

Pride Home Care Limited

Pride 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?

Good 

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 provided to 69 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

The management team completed quality assurance audits. However, they had failed to identify shortfalls in relations to medicines, staff COVID-19 testing, and the system for reviewing accidents and incident. The registered manager took immediate action has confirmed all the actions were completed and suitable arrangements were in place to reduce the risk of harm occurring.

Where the provider had identified shortfalls, they took action to bring about improvement. For example, the provider had recruited additional staff and reducing the amount of care provided. This improved care call visit timing and ensured people could receive their full call times.

The management team sought people's views about the service and acted on their suggestions. People, relatives, and staff made positive comments about the service they received. They said the management team were approachable and responsive.

People told us they felt safe with the staff who provided their care. Staff, including the registered manager, understood their responsibilities under safeguarding. They knew how to report and escalate any concerns. Staff were confident the management team would take any concerns they raised seriously.

People and relatives told us they were happy with the care they received. They described staff as, "Nice," "Lovely," "Kind," and, "Helpful." People's risk assessments and care plans provided guidance for staff about people's needs and preferences. They were reviewed regularly and when required. People were supported to have enough to eat and drink and to manage and maintain their healthcare needs. People were treated with respect and their independence was promoted.

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. People felt involved in decisions about their care.

Staff received training which included key topics such as infection control and health and safety. Staff also had the opportunity to complete training specific to people's needs, for example, Parkinson's Disease and stroke awareness. Staff understood their roles and felt very well supported by the management team.

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

Rating at last inspection (and update)

This service was registered with us on 20 August 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about late and missed care call visits, staff training, medicines management and provider's response to concerns raised. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The registered manager responded immediately during and after the inspection and told us he had taken action to address these issues. They confirmed all the actions were now completed and suitable arrangements were in place to reduce the risk of harm occurring.

Enforcement

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 to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to governance 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector 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.

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

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We received information from the local authority.

During the inspection

We spoke with six people who used the service and nine people's relatives about their experience of the care provided. We also received email feedback from a tenth relative. We also spoke with five care workers, the

registered manager, the branch manager, and the business and quality support manager.

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

After the inspection

The registered manager sent us additional information in relation to medicines management and staff testing for COVID-19.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 were not well managed, and we identified issues of concern during our inspection. For example, we identified that medicines administered from a monitored dosage system were not recorded separately. Therefore, we could not be confident what medicines the person had taken on each occasion. The registered manager had addressed this by the inspection site visit.
- One person's medicines administration record (MAR) contained incorrect directions for staff about the frequency of administration. Staff had ignored this and signed to show they administered the medicine as prescribed. However, this error had not been identified and continued for five months until we identified it. This put the person at risk of receiving the incorrect dose.
- One person's care plan stated the person's family member administered their medicines. However, the relative and staff told us that staff "sometimes" did this. There were no records to show what medicines the staff had administered to the person on these occasions. This was of further concern because the person required their medicines to be hidden in their food.
- The management team audited MAR regularly. However, these audits had not been effective and had not identified the issues we found during this inspection.
- The registered manager took immediate action to address these concerns.
- Staff were trained to manage people's medicines safely. Their competency to do this was checked before they were allowed to do this on their own, and regularly afterwards. This helped to ensure that people received their medicines as prescribed.
- Care plans provided staff with clear guidance on how to administer each person's medicines.

Staffing and recruitment

- Prior to this inspection we received concerns about missed, late, and shortened, care call visits.
- The registered manager told us he recognised late, and shortened, care call visits had been an issue. They had recruited more staff and had reduced the number of hours care was provided each week.
- During this inspection everyone we spoke with said they had received their planned care call visits. However, we received mixed feedback regarding the timeliness of the calls. The six people we spoke with told us staff were usually on time and they were told if staff were running late. One person said, "They are all on time and they will do anything for you." However, three relatives told us their family members call times varied and staff were often very late. One relative said, "There is nothing wrong with the service at all it's just I wish the times were better, they don't sometimes come till 10.30am or later."
- Both people and relatives said they often didn't receive a roster so they didn't know which staff will be visiting them or the time scheduled, so they were unable to plan. One relative said, "I appreciate there can

be people off ...but when [my family member] needs to go to the loo we try and time it so [the staff] are coming but it doesn't always work, if you have got a roster you can have a better idea, if they are very late they generally do ring."

