

Mrs Lynda Clarke

Priority Home Care - Head Office

Inspection report

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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

This announced inspection took place between 30 March and 16 April 2015.

Priority Home Care is registered to provide personal care to people living in their own homes. At the time of our inspection, the service provided care and support to approximately 40 people. Some people paid for their care themselves while other people had their care funded by the local authority.

The service had 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.

Summary of findings

At our last inspection of Priority Home Care in March and April 2014 we found the provider was in breach of regulations in relation to staff supervision and appraisal, care records and their quality assurance systems. We asked the provider to take action. Following the inspection the provider sent us an action plan. They told us they would meet the relevant legal requirements by June 2014.

During this inspection we found that the provider had taken action to make improvements. However, we identified a breach of regulation in relation to the recording of people's medicines. You can see what action we told the provider to take at the back of the full version of the report.

Improvements were needed to records about people's medicines. Although people told us they received the support they needed to take their medicines, there was not enough information about people's medicines and creams to ensure they were administered as prescribed.

People felt valued and cared for by staff. They spoke highly of their care workers, describing them as "patient", "very respectful", "cheerful" and "friendly." One person told us, "We're very, very happy. We couldn't wish for better." Another person commented, "They all seem very good people, very friendly...more like friends now." Staff demonstrated a high level of commitment to their work and had built up positive relationships with people they supported. People were viewed as individuals and their diverse needs were respected and met.

People were protected from harm and neglect. Staff responded to concerns about people's welfare and worked in partnership with health and social care professionals to ensure people were safe in their home. Most risks to people's welfare were assessed appropriately and care was planned to meet people's needs.

People received the support they required in a way that suited them. People told us that staff were reliable and provided a flexible service to meet their needs. One person, for example, told us, "They always do their best and are very, very willing. They will stay and help out with extra tasks if needed. I have every confidence in them." There were enough staff to ensure people received their visits.

Managers and staff worked as a team to provide people's care which resulted in staff feeling valued and supported. Staff were enthusiastic about developing their skills and knowledge and were given opportunities to do this through the agency's training programme.

Managers and staff were motivated to improve the service they provided. There were systems in place to monitor the quality of the service and ensure that people were satisfied with the care they received. People were able to influence their care by making suggestions or raising concerns. They had confidence that staff would listen to them and take action.

Summary of findings

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 mostly safe. However, improvements were needed to records about people's medicines and creams to ensure they were administered as prescribed.

Most risks to people's welfare were assessed appropriately and care was planned to meet their needs.

People were protected from harm and neglect because staff responded to concerns about people's welfare and liaised with relevant agencies to keep people safe.

There were enough staff to provide a reliable service and meet people's needs both on a routine basis and in an emergency.

Requires Improvement



Is the service effective?

People received effective care. People told us that staff had the right knowledge and skills to meet their needs.

People's rights were upheld by staff and they were involved in making decisions about their care.

Staff worked in partnership with health care professionals to ensure people's needs were met.

People were given the support they needed to eat and drink.

Good



Is the service caring?

People received compassionate care. People described feeling valued by staff and told us they were respectful, patient and kind.

Staff spoke warmly about the relationships they had formed with people who used the service, telling us they treated people in the way they wanted to be treated themselves. Staff upheld these values by challenging behaviour and practices that fell short of this.

Good



Is the service responsive?

People received care that was responsive to their individual needs.

Staff listened to people and ensured their care was flexible and tailored to their preferences.

People were able to influence the care they received by making suggestions or raising concerns. They had confidence that staff would listen to them and take action.

Good



Summary of findings

Is the service well-led?

The service was well-led. People had confidence in the registered manager to run the service in their best interests. They told us there was always someone they could speak to and felt that the service welcomed their views.

Staff knew what was expected of them and were happy and motivated in their work. They had confidence in the way the service was managed and understood how to provide a quality service.

Good



Priority Home Care - Head Office

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.

This inspection took place between 30 March 2015 and 16 April 2015 and was announced. The provider was given 48 hours' notice because they provide a domiciliary care service. We needed to be sure that someone would be in. The inspection was carried out by one inspector who was accompanied by a second inspector on one day.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed information we held about the service including notifications from the provider relating to people's care and welfare.

