

Priory Nursing Agency And Homecare Limited

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Inspection report

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Date of inspection visit:
26 May 2017

Date of publication:
15 June 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook this announced inspection on 26 May 2017. Priory Nursing Agency & Homecare Limited is an agency that is registered to provide Personal and Nursing Care services. The services they provide include personal care, housework and assistance with medication. The service provided care for approximately fifty five people.

At our last comprehensive inspection on 6 April 2016 we rated the service as "Requires Improvement". We found three breaches of The Health and Social care Act 2008 (Regulated Activities) Regulations 2014. The first breach was in respect of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment. We noted that in five out of the seven records of people there were unexplained gaps in their medicine administration records. During this inspection on 26 May 2017, the provider demonstrated that they had taken action to comply with the requirement made. With one exception, we found no gaps in the medicine administration records we examined. The registered manager stated that the gap noted in one of the records was an error and the care worker concerned had administered the medicine and the record was rectified accordingly.

The second breach was in respect of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Person-centred care. The service was unable to provide us with information that people had received regular reviews of their care so that the care provided met their changing needs. During this inspection the provider demonstrated that they had taken action to comply with the requirement made. We saw evidence of regular reviews being carried out. This ensured that the care provided met the needs of people.

The third breach was in respect of Regulation 17 relating to good governance. The service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service. This meant that deficiencies in the service provided may not be promptly identified and rectified. During this inspection the provider had the necessary checks and audits for ensuring quality care. These included reviews of care and regular spot checks on care workers.

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

There were arrangements for the administration of medicines. Medicine Administration charts were regularly checked by senior staff to ensure that people received their medicines as agreed. The service had an infection control policy. Gloves, aprons and shoe covers were available in the office for use by care workers. People and their representatives informed us that care workers observed hygienic practices.

Care workers had been carefully recruited. The necessary checks had been undertaken prior to them

starting work. New care workers had been provided with a comprehensive induction and training programme to enable them to care effectively for people. They had the necessary support and supervision from the deputy manager and the registered manager. Teamwork and communication within the service was good. There were sufficient care workers to meet people's needs.

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 had been assessed. There were appropriate and up to date care plans which involved people and their representatives. People's healthcare needs were monitored where this was part of the care agreement.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided. Reviews of care had been carried out to ensure that people received appropriate care. The service had a complaints procedure. Complaints recorded had been promptly responded to.

People and their representatives expressed confidence in the management of the service. They stated that care workers were understanding and the service provided had been monitored by senior staff. A recent satisfaction survey indicated that people and their representatives were satisfied with the services provided.

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. Care workers were carefully recruited. The required documentation and checks were in place. Care workers were aware of the safeguarding policy.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines.

The service had an infection control policy. Care workers were aware of good hygiene practices.

Is the service effective?

Good ●

The service was effective. Care workers had been provided with essential training and support to do their work. Supervision and appraisals were carried out.

Care workers supported people in accessing healthcare services when needed. The nutritional needs were attended to and monitored when needed.

Is the service caring?

Good ●

The service was caring. People were treated with respect and dignity. Care workers were able to communicate and form positive relationships with people.

The preferences of people had been responded to. People and their representatives were involved in decisions regarding the care.

Is the service responsive?

Good ●

The service was responsive. Care plans were up to date and addressed people's individual needs and choices. Regular reviews of care took place with people and their representatives.

People knew how to complain. Complaints recorded had been promptly responded to. The service listened to people's views.

Is the service well-led?

Good ●

The service was well-led. Audits and checks had been carried out by the registered manager and senior staff.

People and care workers expressed confidence in the management of the service. Care workers worked well as a team. A recent satisfaction survey indicated that people were satisfied with the services provided.

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 26 May 2017 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. Prior to the inspection the provider completed and returned to us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people who used the service and three relatives. We spoke with the registered manager, seven care workers, one care co-ordinator and an administrative staff. We also obtained feedback from two social care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records of ten people who used the service, six staff recruitment records, staff training and induction records. We checked the policies and procedures and insurance certificate of the service.

Is the service safe?

Our findings

People and their relatives told us that people were safe when cared for by their care workers. They stated that their care workers were reliable and mostly on time. No concerns were expressed by them regarding the suitability of their care workers. One person said, "I feel safe with my carers. They are dependable and on the whole, on time." A second person said, "I am very satisfied with the care. I feel safe with the carer -always punctual and reliable. Carer is hygienic and does wear gloves and apron." A third person said, "The carers give me my medicines. They do record in book after that." One relative told us, "We are happy with the service. The carer is clean and hygienic. "

At our last comprehensive inspection on 6 April 2016 of the service we found a breach in respect of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. We noted that in five out of the seven records of people there were unexplained gaps in their medicine administration records. During this inspection on 26 May 2017, the provider demonstrated that they had taken action to comply with the requirement made. With one exception, we found no gaps in the six medicine records we examined. The registered manager stated that he would investigate the three gaps noted in one of the records. He informed us during the periods where the gaps occurred, the carers did not have responsibility for administration of medicines for the person concerned. He agreed that in future this would be clearly documented. The registered manager also informed us soon after the inspection that they had reviewed the medicines recording system to make it easier to spot any unexplained gaps.

