

Pringle's Care Services Limited

Pringles Care Services - Central

Inspection report

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05 July 2017

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 June and 05 July 2017 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection. This was the first inspection of the service following its registration in June 2016.

Pringles Care Central provides care and support to 59 people living in their own homes. 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 may have been at risk of unsafe or inappropriate care as audits and checks the provider carried out were not always effective. For example, they had not identified that the time sheets care workers completed did not always accurately reflect the care and support people received and the need to review some people's risk assessments and improve the recording of support people received with their medicines. We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. You can see what action we have asked the provider to take at the back of the full version of the report.

Some people and relatives were satisfied that they received their visits as planned and care workers stayed for the length of the visits. There were also instances where care workers were late or did not stay the length of the visits. Two of the time sheets we looked at showed care workers were with two clients at the same time and others did not allow for time to travel between people's homes.

The provider had systems in place to keep people safe and staff completed training to safeguard people using the service. The provider also carried out checks on new care workers to make sure they were suitable to work with people using the service.

Care workers did not always accurately follow people's care plans when supporting them with their medicines and their risk assessments were not reviewed and updated when necessary.

People were cared for and supported by care workers who were well trained and supported. Their care workers provided people with support for their nutritional or health care needs, when required.

The provider operated within the requirements of the Mental Capacity Act 2005. People using the service or their relatives had been involved in their care planning and had signed to demonstrate they had given consent to the care and support they received.

The provider had systems in place to ask people about the care and support they received and people using

the service and their relatives told us their care workers knew them well and provided the support they needed in a caring way. Care workers told us they tried to support people in the ways they wanted and helped people to maintain their independence.

Most people told us they received care which met their needs and reflected their care plans. Where people told us the provider could make improvements, the registered manager told us they would address these.

People's care records included information about their care and support needs and care workers we spoke with told us they used these to make sure they provided the correct care for people.

The provider had a complaints procedure and they recorded and investigated complaints they received.

The provider had a qualified and experienced manager to run 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?

Requires Improvement 

Some aspects of the service were not always safe.

Whilst some people received their visits as planned and their care workers stayed for the length of the visits there were instances where care workers were late or did not stay the length of the visits.

The time sheets care workers completed did not always accurately reflect the care and support people received.

Care workers did not always accurately follow people's care plans when supporting them with their medicines.

Some risk assessments were not reviewed and updated when necessary.

The provider had systems in place to keep people safe and staff completed training to safeguard people using the service.

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

Is the service effective?

Good 

The service was effective.

People were cared for and supported by care workers who were well trained and supported.

The provider operated within the requirements of the Mental Capacity Act 2005. People using the service or their relatives had been involved in their care planning and had signed to demonstrate they had given consent to the care and support they received.

Care workers provided people with support for their nutritional or health care needs, when required.

Is the service caring?

Good 

The service was caring.

People using the service and their relatives told us their care workers knew them well and provided the support they needed in a caring way.

The provider had systems in place to ask people about the care and support they received.

Care workers told us they tried to support people in the ways they wanted and helped people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Most people told us they received care which met their needs and reflected their care plans.

People's care records included information about their care and support needs and care workers we spoke with told us they used these to make sure they provided the correct care for people.

The provider had a complaints procedure and they recorded and investigated complaints they received.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led.

The provider had systems in place to monitor the service and make improvements. However, these were not always effective.

The provider had a qualified and experienced manager to run the service.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 June and 05 July 2017 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection. This was the first inspection of the service following its registration in June 2016.

One inspector carried out the inspection and an expert-by-experience contacted people using the service by phone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection was a family carer of an older person who used regulated services.

Before the inspection we reviewed the information we held about the service including statutory notifications the provider sent us about significant events affecting people using the service.

During the inspection we spoke with six people using the service and received comments from four care workers. We also spoke with the provider's nominated individual and registered manager and received comments from the local authority's commissioning and safeguarding teams. We reviewed the care records for seven people using the service, including their care plans and risk assessments. We also reviewed the recruitment, support and training records for seven care workers.