During our inspection we spoke with five people who used the service and four people's relatives. We also spoke with the registered manager, seven care staff and three health and social care professionals who had contact with the service. We looked at four people's care records including care plans, risk assessments and information about their medicines. We looked at recruitment records for three care staff, staffing rotas, staff training records and other information about the management of the service.

Is the service safe?

Our findings

Improvements were needed in relation to the recording of medicines to ensure there was enough information about people's medicines and creams and a full, clear record of administration. For example, medicine administration charts did not always state the dosage of medicine that should be administered. There was insufficient information about people's creams and how, where and when they should be applied. Medicine records did not always indicate that medicines had been administered as prescribed or, if not administered, the reason for this. Although people told us they received the support they needed with their medicines, improvements were needed to ensure their records reflected safe practice.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most risks to people's welfare were identified and responded to promptly. Some people who used the service were at risk of falls. Staff were aware of this and care was planned and delivered to meet people's needs in a safe way. For example, one person described how staff ensured they were well supported while moving. They said, "I'm a bit unsteady on my legs still. They understand. They hold my hand all the time I'm going from room to room. I couldn't fault them." Another person had a moving and handling plan in place because they required hoisting in order to transfer safely. They told us they always had two staff to move them, in line with their risk assessment, and they felt safe when staff were supporting them because staff knew what to do and how to use their mobility equipment.

One person who was using the service told us that staff put thickening powder in their water to help them with swallowing on the advice of a health care professional. However, this information had not been included as part of their care plan or risk assessment and it was not evident from daily care records that all staff were following the advice consistently. The registered manager was taking action to address this during our inspection to ensure the person received safe support.

People told us they felt safe using the service. They said they had got to know the care workers who visited them and found them to be friendly and caring. They felt comfortable letting them into their home.

People were protected from abuse. The service had a policy on protecting people from abuse. There were also arrangements in place to ensure all staff received training in safeguarding adults. Staff knew about their responsibilities to report abuse and gave us examples of occasions when they had needed to raise concerns about people's welfare. For example, at the time of our inspection, there were particular concerns about one person's vulnerability in their home. Staff had voiced their concerns to the registered manager who had contacted community health care professionals, the police and the local authority's safeguarding team. A plan was in place to support the person and monitor their well-being which helped promote their safety and welfare.

Staff knew how to report concerns about poor practice and were aware of whistleblowing procedures. We saw an example where staff had alerted the registered manager about a concern which had been followed up promptly. Staff described how they took a pride in their work and felt confident that any poor practice would be reported and managed effectively. For example, one care worker told us, "If one person is providing poor care, it reflects badly on all of us...we have to report it." This helped ensure that safe standards of care were maintained.

There were enough staff to ensure people received safe care. People told us they always received their visits and staff were reliable and generally on time. People also told us that staff stayed for an appropriate length of time to meet their needs and did not rush them. The registered manager told us they always ensured they had enough staff available before taking on new packages of care as they were aware that this was critical to ensure everyone received a service they could rely on. This was echoed by staff who told us they felt there were enough staff to give people the support they required on a daily basis as well as respond to unexpected events. The service had an on-call system which ensured that staff could contact a manager or senior care worker when needed.

People were supported by staff who were recruited safely. The service carried out checks on staff before they started work which included criminal records checks, identity checks and obtaining references in relation to their previous employment. People told us they felt the service selected the right kind of people for the work. For example, one person commented that the care workers were "very nice. [The manager] picks some good girls." Although there

Is the service safe?

were arrangements in place to obtain information about people's employment history, some improvements were needed to ensure that accurate dates of employment were always provided.

Is the service effective?

Our findings

People received care from staff who had suitable knowledge and skills to meet people's needs. Staff received induction training before they started work and there was an ongoing programme of training for staff to develop their skills. Staff confirmed that they received enough training to carry out their roles. For example, one care worker said they had been encouraged to do training in diabetes and dementia as this helped them understand people's needs while another care worker told us they had agreed to go on training about end of life care. A further care worker told us they had recently done refresher training to update their skills. The registered manager showed us a list of courses that staff were able to access and told us that they were liaising with local training providers to identify suitable courses for the staff team. People who used the service, and their relatives, told us they had confidence in staff's ability to meet their needs.

