Mrs Lynda Clarke

Priority Home Care

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

The inspection took place on the 30 May and 1 June 2017 and was announced. When we last inspected in March 2015 we found breaches in regulation relating to the recording and administration of medicines. We found that actions taken had not led to the improvements required.

The service provides personal care to older people living in their own homes. At the time of our inspection there were 30 people receiving a service from the agency.

The service has 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 were at risk of not having their topical creams administered safely which meant they were not being protected from the risk of deteriorating skin or health conditions. Risks associated with some medicines such as instructions not to have alcohol had not been considered. People had assessments that highlighted risks they lived with such as skin damage or choking. They were not fully protected as care workers had not been provided with information on the actions they needed to take to reduce the risks in order to protect people from harm. Processes to report incidents that could cause harm to a person were not consistently reported. This meant that risk had not always been reviewed appropriately.

People were at risk of not receiving care specific to their individual needs as care and support plans did not contain enough information to support care workers in their role. Examples included people who needed support with communicating due to a dementia, poor eating habits, risk of choking and pressure care.

Auditing systems and processes were not in place to assess, monitor and ensure effective management oversight. This meant that risks in relation to medicine administration and the care and welfare of people had not been identified.

People and their families described the care as safe. People were supported by enough staff that had been trained to recognise signs of abuse and understood the actions they needed to take if abuse was suspected. Staff had been recruited safely which included obtaining previous employment references and a criminal record check to ensure they were suitable to work with vulnerable people. Staff received an induction and on-going training and support than enabled them to carry out their roles.

When any accidents, incidents or changes in people's care needs had been reported to the registered manager the appropriate actions had taken place such as referring to health professionals or organising a change of equipment. People were supported with access to healthcare when needed.

Care workers described communication and team work as good and felt kept informed of any changes to

people's care and support needs. Information was shared via a group text system, phone calls, monthly staff meetings and word of mouth. People told us that care workers understood their likes and preferences when providing care and support and that they felt involved in decisions about their care. A complaints process was in place and people felt if they needed to use it they would have been listened too. Staff were working within the principles of the Mental Capacity Act and understood how to support people to make their own decisions. When people had been assessed as not able to make certain decisions the correct processes were followed to ensure decisions were made in peoples best interest.

We observed a caring, friendly and relaxed relationship between people and the care workers. People had their communication and care needs understood and staff demonstrated a good knowledge of people, their life's and interests. People told us that they felt their privacy, dignity and their need to maintain independence was respected.

Staff spoke positively about the organisation and valued the registered managers input with people. They told us they felt able to share ideas and concerns and gave examples of how this had led to better outcomes for people. They described how they felt appreciated and valued by the organisation. A quality assurance survey took place annually and provided feedback from people and their families. Feedback had been positive about the service. Information provided had been shared with staff and used to implement changes in practice.

You can see what action 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?

Requires Improvement

The service was not always safe.

People were at risk because medicines were not always administered safely or recorded accurately.

People had their risks assessed but actions to minimise risks had not been identified as part of the assessment.

People felt safe and staff understood how to recognise signs of abuse and the actions needed if abuse was suspected.

People were supported by enough staff that had been recruited safely.

Is the service effective?

Good

The service was effective.

People were supported by staff that received an induction and ongoing training that enabled them to carry out their roles.

People were supported to make decisions in line with the principles of the Mental Capacity Act.

People had their eating and drinking preferences understood.

People had support to access health care when appropriate.

Is the service caring?

Good

The service was caring.

People described staff as kind, caring and patient.

Care workers had a good understanding of people's likes and interests and family and friends important to them.

People felt involved in decisions about their day to day care.

People had their privacy, dignity and independence respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service was not always responsive.

Care and support plans did not provide enough information to ensure person centred and consistent care to people

People were aware of the complaints process and felt if they made a complaint they would be listened to and appropriate actions taken.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Auditing systems and processes were not providing effective management oversight in relation to risks associated with people's medicines and health and welfare.

Staff described an open and inclusive culture, were positive about the organisation and felt valued in their roles.

A quality assurance system was in place to gather feedback from people and their families about the service and had been used to improve outcomes for people.

Priority Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 the 30 May and 1 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector. Before the inspection we looked at notifications we had received about the service and we spoke with a social care commissioner to get information on their experience of the service. We looked at information on the Provider Information Return (PIR) completed in January 2017. 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.