Is the service safe?

Our findings

People using the service and their relatives told us they were happy with the care and support they received and said they were cared for safely. Their comments included, "Yes, I am happy and I feel safe," "Yes I'm happy and to be fair if there's something we're not happy about they will address it. They have access to the house because we have a key safe. I'm pretty happy with that side, "Yes I feel safe. They relieve the situation from me" and "Yes, we're happy."

The provider had policies and procedures in place to keep people safe. Staff knew about and followed these when they cared for people. We saw the provider had reviewed their safeguarding policy in October 2016. This included details of the local authority's procedures and clear guidance for care workers on the actions they should take if they had concerns about a person's safety. Care workers told us, "I had training in safeguarding. I would report any abuse straight away to protect clients from danger, harm or abuse," "If I felt a client was being abused I would report to the manager and document everything," "I would look out for signs and if I suspected abuse I would report it to my manager" and "Safeguarding means protecting clients from any danger, harm or abuse, report any abuse immediately."

We received mixed feedback from people and their relatives when we asked if their carers arrived on time and stayed the correct length of time. They told us, "They do what they can and the rest I have to do myself. Sometimes they arrive later but if they don't have a car then it is quite difficult to get here," "Yes they arrive on time. They have a book where they record and say exactly what they've done with my [family member]," "Yes they do [arrive on time] but if they have a problem they will ring and tell us if there is any delay. They do make up the time if they are late. They have a timesheet, or a log book," "They're not 100% on time but with care if the last place they go to and they're over run then they may be a little later, but they're generally okay. They have a log book they fill in and we sign off their time sheets weekly," "Yes they stay the right time but there are times where they've turned up and my [family member] is asleep and in those times when they've been instructed by us then they leave early but it's okay" and "Yes, sometimes they stay over the time to make sure things are finished."

In addition to some of the negative feedback from people about staff timekeeping and deployment, people's timesheets show that staff were at times double booked. For example, one care worker's time sheets showed they were with one person from 12.30pm – 1.30pm and also with a second person from 1pm – 1.30pm. A second care worker was with one person from 11am – 11.45am and also with a second person from 11.30am – 12.30pm. Other care workers' time sheets did not allow time for them to travel between people's homes and showed that one visit started at the same time the previous visit finished. This could account for staff being late for visits. These inconsistencies meant we could not evidence staff were being deployed appropriately to ensure people were receiving the care and support they needed, at the times they chose and for the length of time agreed in their care plan.

We discussed this with the registered manager. They told us they had not audited the time sheets for the period we reviewed as they had been away but they would ensure this happened following our inspection. The registered manager also told us the service was planning to introduce electronic monitoring and this

would provide precise information about the time care workers arrived at and left a person's home.

We saw the provider based the allocation of care workers on the care needs assessment they received from the local authority and the assessments they completed when they first visited the person using the service. Where people needed support from two care workers, the records we reviewed confirmed this was provided.

The provider had systems in place to ensure the staff they recruited were suitable to work with people using the service. All of the staff records we reviewed included proof of the person's identity and right to work in the UK, an application form, two references and a Disclosure and Barring Service (DBS) criminal records check. Staff confirmed the provider had carried out these checks before they started to work in the service.

People's relatives told us care workers supported people to take their medicines safely. They said, "Yes, they feed him and give him medication" and "Yes, it is fine because the medicines come ready packaged."

However, records showed that when care workers supported some people with their prescribed medicines, they did not always record this accurately. For example, each person's care plan included details of the level of support they needed to take their medicines. Most people's relatives supported them but, in some cases, the care worker was responsible for prompting people or physically administering their medicines. In the records we reviewed, one person's assessment said they did not need support with their medicines but care workers were recording they provided support. In a second person's records the assessment said they needed their care workers to prompt them to take their medicines but the care workers recorded they "assisted" with medicines, "gave her tablets" and "gave her medication".

