

Pride Home Care Limited

# Pride Home Care

## Inspection report

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Norfolk  
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Date of inspection visit:  
12 May 2022

Date of publication:  
29 June 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Pride Home Care is a domiciliary care agency that provides personal care to adults and older people. At the time of the inspection the service was providing care to 116 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Medicines were not well managed to keep people safe. Auditing of medicines had taken place but failed to identify a number of concerns we identified, putting people at risk of harm. The registered manager took immediate action to strengthen this area and protect people.

As an outcome of our inspection, we have made a recommendation about the administration of medicines.

Feedback from people and their relatives was mixed. Some told us that timing of care calls varied and they were not sure who would be supporting them or when. Other people stated how good the staff were and supported them well.

The registered manager understood their responsibilities under safeguarding and ensured that any complaints of safeguarding concerns were investigated to enable improvements to the service provided to people.

Staff received training to enable them to support people safely. This included people's specific health care needs such as for those people living with Dementia. People told us they felt staff were trained appropriately.

People and their families told us the registered manager was approachable and that if they had any concerns or comments they would feel comfortable contacting them and feel they would be listened too.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 01 November 2021) with a breach of

regulation 17 (good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, whilst we found improvements had been made the provider remained in breach of regulation 17.

#### Why we inspected

We carried out an announced comprehensive inspection of this service published on 01 November 2021. A breach of legal requirements was found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pride Home Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to oversight of medicine administration at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Pride Home Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and five people's relatives about their experience of the care provided. We spoke with nine staff including the registered manager.

We reviewed a range of records. These including 10 people's care records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service. These included policies and procedures, audits, staff training records, and compliments and complaints.

# Is the service safe?

## Our findings

Our findings - Is the service safe? = Requires Improvement

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines oversight was not robust. We identified examples where the electronic medicines administration record (MAR) had not been completed. Therefore, we could not be confident what medicines the person had taken on each occasion. This issue had not been identified through the provider's own audits and checks.
- Documentation did not demonstrate that medicated patches were applied in line with manufacture's guidance. Staff were not recording the location of the application or removal of the transdermal patch. This put the person at risk of skin irritation and could affect the effectiveness of this medicine. We brought the risks to the attention of the registered manager who took immediate action, by changing the recording form used by staff, to support safe practice.
- The management team audited the MAR's regularly but had failed to identify the concerns we had identified. We found no evidence of harm or distress to people due to this lack of oversight by the provider, but recommend practices were reviewed against recognised best practice.
- Care plans required greater detail where people would sometimes self-administer their own medicines, or when people refused their medicines. Care plans did not remind staff what steps to take to keep people safe, such as seeking medical advice or requesting a medication review with the GP. The registered manager confirmed the care plan records would be reviewed and updated.
- Staff told us they received regular training for medication administration in addition to having their competencies regularly assessed. However, inspection findings identified the need for a greater focus on the recording processes relating to supporting people with their medicines.

We recommend the provider implement current guidance on administering medicines and update their practices.

### Staffing and recruitment

- Staff files contained evidence that recruitment checks had been undertaken prior to staff commencing employment at the service, however not all required information was available for review. We identified that a risk assessment was missing on the day of the inspection relating to a staff member, in addition to reasons for some staff leaving previous roles was not detailed. However, the required risk assessment was produced following the site visit.
- Not all people were clear on who would be supporting them and when. A person told us, "The time varies

(of the calls), we used to get a rota but we don't now". The registered manager provided evidence that following this feedback that rotas of calls were now being shared with people so they would know the time of their calls and who would be supporting them.

- Staff told us they felt that staffing levels had improved and there was always enough staff to support people safely.
- Deployment of staff was monitored using an electronic system. This ensured the provider could monitor that all care calls that were due for completion had taken place. Where a call was running late the provider was alerted to this via the electronic system to ensure all calls were met and people were informed if the staff member was running late.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had completed analysis where safeguarding concerns had been identified. This gave an opportunity to reflect on the incident and take appropriate actions to mitigate further safeguarding concerns happening.
- Staff had completed safeguarding training and were clear and confident on how to report any concerns they had.
- People we spoke to felt comfortable to raise any concerns and felt that they would be listened to and taken seriously.