During our inspection we spoke with the registered manager, deputy manager, five staff, four people who use the service and three relatives. We visited three houses where people were being supported and observed interactions between them and the staff. We spoke with a community nurse who had experience of working with the service.
We reviewed five peoples care files and discussed with care workers their accuracy. We checked three staff files, health and safety records, medication records, management audits, staff meeting records, and records of feedback from families and others.

Requires Improvement

Is the service safe?

Our findings

When we last inspected this service in March 2015 we found a breach of the Social Care Act 2008 as improvements were needed in the recording and administration of medicines. We received an action plan from the registered manager detailing improvements they planned to make. We found at this inspection that actions taken had not led to the improvements required.

People were at risk of not having their topical creams administered safely. We spoke with one person who told us staff applied creams to their body. We were shown five creams and told by the person their relative and a care worker that two were administered by the staff and that the person themselves took responsibility for the other three. They told us one cream had been applied that morning but we found this had not been recorded on the Medicine Administration Record (MAR), the second cream was not included on the MAR. Another person had a prescribed cream labelled 'As directed' that staff administered. A member of staff told us "We put on dry areas; legs every day and sometimes arms". No information had been provided to inform care staff where or how often the cream should be applied. This meant that people were not being protected from the risk of deteriorating skin or health conditions due to prescribed creams not being managed and administered appropriately.
Care workers had been administering a medicine that was prescribed 'Not to be taken with alcohol'. We read daily records for the previous week and care workers had recorded they had given the person an alcoholic drink on two occasions. The risk had not been assessed or been noted on the MAR. This meant that people were not being protected as risks associated with medicines had not been considered. We discussed our findings with the registered manager who told us they would use best practice guidance to review their medicine practice and systems.
Assessments had been completed that identified the risks people lived with such as a risk of choking or skin damage. People were at risk of harm as care and support plans did not contain details of the actions care workers needed to take to minimise the identified risks. One person had identified risks of falls, skin damage, self-neglect and poor appetite. Their care and support plan contained no information to guide staff on how to reduce the risks. Another person had a risk of choking and their care and support plan contained no information on actions the staff needed to take if this happened. The Speech and Language Therapist (SALT) had completed an assessment and a plan was attached to the kitchen wall. The person's care and support plan did not make any reference to the SALT plan or provide details of what to do if the person choked. We spoke with care staff supporting the person and they were able to explain the SALT plan. We discussed with another care worker what they would do if a person began choking and they were able to tell us the procedure which had been covered in their first aid training.

We spoke with a care worker who told us on one occasion a person had choked on a tablet and they had needed to slap the person on the back to help stop the choking. The process for recording this as a safety incident had not been followed. When we discussed this with the registered manager they had no record this had been reported. The registered manager told us they would speak with the SALT team and request a choking care plan. When accidents and incidents had been recorded and the reporting process followed the registered manager had undertaken reviews and actions had taken place that had reduced people's risk of further harm. One example was a piece of bathing equipment that had broken causing a wound to a person

and immediate arrangements were made for the chair to be replaced and the commissioners notified. The registered manager told us they would speak with the SALT team and request a choking care plan. This meant that people were placed at risk of harm as the process for reporting incidents had not been consistently followed.

We met a person who had a risk of skin damage and had an air mattress on their bed to reduce the risk. The mattress had a service sticker showing a service had been due in March 2017 and therefore was overdue. The air mattress had been provided by a third party. Air mattresses need to be set to a person's weight in order to be effective in reducing risk of skin damage. The care and support plan did not contain any guidance to care workers on checking the condition of the mattress or correctly setting the mattress to the person's weight when the person was in bed. We spoke with a member of staff who told us "We don't touch the dial, it's checked yearly. If the mattress seemed deflated we would report it to the people who service the mattress". This meant that people were not being fully protected as staff had not been provided with information on the actions needed to reduce risk and protect people they were caring for from potential harm.

People were at risk as medicine administration was not always carried out in a safe way. People were placed at risk of harm as risk assessments did not contain plans for managing identified risks. Processes for reporting incidents that could have led to harm had not consistently been followed and investigated. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had completed safeguarding training and understood how to recognise signs of abuse and actions they needed to take if abuse was suspected. Staff were able to tell us of external agencies they could report concerns to if they felt appropriate actions hadn't been taken by the service. People and their families told us they felt the care was safe and trusted the care workers supporting them. One person told us "I trust staff to care for me safely with my food and standing up". Another said "I feel safe, no complaints with that". A community nurse told us "Definitely safe in the care that I have seen".