- Two relatives told us their family members had previously experienced shorter care call visits than agreed. However, they said the registered manager had addressed this.
- Staff told us there had been an increase in staff. This meant they had enough time to carry out the planned care, and to travel between care calls. Staff were flexible in their working arrangements and covered care call visits when care workers were on leave. Records showed the trend for call times had improved and the registered manager told us additional staff were being recruited and inducted, which would further improve this.
- All required recruitment checks had been completed prior to care workers working at the service with the exception of exploring gaps in one staff member's employment history. Information obtained included references and criminal record check.

Preventing and controlling infection

- The provider had appropriate procedures for infection prevention and control.
- Staff completed infection control training and received support from the registered manager during the COVID-19 pandemic.
- Care staff confirmed they were provided with sufficient supplies of disposable personal protective equipment (PPE) including gloves, facemasks, and aprons. People confirmed staff wore these in line with current guidance and washed their hands frequently.
- All staff took part in the national COVID-19 testing programme. However, during our inspection the provider could not evidence that all staff had tested each week in line with the guidance. The registered manager told us that as a result he has reminded all staff of this and introduced a more robust management system. We will assess this at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with staff and knew how to escalate concerns if the need arose. One person said, "I do feel safe with [the staff], they are excellent."
- Staff had received safeguarding training. They were confident about how they would report any concerns both internally, to the management team, and externally to other organisations. These included the local safeguarding team, police and CQC. Staff were confident the management team would take any concerns seriously.
- The provider had reported concerns appropriately to the local authority.

Assessing risk, safety monitoring and management

- Risks to people's health, safety, and welfare were identified and assessed. Risk assessments and care plans provided sufficient guidance for staff to follow.
- People and relatives told us that staff were confident when providing care and using equipment to help people move. One relative told us staff were, "[The staff] know what they are doing, and they are very kind to her, they talk to her and take their time with the hoist."
- Care workers told us that when people's needs changed, the management team quickly updated people's risk assessments and care plans. Care workers accessed these on mobile devices so could check this information before they started the care call. This meant staff always had guidance on how to meet people's current needs.

Learning lessons when things go wrong

- The management team acknowledged and responded appropriately when things went wrong. They put

action plans in place to bring about improvement and discussed any lessons learnt with staff. For example, management staff investigated a concern that a staff member had used their mobile phone while providing care. They took appropriate action and reminded all staff of the provider's policy about this.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff assessed each person before providing care to ensure they could meet each person's needs. One person told us, "They came to see me when they started, to write it down." Staff used this information to develop each person's care plan.
- Care plans contained information about people's diverse needs and included any preferences in relation to, for example, culture, religion and diet.
- The provider had recently installed an electronic system for care records. This enabled the management team were able to monitor the service, and staff could receive updates to people's care, in real time. This meant the service could be responsive to people's changing needs.

Staff support: induction, training, skills and experience

- People and their relatives said they felt staff were well trained. One relative told us, "I have met all [the care workers]. They are all well trained."
- Staff were competent, knowledgeable and enthusiastic about working at the service. One staff member, who had worked for other services, told us, "My training was quite good. I did learn a few things."
- Staff were offered additional training to meet people's specific care needs. For example, dementia care, diabetes care, use of oximeters (for monitoring people oxygen levels), and sepsis awareness.
- New staff received training and induction into their roles. Where staff hadn't worked in care before, their training included the Care Certificate. This is a nationally recognised care qualification. New staff shadowed more experienced care workers until they felt confident delivering care alone. One care worker told us how overwhelmed they were when they started providing care. They said they spoke with a member of the management team who "suggested I took a breather and covered the rest of my calls. I've had that [support] in a workplace before."
- Staff were supported both formally through supervision sessions and staff meetings, and more informally, over the telephone and in person. Staff felt very well supported by the registered manager and management team. A staff member told us, "I've had some bad times in the last 18 months. I know if I come into the office they are here to help and support me 100%. It makes a huge difference."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have enough to eat and drink, and to eat healthily. Staff were aware of, and respected, people's dietary needs and preferences. One person was at risk of choking. This was reflected in their care plan with clear guidance for staff to follow. Another person often refused food, but their relative

said staff "persistence has been vital in keeping [my family member] feeling well."

