

Priority Plus Limited

Priority Plus Ltd

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Priority Plus Limited is registered to provide personal care to people within their own homes and in a supported living setting. On the day of the inspection 77 people were being supported within their own homes and two people were within a supported living environment.

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

People received support that was not always well led. Records did not show clearly how people should be supported. The provider did not ensure appropriate governance was followed as records had a different provider name on care records. Spot checks and audits were carried out, but they were not effective in ensuring competency checks were carried out and identifying other concerns with medicines records. People's views were gathered by way of them completing questionnaires.

People were kept safe and care staff were trained so they would know how to keep people safe from harm. Care staff were recruited appropriately and received training to support people with their medicines as they were prescribed. The provider had sufficient care staff to support people and risks to people were identified and reviewed. People received support from care staff who followed the provider's infection control procedures and when an accident or incident took place trends were monitored.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care staff could access support when needed and had the appropriate skills and knowledge to meet people's needs. Where people needed to be supported with meals or access health care this was made available.

Information as part of the Equality Act was considered when supporting people, but this was not done consistently. People received support from care staff that were caring and kind. People decided when and what they had to eat and their privacy, dignity and independence were respected.

The support people received was responsive to people's needs. People were communicated with in ways they could understand. Assessments and support plans were in place. Reviews took place regularly so where people's support needs changed, care staff would be aware and the provider had a complaints process.

Rating at last inspection

The last rating for this service was Good (Report published 04/05/2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Priority Plus Ltd

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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors. The second inspector was shadowing the process as part of their induction.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home and in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and we could speak with people. We visited the office location on 01 November 2019.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the service since the last inspection. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used all this information to plan our

inspection.

During the inspection

During the inspection we spoke with three people, two relatives, two care staff, a care supervisor, two care coordinators, a care manager and the registered manager who was also the owner and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, this included the records for three people being supported and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place, so people could be kept safe. A person said, "I do feel safe with the staff".
- Care staff told us they had received training to keep people safe and could explain the actions they would take to keep people safe from harm. The training records showed when care staff had received their training.

Assessing risk, safety monitoring and management

- Risk assessments showed how risks to people were reduced. We saw where people were at risk of getting out of bed the appropriate equipment was being used to support them and keep them safe. Care staff told us they received training, so they would know how to use the equipment.

Staffing and recruitment

- People told us there was sufficient care staff to support them and care staff confirmed this. A person said, "Staff are always on time".
- We found the provider had systems in place to ensure there were sufficient care staff and people's care would not be missed.
- A Disclosure and Barring Service (DBS) check and references were carried out before care staff were appointed to support people. A DBS check was carried out to ensure the provider had employed suitable care staff to support people. Care staff we spoke with confirmed this as they did at our previous inspection.

Preventing and controlling infection

- People told us staff wore gloves and aprons when they were supported with personal care. A relative said, "I always see the staff wearing gloves". Care staff we spoke with told us they had access to personal protective equipment and took part in infection control training which we confirmed.

Learning lessons when things go wrong

- Accident and incident records were completed after an accident and trends were monitored by the registered manager to reduce the risk of the same or similar accidents happening again. Care staff confirmed accident and incident logs were completed.

Using medicines safely

- The provider had systems in place to identify when people received medicines. Care staff told us they received training, so they could support people with their medicines, which we confirmed.
- Care staff competency to support people with medicines was checked. However, the supervisors who supported care staff were not having their competency checked regularly.

- Where people received medicines 'as and when required' clear guidance was not in place, however the registered manager told us they only gave these medicines as part of a prescription where the dose would be clearly identified.
- We found gaps on a Medicines Administration Record for September 2019 used to show when people were supported with their medicines. While the provider did have systems in place to pick this up and take the appropriate action with care staff. People told us they were supported with their medicines as they wanted and as a result we identified this with the registered manager as a concern with their records.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs were assessed before the support started so the provider could assure themselves they could support people. A person said, "I did have an assessment my daughter was there and I have a copy of it".
- People's preferences were identified within the assessment. People told us the ways they wanted to be supported was confirmed with them.

Supporting people to eat and drink enough to maintain a balanced diet

- A person said, "I can manage my meals, but staff do check to make sure I eat and drink regularly". Care staff supported people to eat and drink to maintain their diet and relatives told us they were happy with the support. A relative said, "If staff did not support [their relative] they would not eat, so I value the service".

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live healthier lives, access healthcare services and support

- Care records showed the support other professionals gave to ensure people received the right care. For example, where people were at risk of choking care staff received advice from the Speech and Language Therapists (SALT) service to ensure people were supported effectively.
- Care staff told us people were supported where needed to get to health appointments where relatives could not do this. We found in the supported living service that this was more common. Relatives we spoke with confirmed this.

Staff support: induction, training, skills and experience

- Care staff told us they felt supported. A care staff member said, "Since the old manager left I do feel supported".
- Care staff told us they received supervision, attended staff meetings and had appraisals.
- Care staff told us they received an induction and shadowed more experienced staff before they could support people on their own. We found the provider was unaware of the care certificate as a process which supported the induction process. However, their induction covered the main content of the certificate. The registered manager told us they would incorporate the process into their induction process in the future. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- A relative said, "Staff do have the skills to support my relative".