When accidents and incidents had been recorded and the reporting process followed the registered manager had undertaken reviews and actions had taken place that had reduced people's risk of further harm. One example was a piece of bathing equipment that had broken causing a wound to a person and immediate arrangements were made for the chair to be replaced and the commissioners notified.

When risks had been assessed with people actions to reduce the risk respected their freedom and choices. We read a care plan written by an occupational therapist that included encouraging a person to walk short distances who was at risk of falls due to limited mobility. They like to walk from the stairs to a chair to keep their legs moving. We follow with the commode should they suddenly need to sit down". The person told us "I walk from the stairs to chair; it's really good".

People were supported by staff that had been recruited safely. Staff files contained evidence that criminal record checks had been completed and references had been obtained and verified with any employment gaps explored. People and staff told us that there were enough staff. Staff who worked in the office had the skills to also support with providing care to people. This meant that when staff were on sick or annual leave people were still supported by care workers they knew. The registered manager explained "As a small independent agency we have no pressure placed on us to provide packages. We only ever take packages on if the staff numbers can meet people's assessed needs". A computer system provided live information about when staff arrived and left a person's home. The registered manager told us that there had been no missed calls over the last 12 months. They told us they would speak with the company that provide the system and establish whether a report could be produced to monitor late or missed calls.

Good

Is the service effective?

Our findings

People were supported by staff that had received an induction and on-going training that provided them with the skills to carry out their roles. We spoke with a staff member about their induction. They told us "My induction included three days shadowing and practical experience with colleagues. We covered dignity, getting to know people, moving and handling and medicines". Inductions included completing the Care Certificate. The Care Certificate is a national induction designed for people working in health and social care who did not already have relevant training. People and their families described the care workers as well trained. One relative told us "There's been some new staff; they're doing a good job". Another said "The staff are well trained. They are quite consistent in the care provided". Some training had been specific to health conditions people were experiencing. One relative told us "The care workers really understand mums dementia". Another said "They (staff) understand (relatives) dementia probably more than I do". A staff member explained how dementia training had impacted on them. "It was a big learning curve; it made me go and search out extra stuff from the company".

Staff told us they felt supported in their role and received regular supervisions and an annual appraisal. Staff files included records of face to face supervisions. One member of staff told us "We get spot checks by the management. They include checking practice and we also have supervision every two months. They always ask if anything is needed".

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 found the service was working within the principles of the MCA. Staff understood how to support people to make their own decisions. People who were able to consent to their care had done so and told us they directed the care they received. Where people had delegated legal powers for others to make decisions on their behalf , records included copies of these. One file had a consent to care form that had been completed by a relative as the person had been assessed as not having the mental capacity to consent themselves. Information included evidence that the relative had the legal powers to do this and were able to make decisions in the person's best interest.

People had their eating and drinking needs understood by the care workers supporting them. One person told us "They make the food I ask for". Care workers were able to describe to us the foods people enjoyed. One care worker explained how one person had a poor appetite and liked food that "slipped down easily".

People were supported with access to healthcare when needed. Daily records demonstrated this included GP's and District Nurses. Records showed us that a referral had been made to the occupational therapist when a person's mobility needs had changed.

Good

Is the service caring?

Our findings

We observed positive caring relationships between people, their families and staff. People and their families spoke positively about the care they received. One person said "They become part of our family after a while. Nice personalities. You get to know them". Another said "They (staff) are so kind and patient".

We spoke with staff who demonstrated a good knowledge of the people they were supporting. One staff member told us "When you visit people in their homes and meet them and get to know them then you get to the nitty gritty. You start to really know how to care for them". We observed staff interacting with people and their families in a relaxed and professional way. Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them. One relative described when staff went over and above their role. "One day I wasn't feeling well and after they had done everything with (name) they said let us make you a cup of tea before we leave".

Staff understood people's communication needs. One person was living with a dementia and unable to communicate verbally. A member of staff described how they communicated. "You can communicate through facial expression, eye contact and body signals once you've visited a few times. You can judge their mood and tell a lot by the person's appetite". We observed when staff interacted with the person they smiled and laughed and appeared relaxed and engaged. This meant people had their individual communication skills understood enabling staff to involve people in choices and decisions about their care.