We discussed this with the registered manager. They told us they believed these were recording errors and said they would speak with the care workers involved to ensure they recorded the support they gave people accurately.

Information the local authority gave the provider before they started to provide care and support to people included assessments of possible risks and risk management plans. We saw the provider also carried out their own risk assessments and gave care workers guidance on how to mitigate risks they identified. However, the provider did not ensure they reviewed people's risk assessments regularly to ensure care workers had up to date information about their care needs. For example, one person's records included risk assessments for falls and a health condition. The assessments were dated September 2015 and were due for review at the latest in March 2016, in line with the provider's policy and procedures. The registered manager was not able to show us that they had updated these risk assessments. A second person's risk assessments were dated March 2016 and there was no evidence the provider had reviewed these. We discussed this with the registered manager who told us they would arrange to review the risk assessments immediately.

Other people's risk assessments were up to date and provided clear guidance for care workers on how to keep people safe. For example a falls risk assessment for one person reminded care workers to "ensure the environment is free from hazards and clutter free." A second person's mobility risk assessment included clear guidance for care workers on the equipment they needed to use when they supported them to move around their home.

Is the service effective?

Our findings

People were looked after by staff who were trained and knowledgeable about how to meet their needs effectively. People using the service and their relatives commented, "Yes, I think they are well trained" and "They seem to know what they are doing. Most of them are very confident."

Care workers told us they received training the provider considered mandatory in various topics relevant to their specific job roles. These included safeguarding, moving and handling and food hygiene. Care workers told us, "My induction was on moving and handling, safeguarding, medication, food hygiene, health and safety and infection control," "We were trained for food safety, manual handling, mental capacity act, medication, safeguarding, diversity and equality. The training is still ongoing," "I had induction and orientation training, infection control training, health and safety awareness training, moving and handling, first aid and medication training" and "I've done a lot of training - medication, health and safety, food hygiene, moving and handling, safeguarding, infection control and I also had Mental capacity training recently."

Training records we saw showed that new care workers completed their Care Certificate training as part of their induction. The Care Certificate is a set of standards for social care and health workers. Care workers told us they had also had an induction at the commencement of their employment, and received refresher training when it was due. The training records we saw confirmed this.

The provider and registered manager supported care workers and made sure they had regular supervision meetings with a senior member of staff. Staff files all included records of regular supervision and an annual programme of supervision sessions. For care workers employed for more than 12 months, we saw records of an annual appraisal of their performance. Staff told us that they could discuss any work related matters in their supervision including topics such as personal development. One care worker said, "I have supervision and it gives me a chance to talk about my work."

Care workers were able to demonstrate that they knew people's needs well and people's relatives told us they usually had the same care workers. This ensured continuity of care and relatives told us the care workers had got to know their routines, likes and dislikes.

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 whether the service was working within the principles of the MCA and found that, where the provider felt a person may lack capacity to make a decision, they worked with the local authority and the person's family to ensure they completed assessments and made decisions in the person's best interests.

We saw that people using the service or their relatives had been involved in their care planning and had

signed to demonstrate they had given consent to the care and support they received. Care workers told us that people could withdraw their consent at any time and that they always asked people for their consent before they offered support. One care worker said, "I always ask and if people refuse, I must respect that, but I would always tell the office."

Care workers supported people to maintain a healthy and balanced diet. A relative told us, "The carers always make sure [family member's name] has enough to eat and drink." A care worker said, "If it is in the support plan I will prepare meals and I always make sure [person's name] has a drink left for them when I leave." The daily care notes we saw confirmed this.

People using the service and their relatives told us people's health care needs were met. Their comments included, "Yes they're quite good with that actually, if they come and have any concerns they get in touch with the manager and she calls the GP or district nurse straight away" and "They always tell me if they think my [relative's] health has changed so that I can call the doctor or take him to the hospital."

Is the service caring?