At our last inspection in March 2014 we found that improvements were needed to ensure all staff received regular supervision and their performance was monitored in a robust way. The registered manager sent us an action plan following our inspection telling us what they were doing to meet the regulation. During this inspection, we found improvements had been made and staff were receiving suitable support and supervision which enabled them to provide effective care. Staff told us they had regular contact with the office and felt able to discuss their work. For example, one care worker said, "I had supervision the other day. It's helpful and makes you think a little bit about the way you're working." Another care worker said, "They're brilliant. If I ever have any problems, they sort it out." We saw that, where there had been concerns about a person's work, the registered manager had taken immediate action to monitor their performance. This helped ensure appropriate standards were maintained.

The registered manager told us they attended regular domiciliary care providers' liaison meetings which were hosted by the local authority. This gave them a forum to discuss practice issues with other care providers and learn about developments in the sector. The registered manager also told us they also read the newsletters sent to them by the Care Quality Commission which enabled them to keep up to date with changes in legislation.

The Mental Capacity Act (2005) provides the legal framework for acting and making decisions on behalf of individuals who have been assessed as lacking mental capacity to make specific decisions. The registered manager was aware of the Act and told us how they ensured people were involved in planning their care. They also described how they consulted with health and social care professionals and people's relatives when making decisions in people's best interests. People who used the service and care professionals confirmed this. They told us there was good communication with the agency when decisions needed to be made about people's welfare. For example, where people had capacity to make decisions, people told us that staff always checked things with them and sought their consent. Where a person was deemed not to have capacity, a care professional confirmed that staff had understood their responsibilities and ensured decisions were made following appropriate procedures.

Staff understood how the principles of the Mental Capacity Act (2005) applied to their work. They were aware, for example, that people had the right to make decisions about their care, such as declining to take their medicines, even if those decisions seemed unwise. However, they also understood this posed potential risks to people and appropriate advice should be sought.

People were given support to eat and drink. Information about people's nutritional needs was recorded in their care plan. We spoke with one person who needed staff to prepare food and drink for them. They told us that staff would offer them a choice of meals each day and encourage them to drink, topping up their flask during each visit. Records also showed that staff had identified where people appeared to have lost weight and required more support with eating and drinking. This helped ensure that people's risk of malnutrition was minimised.

People's health care needs were identified and met. There was good communication between staff, the registered manager and health and social care professionals which helped ensure a timely response to people's health care needs. For example, the service contacted people's GPs where they had concerns about people's health and there was regular communication with community nurses in relation to people's welfare. Where people were experiencing mobility difficulties we saw that assessments had been requested from occupational therapists to

Is the service effective?

ensure they had the right equipment and support. Staff had also contacted the emergency services on people's behalf when they were unwell to ensure they received prompt treatment.

Comments from health and social care professionals indicated that the service worked in partnership with them to meet people's needs. For example, one care professional said, "They communicate well and we seem to work well

together. They are helpful, respectful and responsive." Another care professional told us, Excellent. Can't fault them. They are...very proactive. They phone the doctor themselves, arrange district nurses and report to the social worker. I've got confidence in them." People who used the service confirmed that staff had liaised with health care professionals on their behalf when this was required.

Is the service caring?

Our findings

People were treated with kindness and compassion. People spoke highly of their care workers and described how they had built up positive and trusting relationships with them. For example, one person told us, “The girls are marvellous. They make me laugh all the time. Very cheerful girls...we have a lovely time. I look forward to them coming. I’ve never had one that didn’t care.” Another person commented, “They are very friendly. I get on so well with them. I class them as friends.”

Staff were able to describe how they promoted compassionate care by focusing on the person themselves rather than their age, condition or disability. They were also aware that people may have no other social contact and therefore it was important to make each visit matter. For example, one care worker described how they had recently visited a person who usually required help with preparing lunch but, on their arrival, they had already prepared a sandwich for themselves. The care worker had used the spare time to support them in going into their garden to water their plants as they knew they loved their garden but did not venture into the garden alone for fear of falling. The person had been very pleased and said, “I can’t remember the last time I did this!”