People told us they felt involved in decisions. One person told us "I feel the boss; I can tell them (staff) what I want". Another said "When I'm being helped I'm in charge". A relative told us "I feel very involved. I find ways I can manage things (with relative) and I show them my way".

People told us that they felt their privacy, dignity and independence had been respected. A staff member explained how they ensured a person's dignity. "We put a blanket over (name) lap when on the commode and leave (name) on their own as they call when they need help".

Support was provided to people in a way that encouraged independence and involvement. One person told us "Staff give me the time for the things I need to do". Another said "I am quite capable and the carers recognise that. They know I like to be independent". We observed staff checking with people whether they needed assistance before providing care. We observed staff being patient and they encouraged people to do some things for themselves at their own pace. This meant that people were supported and given opportunities to retain their individual levels of independence.

Requires Improvement

Is the service responsive?

Our findings

People did not have a care and support plan in place that provided enough information to enable staff to understand their role in providing consistent, safe and person centred care. Assessments had been completed prior to a person using the service which included information from the person and where appropriate their families and other health or social care professionals. One person had assessed needs relating to their dementia, falls, skin damage, self-neglect and poor appetite. Their care and support plan contained no information to guide staff in how to support with these assessed needs. This meant that people were at risk of not receiving care and support specific to their individually identified person centred needs.

Care had not always been provided consistently at people's preferred times. People and their families told us that they received a rota each week which informed them of the times they would receive care the following week and the names of staff. Two people told us the times varied from week to week without any prior consultation which impacted on how they planned their day. Another relative explained how the service had been flexible. They told us "They (agency) have been co-operative if (name) has an early appointment and changed the time they visit to accommodate".

When we spoke with staff and watched their practice they demonstrated a good understanding of people's care needs and were kept up to date with any changes. One told us "any care plan changes or a new care plan put in the home we get a phone call or a group text message". Another told us "New information is text, phone call or word of mouth and we write in the daily notes". We spoke with a community nurse who told us the staff responded to change. They said "They would contact us if any problems or if they had a concern and ask us to review". We read one care and support plan that had been reviewed as changes had taken place in the persons support network. Another person had changing mobility needs and the review had led to additional equipment and a recommended change of routine. The registered manager explained that the computer system highlighted when care and support plan reviews were due.

People had copies of the complaints policy in their homes and told us they felt if they needed to raise a complaint they would be listened too. One person told us "Occasionally they do something I don't think is right and they put it right". A relative said "I would feel comfortable about making a complaint". A complaints process was in place but no formal complaints had been received.

Requires Improvement

Is the service well-led?

Our findings

Auditing systems and processes were not in place to assess, monitor and improve the quality and safety of the service. This included areas of risk in relation to medicine administration and the care and welfare of people. When we last inspected this service in March 2015 improvements were needed in medicine administration. The provider sent us an action plan detailing how they would meet the regulation but this had not led to risks to people being reduced. The registered manager explained that monitoring took place through spot checks, staff supervision and appraisals. However, these processes had not been robust enough to capture the areas that required improvement highlighted during the course of our inspection. This meant that the management oversight to ensure competencies and practice were safe had not been effective.

Systems and processes were not effectively monitoring and reducing risks to people related to their health and welfare. This is a breach of Regulation 17of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Quality assurance processes were in place that enabled people and their families to provide feedback about the service. We looked at the outcomes of a survey completed in the winter of 2016 and the overall feedback was positive. Evaluations of responses had been shared with the staff team at staff meeting and used to improve outcomes for people. Examples had included dress code for staff and the times of calls. A relative told us "We have a form occasionally to fill in which asks things like 'Are we good at timekeeping'".

Staff spoke positively about the organisation and valued the registered managers input with people. One care worker told us "If we feel there has been a change with a person (registered manager) will come and do a call themselves". Staff told us they felt able to share ideas and views and felt they could make a difference to people. One staff member shared an example "(Name) when they were eating we had a 15 minute call and we said it couldn't be done. They came out and observed and now increased the time to 30 minutes".

Staff described communication as good most of the time. They welcomed staff meetings and the introduction of an additional informal monthly meeting to meet with colleagues. The registered manager told us "We have an informal meeting as staff raised with us that they didn't see as much of us since we moved". An out of hours call system was in place and people, their families and staff told us it was effective.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.