#### Assessing risk, safety monitoring and management

- Assessments were completed, to identify any risks to people including environmental risks in addition to risks based on people's individual health needs. Records were regularly reviewed and amended where needed to keep people safe.
- Care plans and risk assessments were accessed by staff using mobile devices. This ensured that staff always had the most current information before they started the care visit, to support people effectively.
- People and their families told us they had been involved in the creation of their care plans to ensure support was completed in line with their own preferences and choices.

#### Staffing and recruitment

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#### Preventing and controlling infection

- Appropriate procedures were in place to mitigate risks of infection prevention and control.
- Care staff wore personal protective equipment (PPE) including gloves, facemasks and aprons in line with current government guidance. All people we spoke too confirmed that PPE was worn when they were visited.
- Staff told us they had completed training in relation to infection prevention and control as well as COVID-19 to give them the knowledge and understanding to keep themselves and others safe.

#### Learning lessons when things go wrong

- The registered manager reflected on their own practices and responded appropriately where areas were highlighted as an area of concern during this inspection. For example implementing a paper-based record for tracking medicine patch application as an interim method whilst they established an electronic alternative.
- All incidents, safeguarding concerns and complaints were thoroughly analysed to establish what can be



done in the future to further improve the service that people are receiving. Staff told us they reported all incidents to the registered manager to keep them informed and to ensure appropriate action was taken.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question required improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to implement a robust system to effectively manage medicines. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has not been made at this inspection and the provider was still in breach of regulation 17.

- Medicine audits had taken place but had failed to be effective in identifying concerns relating to gaps on electronic medicine records and where incorrect process were followed when applying medicated patches. Due to the ineffectiveness of the audit processes these errors had been repeated multiple times putting people at potential risk of harm.

Systems were not robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager confirmed that additional medicine management training would be taking place for staff following this inspection and improved oversight of medicine audits completed would be implemented. This would ensure medicines improved provider oversight to keep people safe.
- Feedback from people and their families we spoke to was mixed. Some people spoke positively about the service they received whilst others felt the service had deteriorated in the past 12 months.
- People we spoke to were all aware of who the registered manager was and how to contact them. They all felt if they had concerns, they felt confident to raise them and that they would be listened too.
- Staff we spoke too were positive about the service. They felt they were well managed and clear on their job role. Staff felt the management were approachable and would listen to any ideas they had.

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

#### characteristics

- People confirmed that they were consulted on the support they received. Prior to this inspection, surveys had been sent to people and their families and these were in the process of being collated by the registered manager to identify any required improvements to the service.
- The registered manager told us that they had arranged a variety of events, with more planned for the future to support people with their wellbeing and to enable them to widen their social circles where they chose too.
- The registered manager explained that they planned to further improve the community and social activities offered to people as part of the service they provided. Additional parties and functions were already booked and Covid-19 risks mitigated where possible for this year's events. The registered manager had begun to explore people's individual interests to offer bespoke activities for them.

#### Working in partnership with others

- Staff told us that they contacted external healthcare professionals where required for the wellbeing of those supported.
- The registered manager confirmed they worked with people and local hospitals to complete discharge reviews with people before they left hospital to ensure they were involved in choosing their own packages of care and support.

#### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Records relating to complaints and concerns were stored securely within the registered location office. Each complaint had been reviewed and the person raising the complaint had been contacted with an agreed outcome or action in writing.
- A complaint was raised during this inspection by a person who received support. As an outcome, the registered manager had met with this person to hear their concern and taken appropriate action to keep this person safe and ensured they felt listened too.

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>Systems were either not in place or not robust enough to demonstrate medicines were effectively managed.</p> <p>Regulation 17 (1)(2)(a) (b)</p>