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. Two safeguarding allegations had been reported to us and the safeguarding team. We noted that the service had co-operated fully 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, falls, use of electrical equipment, home environment and certain medical conditions.

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. Care workers we spoke with told us that they were able to manage their workload and there was usually sufficient travel time. People and relatives we spoke with stated that care workers were mostly punctual and reliable.

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 registered manager stated that the staff turnover was low.

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. We noted that the policy did not contain examples of infectious diseases and conditions. The registered manager stated that these would be included.

Is the service effective?

Our findings

People and their relatives informed us that care workers were competent and they were satisfied with the care provided. One person stated, "I am happy. My carer is good and comes every morning. My carer is reliable." A relative said, "I am satisfied with the carers. They assist my relative with the food – just simple task like putting the food in the microwave. My relative gets on well with them."

People's healthcare needs were monitored by care workers where this was part of their care agreement. We noted that the care records of people contained important information regarding their medical conditions and healthcare needs. There was guidance on assisting people who may require special attention because of medical conditions such as paralysis of limbs or diabetes. This ensured that care workers were able to support people with their healthcare needs when needed. We noted from the care records that the service had worked with healthcare professionals and this included assisting the physiotherapist in mobilising people. The service also liaised with the dietician in ensuring that people had adequate nutrition. In other instances, care workers had escorted people to hospital appointments.

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 meeting the dietary needs of people. However, the registered manager explained that in most cases, care workers were either not responsible for food preparation or were only involved in heating the food for people. This was confirmed by people we spoke with. Care workers were aware of the importance of encouraging people with healthy eating and ensuring that people had adequate nutrition. The registered manager informed us that there had been instances where care workers had gone to different stores, bought ingredient and learnt to prepare simple ethnic meals and snacks for people.

Care workers had been provided with appropriate training. We saw copies of their training certificates which set out areas of training. Topics included equality and diversity, moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role.

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. We noted that new care workers had started on the 'Care Certificate'. The '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 deputy manager 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 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 and with two exceptions; care workers had a basic understanding of the implications of the MCA. People's capacity to make decisions was documented in their care records. Care workers were aware of the importance of obtaining people's consent regarding their care, support and treatment. This was confirmed by people and relatives we spoke with. Care workers also stated that they explained what they were going to do prior to assisting people with personal care. The registered manager and care workers were aware of the need to consult with people's advocates and next of kin if people lacked capacity to make decisions for themselves.

Is the service caring?

Our findings

We received positive feedback from people and their relatives regarding care workers who attended to them. People were mostly happy with their care workers. They stated that their care workers were pleasant and caring. One person said, "I am happy. Carers are very good - respectful always, friendly and very helpful. When providing personal care they are discreet and protect my privacy." Another person stated, "The carers have a good relationship with my relative. They can communicate well. They show respect for us and understand our culture and religion." One relative said, "The carer is respectful and can communicate with my relative. My relative gets on alright with the carer and co-operates well."

Care workers said they had been informed during their training of the importance of treating all people with respect and dignity regardless of the background or personal circumstances. They were aware of how to protect people's privacy and could describe to us how they did this. When providing personal care, they said they ensured that where necessary doors were closed and curtains were drawn. They said they would also first explain to people what needed to be done and gain their agreement. People confirmed that they had been treated with respect and dignity and care workers protected their dignity.

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 workers who had similar interest. The registered manager stated that where possible, care workers would be matched to people with the same type of interest and background so that they can get on well. We noted from our interviews with people and care workers that people were also matched with care workers who could speak their own language.

There were arrangements for involving people in their care. 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 had received training on equality and diversity and they were aware of the importance of respecting people's culture and religion. The service had a policy on promoting equality and valuing diversity. People and relatives we spoke with stated that they did not experience any discrimination and care workers showed respect for them.

The care records of people contained information for care workers on their communication needs and any difficulties which may be experienced. The registered manager stated that where possible, the service provided the same carers for people and this enabled carer workers and people to get to know each other. He also stated that care workers and people communicated fairly well. This was confirmed by people and relatives we spoke with. The registered manager gave us some examples of good practice. He informed us that a care worker who had gardening skills had assisted some people with who were interested in gardening with their flower pot gardening and people had found this therapeutic and relaxing. He also stated that other care workers took it upon themselves to assist people overcome the challenges of dealing with new technology such as helping people to become familiar with computers and mobile phones.

