that communication with the service was good.

The service had carried out a satisfaction survey of people and their representatives in the past twelve months. We however, noted that there was no analysis of the results and an action plan for ensuring that suggestions and concerns raised were responded to. The registered manager stated that they would analyse the results and provide an action plan. He informed us soon after the inspection that an analysis had been done.

The registered manager informed us that the service undertook telephone monitoring of people so that they could obtain the views of people regarding the services provided. Documented evidence was provided. We noted that the comments made by people via telephone monitoring were positive.

Audits and checks of the service had been carried out by the registered manager and senior care workers. These included spot checks on care workers and care records. The time sheets of care workers were carefully checked to ensure that care workers attended to people at the agreed times or close to it. Documented evidence of these was provided. We however saw no documented evidence of regular audits and checks of care documentation, reviews of care, spot checks on care workers, supervision, medicines administration and staff training. One person's care record did not have details of a care review within the past twelve months. This was needed to ensure that their care needs were met.

We also noted that some staff had not received regular supervision and an appraisal. The criminal records check of a care worker was out of date and a new one was needed.

Robust and comprehensive checks are needed so that the service can identify and rectify deficiencies. This lack of effective quality assurance systems for assessing, monitoring and improving the quality of the service may affect the safety and quality of care provided for people and is a breach of Regulation 17.

The registered manager stated that comprehensive checks and audits would be done and this would include audits of medicines administration.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, quality assurance, safeguarding and health and safety.

Care workers were aware of the aims and objectives of the service and stated that they aimed to involve people and their representatives and provide good care in accordance with people's care plan. They told us that communication within the service was good and they had meetings where they were kept updated regarding the care of people and the management of the service. Care workers said they were well managed and their registered manager and senior care workers were supportive and approachable. The service had a clear management structure with two registered managers supported by a deputy manager and two care co-ordinators.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care of some people had not been regularly reviewed to ensure that the care provided is appropriate and meet the current needs of people.</p>   |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service had not ensured that all medicine administration records of people were properly completed so that they contain information on whether people had received their medicines. This may put people at risk.</p> |
| Regulated activity | Regulation  |
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have robust and comprehensive quality assurance checks and audits to ensure that people are well cared for.</p>  |