- Staff monitored people's health and supported them to access healthcare when they needed it. A relative told us staff monitored their family member's skin condition and followed the district nurses' advice. Staff told us when they raised concerns about people's healthcare, the management team was responsive and referred people quickly.
- Staff liaised appropriately with healthcare professionals, such as GPs and occupational therapists, and followed their directions and advice. This helped to ensure that people received effective care that maintained their health and wellbeing.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Relatives told us that staff involved people in decisions about their day to day lives. One relative said, "The [staff] are very good, they talk to [my relative] and ask what she wants and get her to decide for herself, which is so good."
- Staff knew how the MCA applied to their work.
- Where people lacked the mental capacity to make certain decisions and had appointed someone to act on their behalf, the registered manager saw the appropriate legal authorisations before allowing other people to make decisions on behalf of the person.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives made positive comments about the way staff treated them. People and relatives described staff as, "Nice," "Lovely," "Kind," and, "Helpful." One person said, "All the carers ... are really nice and helpful, they do everything I need, they bring little presents on birthdays and Christmas, that is so nice."
- People particularly liked that staff were sociable and spent time chatting and laughing with them. One person said, "It's nearly all the same [staff] now, so we have a nice chat."
- A relative told us how appreciative they were of the care staff showed towards them, providing advice and flexibility in the service. They said that caring for their family member had been "a huge learning curve for me ... [and the staff] at Pride Homecare have been a great support to me on this journey."
- Staff told us they would be happy with a family member receiving care at this service. One staff member said, "100% I'd put my full trust in them." They said this was because, "I know that all their needs would be catered for. Any problems are reported back and dealt with."

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

- Staff supported people to make decisions and involved them in their care and daily lives. A relative told us, "I have seen them and I have heard how they talk to her and it's really good." They explained they saw their family member and care worker bringing in washing from the garden, They said the care worker "would take something off the line and say 'do you think this is dry enough to bring in' and they did that for everything, making it her decision which I thought was really clever."
- Staff told us that some people needed extra support to help them make some decisions. They described different strategies to check the person had understood, such as wording the question differently.
- Staff told us they had the time to provide care in caring and compassionate way. However, people did not always know who would be visiting them or at what time. The registered manager told us they were aware of this and were working to improve it. We will assess this at our next inspection.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff treated them with respect. One person said, "The last care company I had were rough and just threw me into bed, but these are kind and patient and we have a laugh, that's so important isn't it?"
- Staff promoted people's independence by encouraging them to do as much as they could for themselves. People's care plans guided staff as to what people could do for themselves, and what they needed support with.

Is the service responsive?

Our findings

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives told us they were involved in writing their care plans. One person told us, "I did have a care plan initially, but they have just re done it with all the changes and it seems to be working alright." Another person's relative said, "We did the care plan together [with the staff]."
- Some relatives told us that since the new electronic care planning was introduced, they hadn't seen their family member's care plan.
- Care plans were personalised and provided sufficient guidance for staff on how each person preferred their needs to be met. Staff told us the management team responded very quickly if people's needs changed, reassessing and updating the person's care plan if necessary.
- People made very positive comments about the care they received. One person told us, "It's all excellent I couldn't praise them enough."
- People and relatives said the service was responsive to the person's changing needs. For example, after a person fell, the service arranged for an extra care call visit each day. The relative told us, "They put that in straight away."

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.

- Staff took the time to communicate with people in a way they understood. However, one relative said staff didn't always support their family member to wear their hearing aid which meant they couldn't hear very well.
- Key document, such as the service user guide, was available in various formats on request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider looked for ways of reducing people's social isolations. They had employed an activities co-ordinator who focused on visiting people who were isolated and had no other visitors.
- Staff used this time in a person-centred way. For example, they arranged for one person's piano to be tuned so they could again play and supported some people to make a personal tribute on Remembrance Day.
- People told us they enjoyed the social interactions with the staff. One relative described the "biggest positive outcome" from their family member receiving the service was that they had become more engaged. They told us, "I'm 100% certain the level of conversation, interaction and happiness the carer's brought to my [family member's] everyday life improved her ability to interact which Alzheimer's was stealing from her."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise their concerns and were confident any concerns or complaints would be dealt with.
- Two relatives told us they had raised staffing concerns with the registered manager, both had been quickly resolved to their satisfaction.
- Complaints had been investigated and the outcome communicated to the complainant, including any actions taken.

