

Pringle's Care Services Limited

Pringles Care Services - Central

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pringles Care Services - Central is a domiciliary care agency providing personal care and support to people in their own homes in the London Boroughs of Barnet and Ealing. At the time of the inspection the agency was supporting 28 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

People felt safe and the service met their care and support needs. The provider developed care plans with people and their relatives that set out their likes, care preferences and communication needs.

The provider assessed and planned to risks to people's safety and wellbeing. Staff supported people with their medicines safely. There were systems in place to help protect people from abuse and to investigate and learn when things went wrong.

People were usually visited by the same care workers who they were on time and familiar with their care needs. People and their relatives knew how to raise issues or complaints and could contact the service when they needed to.

Staff received training and regular supervision and felt supported in their roles by the registered manager and office staff. There were recruitment processes in place to help make sure only suitable staff were employed.

There were audit systems in place to monitor the quality of the service and identify when improvements were required. People and staff were asked to give feedback about the service.

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

The last rating for this service was requires improvement (published 24 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focus inspection of this service on 31 March and 1 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pringles Care Services - Central on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pringles Care Services - Central

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was conducted by 1 inspector and 1 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 and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 27 April and ended on 18 May 2023. We visited the location's office on 3 May

2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 3 care staff, a care coordinator and the registered manager. We also spoke with 4 people who used the service, 5 relatives and a professional who had worked with the service recently. We looked at a range of care records, including 5 people's care and risk management plans, 3 staff recruitment files, and a variety of records relating to medicines support and the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our inspection in March 2022 we found risks to people's safety were not always assessed, monitored and managed so they were supported to stay safe. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- There were processes in place to assess and support people to manage risks to their safety and well-being.
- Care and risk management plans recorded various risks to people's well-being such as their medical condition, falls and mobility issues, skin integrity, nutrition and hydration. Plans set out actions to mitigate these risks and the registered manager ensured these were reviewed. There was information for staff about people's health conditions to help them recognise and respond if a person became unwell.
- Risk management plans also considered fire safety and possible environmental hazards in people's homes to promote both theirs and staff safety.
- Staff kept records of handling a person's money when they did shopping for them, which including copies of receipts, when this was part of the person's agreed care. We discussed with the registered manager about making sure these copies were always legible.
- People and relatives told us they felt safe with staff and their care.

Staffing and recruitment

- There were sufficient numbers of staff to keep people safe.
- We received mixed feedback about the management of some care visits' timeliness. People told us their care visits were usually on time while sometimes care staff arrived late. However, some people said the provider did not always inform them if staff were running late. People's comments included, "Sometimes phone to let me know if the carers are running late" and "Sometimes [the care worker] lets me know and sometimes [the care worker] doesn't."
- We saw the provider monitored staff timeliness and recorded and investigated late care visits. These records noted what had happened, such as public transport delays for staff, and actions taken to make sure a person was ok. The provider reinforced punctuality and late care visit reporting procedures with staff at team meetings and supervisions.
- Care coordinators arranged care visits for staff near where they lived where possible to minimise the risk of travel disruptions. Care staff told us they were given enough time to travel between visits, but public transport issues affected this sometimes.

- The provider sought to adapt care visits to suit people's needs when required. A relative told us, "I'll ring the office to ask if they can change the times of the visits and they often can do that even if it's last minute."
- The records of daily care we viewed indicated people were usually visited by the same staff at regular times. This provided people with continuity of care.
- Staff told us they felt supported in their roles. They received regular training, including annual refresher sessions, supervision and competency checks so they could support people appropriately.
- The provider followed appropriate recruitment processes with new staff to make sure they only offered roles to fit and proper applicants. This included establishing their employment history and completing Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The registered manager had systems in place to ensure people took their medicines as prescribed.
- People's care and risk management plans set out their medicines support needs and guidance for staff on how to meet those needs. This included stating food that a person needed to avoid due to the medicines they were prescribed. We saw one person's plan was not always clear on when their relative administered pain-relief medicine to them and not staff. We discussed this with the registered manager and they said they would update the plan.
- Staff noted when they had supported a person to take their prescribed medicines on medicines administration records (MARs) and we saw these had been completed appropriately. The provider conducted monthly MARs audits to check these were completed as required and noted actions taken to address any issues.
- Staff completed training to provide medicines support safely training and the registered manager ensured staff were assessed as competent to do this.

Preventing and controlling infection

- There were appropriate arrangements in place for preventing and controlling infection.
- The provider supplied staff with personal protective equipment (PPE) so they could support people safely. Staff told us they had sufficient supplies of this.
- Staff had completed training on infection prevention and control and using their PPE. The provider checked staff used this appropriately.
- The registered manager had arrangements in place for responding effectively to risks and signs of infection and supporting people or staff in the event of someone becoming ill due to an infection, such as from COVID-19.