Another care worker told us how they had recently visited a person who was unwell. They described how they, and a colleague, had called for medical help and stayed with the person for three hours to provide them with reassurance. They told us they would not have left them because they were upset and needed support to keep calm until help arrived. They spoke about the person with great affection, telling us how much they enjoyed caring for them: “They become like family.”

A person who used the service told us that they had previously had an exciting career and enjoyed telling their care workers about their life. They described how their care workers enjoyed listening to them and how this made them feel valued. They said, “The carers say I’m such an interesting man to talk to – there’s nothing like having a

good chat!” Staff were aware how much their time and company meant to people and described how they gave people opportunities to talk which helped create positive and warm relationships.

People’s views were respected and staff involved them in making decisions about their care. For example, people described how they had reached agreements with staff about how they liked their care delivered. One person said, “I feel I can talk to them”, while another person told us how staff had learned to carry out their care the way they liked it. Staff told us that the communication among the staff team was very good which meant that, if a person had told one member of staff how they liked things done, this information was shared promptly. This meant that everyone was working in the same way to meet people’s preferences.

People were treated with dignity and respect. All the people we spoke with told us their care workers were respectful in the way they carried out their care and promoted their privacy and dignity. They told us that care workers explained what they were going to do and were sensitive to their needs. For example, one person described how, in the beginning, they had felt a little anxious about receiving personal care from care workers but had overcome this because their care workers made them feel comfortable. They told us, “It’s lovely the way they speak and treat us. I’m not a bit embarrassed. They create a pleasant atmosphere.”

A person’s relative said, “They treat [person’s name] with respect...no doubt about that.” They told us their relative could sometimes be uncooperative because of their dementia but staff remained patient, positive and cheerful at all times, never making an issue about any difficulties. They valued this enormously.

Staff spoke warmly about the relationships they had formed with people who used the service, telling us they treated people in the way they wanted to be treated themselves. They were observed to challenge any practice that fell short of this.

Is the service responsive?

Our findings

People's care was planned and delivered in a way that was tailored to their needs and preferences. People had care plans in their home which gave staff information about the support they required and other information about their life such as their previous occupation, family and friends. People who used the service confirmed this, telling us that staff understood their needs and demonstrated good attention to detail. Staff confirmed they were able to access information about people's needs although some staff commented that it would be helpful if they always had this information before they visited people for the first time to ensure they were fully prepared.

People received a flexible service and staff adjusted people's care depending on their needs that day. For example, a person who used the service told us they sometimes experienced pain due to a long-term health condition. They told us that staff understood this and were flexible in the way they carried out their care: "They got me a cup of tea and toast. My creams are important so they did that and they left me a sandwich. I didn't have a wash because I didn't want that. I was able to stay put until the pain went away." They described how this approach had worked well and had ensured they recovered quickly.

Arrangements were in place to support people with different health needs. One relative, for example, told us their family member needed a stable routine to reduce confusion and anxiety because of their dementia. They described how the service understood this and ensured they received continuity of care from two care workers at regular times. They told us, "We've got a routine and it seems to be working well." A health and social care professional described how the service had been particularly skilled at working with a person who had complex mental health needs. They told us the service had recognised that having a core team of care workers was important and had put this in place to ensure the person was well-supported. They said that, in their experience, the service "went above and beyond the call of duty" in understanding people's different situations, lifestyles and needs.

Staff described how they did not just follow a care plan of personal care tasks when they visited people but looked at each person as a whole. They told us that, by doing this, they were able to identify other issues which were

impacting on people's health and well-being such as social isolation or risks within their home environment. We saw, for example, that staff had noted where people's needs had increased and made changes to their care plan to ensure they received more support. Staff had also identified that one person had lost their confidence and stopped going out after a fall. They took action to liaise with the local authority and put a care package in place to support them in accessing the community again. A care worker told us, "It goes beyond the time you are in there because you are dealing with people...we're not just going in there and doing a task." This personalised approach to care helped ensure that people's physical, emotional and social needs were met.