End of life care and support

- One relative told us staff were, "Able to help with additional hours of care at short notice and support us as a family as we cared for a dying relative but also helping and guiding us to care for [our family member] when a professional carer wasn't there." Another relative described the staff as, "Very compassionate" and appreciated that staff had attended their family member's funeral.
- The service did not provide specialist end of life care but did continue to care for people at the end of their life as the need arose. They did this with support from external health professionals, such as district nurses, following any guidance they put in place. This ensured staff understood people's wishes, the care they needed, and how to provide this.
- Staff received basic training in end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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

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

- Although the provider had had systems in place that helped ensure that staff delivered a service that met people's needs and kept them safe, these were not always effective. During this inspection we identified shortfalls in medicines management and the oversight of staff testing for COVID-19.
- The registered manager told us there had been six accidents or incidents reported to them since they registered. However, they did not have a system in place to locate these or tell us what had occurred. They told us there had been no accidents or incidents since August 2020.

We found no evidence that people had been harmed. However, systems were either not in place or not robust enough to demonstrate medicines and staff COVID-19 testing were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection and told us he had taken action to address these issues. They confirmed all the actions were now completed and suitable arrangements were in place to reduce the risk of harm occurring. However, we remained concerned that the provider's governance system had not identified these issues.

- Overall, we received very positive comments about the registered manager and management team. One relative told us the registered manager, "Is a wonderful chap." Another relative said, "The care manager is exceptional she is very responsive and responsible."
- Staff also made positive comments about the registered manager and management team. One staff member told us, "[Staff] do really take pride in their jobs. There are the odd carers who aren't in it for the right reasons, it does get addressed. I definitely think [the registered manager] puts his clients first." Another staff member said, "The directors are out doing care just like the rest of us. They know what's going on out there."
- Staff were clear about their roles and knew when and how to raise any concerns. The registered managers provided good leadership to the team. Staff were well supported and held to account for their performance

when required. There was effective communication in place to ensure staff were kept up to date with any changes in people's needs.

- The provider had engaged a consultant to review processes and systems and had implemented their recommendations. This included obtaining telephone feedback from people and bringing staff refresher training up to date.
- The registered manager had notified us of all relevant events in an appropriate timeframe.

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 registered manager and staff were committed to providing person-centred service. This was reflected in the positive comments we received about the service.
- Staff were proud to work for the service and couldn't think of anything that could be improved. One staff member said, "It's a really good company. In my last job I was grumpy all the time, my partner has said he can see a difference in me, I'm much happier now. The care we give is the best."
- The registered manager led by example to create a positive and caring culture. Staff felt very well supported by the senior management team and made positive comments about them. Staff told us they could always contact a senior staff member for advice and support.
- People's records were well organised and stored securely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relative's views on the service were sought formally, through postal and telephone surveys, as well as more informally during day to day contact. However, not all people or relatives could remember receiving a survey to complete. The latest postal survey, carried out in June 2021, had a poor response rate with only 10% of the 108 people responding. Telephone surveys were carried out in July and August 2021 and 22% of the 132 people responded. The registered manager said they were exploring ways of increasing the response rate.
- People and relatives gave positive feedback in the surveys about the service they received. Several people had raised staffing as an area for improvement. In response the provider had employed more staff and implemented an electronic call monitoring system. Records showed that call times had improved. The registered manager told us this would improve further over the following weeks because additional staff were being recruited and inducted.
- Staff had the opportunities to discuss their views on the service formally through supervision and informally on a day to day basis. Staff meetings had not recently taken place due to COVID-19 restrictions. Nevertheless, staff felt very well supported and able to voice their opinions. One staff member who had worked in care for many years told us they thought the provider was, "Excellent. It's a lot better than others. It's the way they treat you, like one of your own... They will listen to you and sort out [any issues] as quickly as possible. About a month ago I had a personal problem and they helped me sort it out."
- The registered manager regularly sent memos and newsletters to staff and people, to thank staff for their work, update their knowledge, and share any news.
- The service's office is sited in the town's main shopping area. Staff told us how this had helped the service be involved in the local community. For example, people using the service were asked for their memories of school and were displayed in the window at the start of the school term.
- The provider also used the office position, social media, and the media, to promote charity events and raise the community's awareness of key issues. These included an office open day with stalls on the green opposite to raise money for a charity, co-ordinating a clothes collection for those in need, and providing information on topics such as Mental Health Aware and Alzheimer's.

Working in partnership with others

- Staff worked in partnership with external healthcare professionals to ensure that people received joined up care.

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>We found no evidence that people had been harmed. However, systems were either not in place or not robust enough to demonstrate medicines, staff COVID-19 testing, and accidents and incidents were effectively managed.</p> <p>Regulation 17 (1)(2)(a) and (b)</p>