Learning lessons when things go wrong

- The provider had a process in place for recording and responding to incidents or accidents.
- Staff recorded what happened, when and the actions taken when incidents occurred, such as when they arrived to find a person had experienced a fall. Staff felt they could report issues and would be listened to.
- Senior staff also completed checklist of possible actions for each incident to help make sure appropriate actions were considered and taken. For example, to check a person's risk assessment was reviewed after a fall and a follow-up welfare call was made to a person to check on their recovery.
- The registered manager audited incidents and accidents on a monthly basis to identify any improvement or lessons learnt for the service. These audits noted the sharing of incidents and learning with relevant others, including people's relatives, professionals such as a GP and Social Services, and CQC.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to protect people from harm and the risk of abuse. There had not been any such concerns since our last inspection.
- Staff and the registered manager understood knew how to recognise and respond to safeguarding concerns and completed training on this. Staff we spoke with felt confident senior staff would listen to any concerns they raised.
- The registered manager promoted staff safeguarding awareness during supervisions and team meetings.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- There was a system in place for recording, handling and learning from complaints.
- People we spoke with had not raised any formal complaints but felt comfortable to raise issues when they needed to. Some told us the provider had responded appropriately to their concern while others felt their issue had not always been dealt with consistently. A relative told us, "I have phoned them to complain about the varying times of the visit and often what happens is that it improves for two or three days and then it goes back to being either early or late." We raised this with the registered manager so they could address this.

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

- People received care and support that met their needs and preferences.
- People's care plans set out personalised information about their support needs and preferences. For example, how they wanted to receive their personal care and their food likes and dislikes. Plans promoted staff treating people with dignity and respect.
- The registered manager had introduced a new 'strengths-based approach' tool staff used when reviewing people's care with them. This enabled a person to identify what they felt was working with their care, what could be changed and what they wanted their care to help them with. For example, the tool had identified it was important to a person to access their garden and tend to their plants, so the provider incorporated staff support from to do this into the person's plan.
- Staff supported people to maintain their independence and take part in activities they wanted. For example, one person's plan described how they wanted staff to prompt them to use each side of their body to help improve their mobility. Another person's plan required staff to prompt them to pray. People's plans set out activities they enjoyed, such as discussions about the news and crossword puzzles.
- People's care plans included information about their ethnicity, religion, sexuality and preferred gender of carer.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to meet their communication needs.
- People's care plans set out if they had communication or sensory needs and how staff should support these. For example, if a person was hard of hearing or wore a hearing aid.
- People and relatives told us care staff spoken with people appropriately. A relative said, "They have really catered for my relative. [The person's] first language is Urdu and they have sent two carers who speak this."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our inspection in March 2022 the provider had not always ensured systems were always either in place or robust enough to demonstrate safety and quality and was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- The registered manager carried out a range of checks to monitor safety and quality and make improvements when needed.
- These checks included unannounced checks on staff at people's homes, telephone monitoring calls to people and their relatives, and care plan reviews. Staff found the checks on their performance helpful and 1 care worker remarked, "It is good to check how you are working, give recommendations on what you need to do, it is the clients who will tell them." There were regular audits of daily care records, medicines support, late care visits and incidents and accidents.
- The registered manager had an improvement plan in place to continue to develop the service. This included introducing the new 'strengths-based approach' tool to improve care plans and increasing the frequency of staff supervisions. The registered manager said they had used supervisions to make sure staff felt supported and to "follow up on training to make sure staff have an understanding" of their learning.
- They had provided training and guidance to staff to provide more accurate and complete records of people's daily care. For example, we saw some daily care records provided personalised and varied information about a person at the time of their visit, the care provided, food and drinks offered to them and how staff supported their choices.

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

- People and relatives were involved in their care.
- However, people we spoke with said they could contact the agency when they needed to, but they were not clear who the registered manager was. Staff used devices to make digital records of daily care, but some people or relatives were not clear if they could also access these. We raised these issues with the registered manager so they could address them.

- The provider listened to and adjusted the service based on people's feedback. A relative told us, "Pringles catered for us regarding Ramadan and they were able to change the time of one of [a person's] visits so they could do their prayers."
- The provider had conducted some customer and staff surveys since our last inspection. The results of these indicated respondents were satisfied with their care service and working for the company.
- The registered manager held monthly team meetings to discuss the running of the service. These included topics such as care visits punctuality, professional boundaries, training, dignity in care and understanding safeguarding.

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

- There was a culture focused on improving the service to help people receive care that met their needs.
- People and relatives spoke mostly positively about their care experiences. People said, "I think they're doing a pretty good job" and "They're all kind and helpful." A relative said of a person's usual care staff, "They cross the t's and dot the i's and I would recommend them very highly."
- Staff said they liked working for the provider, felt supported and could get help when they needed. Some staff spoke about providing compassionate care and one care worker said, "I work as if it is my parents [I'm supporting]."

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 provider had systems in place for responding and apologising to people when things went wrong. For example, a relative told us the provider had said sorry when a care worker who did not know their family member had needed to provide the care.

Working in partnership with others

- The service worked in partnership with other agencies to help people receive joined-up care, such as social workers and healthcare professionals. A professional told us they found the registered manager was easy to contact and would provide helpful information about a person's well-being.