Staff told us they worked as a team to promote a responsive service. They said they had each other's telephone numbers which meant they could message or call each other with updates about people's care. For example, one care worker told us that if they noted a person was running out of bread or milk, they would contact the care worker who was scheduled to visit later that day to ask them to replenish the supplies. They also told us they were able to get support from their colleagues in an emergency, or if they were delayed, which ensured people received the care they needed.

Health and social care professionals confirmed that the service was responsive to people's needs. They told us that care workers had responded promptly when called to support an ambulance crew with a person's mobility needs which ensured their safe and efficient transfer to hospital. They had also supported a person by collecting belongings on their behalf when they were admitted to a residential care home which helped them settle into their new environment.

The service had a complaints procedure which had been distributed to people in their homes. People told us they knew how to complain if they needed to and would have no hesitation in speaking with staff or managers about any concerns.

Although people told us they had not needed to make a formal complaint about the service, some people said they had previously discussed concerns with the registered manager who had taken action to address them. For example, one person told us they had raised concerns about their visit times as these had been irregular when they had started to use the service. They told us, "That's all

Is the service responsive?

sorted now. Times are much better now.” A relative told us, “When I raise issues, they are very responsive. They accept suggestions from me so there is a good working relationship with them. I did raise a concern once regarding times and consistency. I complained. It’s been sorted.” A

further person told us there had been a concern about their catheter on one occasion but, as soon as they had raised it, staff had “sorted it out as quick as a flash.” The service’s prompt and efficient response to concerns helped ensure that people felt listened to and taken seriously.

Is the service well-led?

Our findings

The service was well-led. People who used the service, their relatives, staff and care professionals all spoke positively about the service, describing an ethos of respect and compassion for people in addition to proactive and effective support.

There was a clear management structure within the service. The agency had a registered manager who was supported by a small team of senior staff. Staff understood their roles and responsibilities and there were positive working relationships between staff at all levels. For example, one care worker said, “I have weekly contact [with the office] about any issues or problems...they are always there to listen to us.” Another care worker said, “Communication is really good [with senior staff], open and friendly. They do the care themselves as well, they know the clients...and know how to care for them. They know exactly what you are talking about.” We observed a staff meeting and saw there was an open and relaxed atmosphere between the registered manager and staff based on a shared understanding of the service they provided.

People who used the service and health and social care professionals told us the registered manager and senior staff were accessible to them. They were able to get hold of a member of the team when they needed to speak with someone and found them helpful and responsive to their queries. A relative of a person who used the service told us, “I don’t have a problem finding someone to communicate with. I feel I can talk to them. [There is] two-way communication.” People expressed confidence in the registered manager’s ability to run the service in people’s best interests.

People were able to influence the service they received. The agency carried out surveys of people’s satisfaction with

their care twice a year and took action in response to their comments. For example, results from the last survey in September 2014, indicated that improvements could be made in ensuring people were always kept informed about changes to their service. Following the survey, the agency wrote to people to tell them about the action they were taking to improve communication. People who used the service confirmed they were asked for their opinion about the service and felt the agency listened to their feedback.

Checks were carried out by senior staff to ensure suitable standards of care were maintained. For example, we saw checks were being carried out on records in people’s homes to ensure there was relevant information about their care. Observations of staff practice were also carried out to ensure the agency’s procedures were followed and people’s needs were met. During our inspection, we observed the registered manager speaking with staff about safe procedures to promote their awareness of good practice. Records also showed that specific concerns were discussed with staff individually. Staff told us they were clear about what was expected of them. They felt supported by their managers to achieve good standards of care and felt motivated to look for ways of continually improving the service.

The provider’s vision for the service was set out in their Statement of Purpose. This consisted of a set of principles which included a focus on service users, high quality care and co-operating with other services. The Statement of Purpose also set out people’s rights to privacy, dignity, independence, security, choice and community participation on which the service was based. The feedback we received from people who used the service, care professionals and staff indicated that the service lived out these values by promoting a personalised, holistic approach to people’s care and a respect for people’s diverse needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was not enough information about the administration of people's medicines and creams to ensure medicines were always given as prescribed. Regulation 12(2)(g)</p>