We saw documented evidence that people's care was reviewed regularly with senior staff of the service. The views of and feedback of people were reported. People and their relatives who spoke with us confirmed this happened.

Is the service responsive?

Our findings

People and their relatives informed us that care workers provided the care they needed and as stated in the care plans. They stated that care workers were helpful and capable. One person said, "I am very happy with the care - complaint not needed." A relative said, "They have reviewed the care. Yes, they came once or twice in past year. Things are running smoothly. I know how to complain. I have the details." A second relative said, "The carers do a good job. They do what is in the care plan."

At our last comprehensive inspection on 6 April 2016 we found a breach in respect of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person-centred care. The service was unable to provide us with information that people had received regular reviews of their care so that the care provided met their changing needs. During this inspection the provider demonstrated that they had taken action to comply with the requirement made. We saw evidence of regular reviews being carried out. This ensured that the care provided met the needs of people. This was also confirmed by people and relatives we spoke with.

The care documentation we examined was informative and up to date. People's needs had been carefully 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 and their representatives told us they were involved in planning care and support provided. This was confirmed in the records which contained people's preferences, choice of visit times and the type of care worker they wanted. 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.

There were arrangements to ensure that care workers were informed by the registered manager and senior care staff 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 plan and what tasks they had to perform. When we talked with them about people they were responsible for, they demonstrated a good understanding of the needs of people, their choices and preferences and any disability or medical conditions people had. With one exception, people stated that their care workers knew how to meet their care needs. People and relatives we spoke with were satisfied because people usually had the same care workers they had known for several years. This meant that they received a consistent service from someone familiar to them.

We discussed the care of people who had special needs such as those with diabetes or dementia. Care workers were able to tell us what the particular care needs and potential risks people may be exposed to. They also informed us of what they would do if people experienced difficulties or deteriorated. This included informing the registered manager or senior staff and summoning emergency medical assistance. For example, in the case of those with diabetes care workers knew what type of foods people should avoid and summoning the emergency services if needed. In addition, the service had a 'key list' of clients with high level care needs who were closely monitored via the computer by the care co-ordinator and on-call staff.

The service had a complaints procedure and this was included in the service user guide. Relatives informed us that they knew how to complain. One relative stated that when they had complained, the provider responded promptly and appropriately. They stated that the matter was now resolved. Care workers knew they needed to report all complaints to the registered manager or senior staff so that they can be documented and followed up. We noted that complaints and concerns made had been promptly responded to.

Is the service well-led?

Our findings

The feedback we received indicated that people and their relatives were satisfied with the management of the agency and the quality of the services provided. One person said, "The carers are good and on time. The supervisor does visit me to check on the staff and review my care." A relative said, "The supervisor came a few months ago to check if things were alright. They do consult with us. I think the service is well managed. "

At our last inspection the service on 6 April 2016 the service was in breach of Regulation 17 in relation to good governance. The service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service. This meant that deficiencies in the service provided may not be promptly identified and rectified. During this inspection the provider had the necessary checks and audits for ensuring quality care. These included reviews of care and regular spot checks on care workers. Documented evidence of these was provided. People and their relatives informed us that spot checks had been carried out by senior staff of the service to ensure that care workers were providing the agreed care. They indicated that they were able to provide feedback regarding the quality of care provided.

We noted that the list of checks and audits was not sufficiently detailed. We discussed the need to ensure that there is a detailed list so that deficiencies can be identified promptly and action taken. The registered manager agreed that this would be done.

The service had a registered manager. 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.

Care workers told us that they were well managed. They stated that communication within the service was good and they had meetings where they were kept updated regarding the management of the service. The minutes of these meetings were recorded. Care workers found their registered manager and other senior staff to be fair and approachable.

The service had a clear management structure with a registered manager, a deputy manager, two care co-ordinators (one was on special leave) and a team of care workers.

Care documentation including care plans was well maintained and up to date. There was a comprehensive range of policies and procedures to ensure that care workers 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.

The service had carried out a satisfaction survey of people and their representatives in the previous year. We saw that the feedback received was positive and indicated that people were satisfied with the services they received and the conduct of care workers. This report also contained details of action taken by the service in response to the findings. This section of the report was brief and lacking in detail. The registered manager

agreed to ensure that the action plan had more detail of follow up action so that people and their relatives are well informed.

The service had a record of compliments received. These included the following:

"The carer is a wonderful person and a really good carer. I am so glad you sent her to me."

"Thank you all for the care you gave my relative over several years. The sensitivity of your carers was fantastic."

"Many thanks for all your wonderful help. We are very pleased with the carers."