Our findings

People using the service and their relatives told us their care workers knew them well and provided the support they needed in a caring way. Their comments included, "I like to always have the same carers because some of the new ones, they still have to learn," "They send regular carers and we have got used to them," "They're quite friendly. First it was different carers because we had just started and they were trying to see who fits well, now it is good," "We know the carers. It seems to have recently changed, they have new ones but the more people he gets to know the better. It's generally the main one but she is accompanied by others" and "It's usually the same carers, there are two that come on a regular basis, so I see regular faces now."

Care workers told us they tried to support people in the ways they wanted and help people to maintain their independence. One care worker said, "We have to think about how we would want to be treated if we needed help. I wouldn't want somebody doing everything for me, I'd want my independence and that's what I try to offer the people I support." Another care worker told us, "I always try and treat people like I would treat my own family. I always greet people, ask how they are and ask what help they need today."

We saw the provider had systems in place to ask people about the care and support they received. They had a system of phone checks where a member of the office staff called people or their relatives to check they were happy with the service. There was evidence the provider took action to address issues where people raised these. For example, one call record noted that the registered manager had reminded care workers supporting one person to work to the routine that was agreed in their care plan. However, some people we spoke with said they were not asked for their views on the care and support they received. Their comments included, "I wouldn't say they've called that often" and "Not really, although the co-ordinator did come around once to chat."

We discussed this with the registered manager who told us that in addition to the phone checks they had sent satisfaction questionnaires to people using the service and their relatives in April 2017. They were still waiting for most of the surveys to be returned but those we saw commented positively on the support people received.

Is the service responsive?

Our findings

People's care records included information about their care and support needs and care workers we spoke with told us they used these to make sure they provided the correct care for people. They told us, "I read the care plan and care for all my clients' needs by also talking to the family and the office to get extra information," "I read care plans and I ask questions from the client and their family," "I always read the care plans as they can change depending on the individual's needs. I care for them depending on their needs and preferences" and "I read the care plans - I take my time to look after my clients and update myself and the office if there are any changes in their needs."

The care plans we saw included information about people's care and support needs, including their health care, mobility, communication, medicines management and nutrition. The daily logs care workers completed at each visit indicated that they followed people's care plans and people received the care and support they needed. The plans also included people's cultural and faith needs and when we asked care workers how they met these they told us, "We have people with different beliefs and I respect their diversity," "One individual prays at certain times, so I make sure that I don't go at those times" and "I respect their cultural needs and religion, for example, I don't prepare meals that are against their dietary requirements." Care workers also told us they had completed equality and diversity training and the records we saw confirmed this.

The provider recorded, investigated and managed complaints they received from people using the service and others. When we asked people if they felt confident the provider would listen and respond to any concerns they had, they told us, "I do tell them and we will see. I've told them already I don't like the staff to change all the time. They just say don't worry and everything will be okay, but sometimes they carry on the same anyway," "I would call the manager and she communicates with me all the time. I have her number and she has mine," "I would tell the manager. Yes, she does listen," "I speak to [registered manager's name]. They're very nice," "It depends who answers the phone. I just call the office," "I had a concern with one of them but she is no longer with the care company," "We made a complaint about some carers we weren't happy about but they solved the problem" and "The only thing I've ever said is can we try get it more consistent in who's coming. But that wasn't really a complaint it was more of a request. They try to keep it very consistent now. They're all quite informed about his health."

The provider had a complaints procedure and we saw they had developed an action plan in May 2017 that showed the number of complaints had reduced following actions they took. For example, the action plan showed all care workers had attended complaints training and had received a copy of the code of conduct for social care workers that they had the opportunity to discuss in individual supervision sessions. We looked at the provider's records of complaints. There was evidence that each complaint had been investigated and the provider had written to the complainant explaining the outcome and apologising for the issues which led to the complaint. Actions the provider took in response to complaints included refresher training and increased spot checks to support care workers and ensure they followed people's care plans.