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- No one lacked capacity, so the principles of the MCA did not apply. The registered manager and care staff received the appropriate training and could explain the MCA sufficiently to demonstrate people would be supported within the principles of the act.
- People told us their consent was sought. A person said, "Staff always ask before they do anything".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People told us they decided the support they received and when. A relative said, "Staff never decided the support. My relative always made the decisions as to how staff supported them".
- Care staff we spoke with told us that people were encouraged by the way they supported them to make decisions as to how they were supported. A care staff member said, "People make their own decisions we don't decide for them".

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us how caring and kind care staff were. A person said, "The staff are professional, kind and are so caring".
- The registered manager and care staff were aware of the Equality Act 2010 and could explain some of the protected characteristics. Where people had specific cultural needs, we saw care records identified how people would be supported. However, this was not always being done consistently. We found the information gathered as part of the care planning process was limited. For example, only religion and culture were being considered on people's care records. This meant where people may have other protected characteristic this information was not considered.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted by the way care staff supported them. For example, people's independence was encouraged as care staff only supported people where this was needed.
- Care staff explained the way people were supported which demonstrated how they promoted people's dignity, privacy and independence. For example, Care staff told us people were always covered over during personal care and doors and curtains closed where necessary. Care staff told us they received training in this area, which we confirmed.
- A person said, "Staff always respect my dignity and privacy".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Assessments, care plans and care reviews were taking place. People and relatives told us they were involved in all the processes. A relative told us, "I attended a review recently".
- Care staff told us copies of the care records were kept in people's homes, so they could be accessed as and when needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were communicated with in a way they could understand. However, we found the registered manager and staff were not aware this was a requirement of the AIS legislation. The registered manager told us they would update their knowledge in this area and share with staff at their next staff meeting.

Improving care quality in response to complaints or concerns

- A complaints process was in place, so people could raise concerns when needed. We found where concerns were raised they were dealt with as illustrated within the provider's policy. A person said, "I did have to raise concerns about the service when it first started and the manager dealt with the problems promptly and everything is good now".
- Care staff were aware of the complaints process and explained what action they would take if a complaint was told to them. A care staff member said, "I would report any complaint to the office".
- The provider kept a log of all complaints, so trends could be monitored as part of how they improved the quality of the service.

End of life care and support

- The registered manager told us care staff did not receive any training in end of life care and we found from care records that information relating to how people wanted to be supported at the end of their life was not being gathered.
- While the service had no one at the time of the inspection at the end of their life, the registered manager told us they would get staff the relevant training and update their care records, so this information could be gathered in future.

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 the last inspection this key question was rated as Good. At this inspection this key question deteriorated to 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.

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

- The provider used questionnaires to gather views on the service. People and relatives told us they had completed questionnaires, so the provider could use the information gained to improve the quality of the service people received.

Information as to people's preferences were gathered as part of the Equality Act, but the information was limited and not captured in a way that showed how people were being supported in line with their equality needs. For example, people's sexuality was not captured so any preferences could be considered as part of the support they received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Care records did not show how people wanted to be supported at the end of their life as this information was not being gathered.

- Care records were not always clear as the provider had a second business that recruited agency staff and we found care records showing this name. We explained to the provider this could mislead people and was also not the registered provider name. The registered manager assured us they would get all documentations changed immediately to show the correct name.

- We found the Medicines Administration Records (MAR) were not as clear as they could be where people were given more than one tablet at a time. The MAR did not clearly define that all tablets were given. The registered manager told us this would be amended.

- Spot checks and audits were taking place however, we found gaps on MAR which had not been checked since September 2019. The registered manager assured us these medicines were given, as all medicines were given from a blister pack and where they were not given care staff on the next shift would have informed the office.

- The provider's spot checking and auditing process were not effective in identifying these errors and did not identify that supervisors were not having their medicines competency checked to ensure they could support people with their medicines and could check care staff competency accurately to ensure people were supported with their medicines as it was prescribed.

- Medicines given 'as and when' needed did not have in place PRN guidance to ensure consistency between care staff.

- The registered manager was not inducting staff following the requirements of the Care Certificate to ensure all staff understood the minimum standards within the health and social care sector.

- People and care staff, we spoke with told us that spot checks were taking place as supervisors or coordinators from the office were seen carrying them out regularly.
- The registered manager had a clear management structure in place to support people and care staff and communicate with them at a level they could understand.
- Care staff were aware of the whistle blowing policy and could explain its purpose. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found our rating was displayed in the provider's office as they did not have a website.
- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person-centred support. A person said, "Staff do what I want and I could not manage without them".
- Care staff we spoke with told us the service was open and inclusive and the registered manager was very supportive. People told us they were happy with the service.
- A relative said, "The office staff are good and always keep me up to date with any changes. Communication is good".

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

- The service operated in a way that met with the requirements of duty of candour. The registered manager could show they understood the requirements and we saw examples of how people were kept informed about complaints and other actions taken and people and or their relatives were kept informed in an honest and open way.

Continuous learning and improving care and Working in partnership with others

- Care staff had access to training to ensure they had continuous learning and had the skills and knowledge to support people how they wanted.
- The provider worked with agencies as part of ensuring people were supported how they wanted and safely.