Is the service well-led?

Our findings

The provider had systems in place to monitor the service and make improvements. However, these were not always effective. For example, their internal audits did not identify issues we found with the way care workers recorded the support they gave people with their medicines, the failure to review and update some people's risk assessments, issues with the deployment of care workers and the possibility there might have been some double booking of visits. We discussed these issues with the registered manager and they told us they would address these concerns without delay.

The provider also had a schedule of internal quality assurance checks the nominated individual, registered manager and senior staff completed. However, the internal audit the provider completed in March 2017 might not have provided the information they needed to improve the service because they assessed the service against standards and legislation that were no longer in effect. We also discussed this with the registered manager who told us they would review and update the audits documents to make sure they reflected current standards and legislation.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the provider carried out an internal audit in May 2017 to assess their service against the five questions CQC asks. They used the results of the audit to develop an action plan to improve the service. For example, they reviewed staff training to ensure all new care workers completed their Care Certificate training and all care workers had up to date training to use equipment people used in their homes to assist with their mobility.

The provider arranged regular meetings for senior staff and also for care workers. We noted that the record of the last care workers' meeting held in May 2017 did not include the names of people who had attended so it was not possible to assess how effective the meeting had been. The provider did also produce a monthly newsletter for care workers to remind them about policies and procedures and care practices.

Care workers told us they felt valued by the provider who asked for and responded to their views on the care and support they provided for people using the service. They told us, "Yes I feel comfortable about the work I do," "We have staff meetings, surveys and issues are dealt with. I am happy with my work and the office support," "Yes our staff members always make us feel good. We always have meetings and they ask for our opinion," "They always say that they appreciate my hard work and that I am a good care assistant," "We have staff meetings and one to one with the supervisor. I am supported by my senior staff and managers. I can always call and ask any questions and they will always support me with answers to any questions or issues," "We have regular meetings and supervisions and can ask to discuss any issues" and "I am happy with my work and the team is very supportive."

Most of the people we spoke with told us they knew who the registered manager was and said they could approach them with any questions or concerns. Their comments included, "Yes, the manager there is fine,"

"The manager is in touch quite often just ask me how everything is going and if I have any concerns. She asks all the time," "The manager comes and asks if we're happy and she comes around sometimes to see if everything is going well. Yesterday she came around to help," "If I call her then she will answer and she has communicated with me and called me. I can say I'm quite happy," "She has called around once and I have spoken to her on the phone on a few occasions," "Sometimes they do listen," "She does listen. She's quite good with that" and "Yes, they do listen."

When we asked people using the service and their relatives what the agency did well, they told us, "They do as much as they can. They do quite well," "I like their communication. I like the way they tick off things. My [family member] has dementia and I like the way they don't take anything for granted and so any small changes they see in him they act on it quickly", "The staff have got a lot of empathy and they understand that someone with dementia and Parkinson's you have to be patient with them. They're better presented. They normally wear their uniform," "Well they do whatever is necessary. They do everything efficiently; they help with feeding and keep the dust down" and "I can't answer that because there's nothing off the top of my head. The staff who see my [family member] are talkative and helpful. They don't force him to do things."

When we asked if there was anything the agency could do better, people commented, "Not really. They're doing quite well," "I think it may get to a point, now that summer's here, times should be moved on. Now it's at a point where 7 pm is too early to go to bed" and "Inform the carers about people turning up to assess or whatever. At least phone me to say they are on their way."

In June 2016, the Care Quality Commission (CQC) registered the company to provide care and support to people living in their own home. The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider. The registered manager held a recognised professional qualification and the Registered Manager's Award. They told us they kept up to date with developments in home care by attending provider forums and management training organised by the local authority and reading information from the Nursing and Midwifery Council (NMC) and CQC. They also told us they had completed training to support new care workers with their Care Certificate training.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have effective systems to assess, monitor and improve the quality and safety of the service provided.</p> <p>Regulation 17 (2) (a)</p>