

Prioritising People's Lives Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 5 and 11 April 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection. The service was previously inspected in March and April 2016 and was rated good.

Prioritising People's Lives Ltd is a domiciliary care service that provides personal care to older people and people with learning and physical disabilities within their own home. It is based in Stockton-on-Tees and provides care and support to people in the Teesside area. At the time of the inspection 23 people received personal care from the service.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident was subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of the service. This inspection examined those risks.

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.

The registered provider's recruitment process did not always check to ensure staff were suitable to work in a care service as Disclosure and Barring Service (DBS) checks were not always carried out. Staff received a wide range of training, but training records were unclear and ineffective at monitoring this. People's care plans did not always contain detail about the support they wanted or needed. The registered manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service, but these were not always effective at identifying or resolving issues. CQC had not always received required notifications from the service.

Procedures were in place to safeguard people from abuse. People's medicines were managed safely, and people told us they were supported to access their medicines when needed. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Procedures were in place to monitor and respond to accidents and incidents. Plans were in place to provide a continuity of care to people in emergency situations. People told us they were supported by a stable staffing team who were usually on time. The registered manager said they continuously monitored staffing levels and people's levels of dependency to ensure enough staff were employed to support them.

Staff we spoke with said they did receive training and that it was useful in equipping them with the skills

needed to support people effectively. Staff were supported through regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 (MCA) were protected. People were supported with food and nutrition and to access external professionals to maintain and promote their health.

People spoke positively about the support they received from the service, describing staff as kind and caring. Relatives also spoke positively about staff at the service and the support they provided. Staff we spoke with were enthusiastic about their roles and said they enjoyed getting to know the people they supported. Staff were knowledgeable about the people they supported and were able to tell us about their interests, families and people liked to be supported. The service had received a number of written compliments about the care and support provided by staff. People were supported to access advocacy services where required.

Staff we spoke with said they had all of the information they needed to support people effectively. There was a complaints policy in place, and people were made aware of this when they started using the service.

Staff spoke positively about the culture and values of the service. People and their relatives also spoke positively about the management of the service.

We found three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to recruitment checks, submitting required notifications and good governance. Detail on the action we took is contained in the main body of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Recruitment process did not always check to ensure staff were suitable to work in a care service.

Risks to people were assessed and remedial action taken.

People were supported to access their medicines.

Staff understood the safeguarding issues and felt confident to raise any concerns they had.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received a wide range of training, but training records were unclear and ineffective at monitoring this.

Staff were supported through regular supervisions and appraisals.

People's rights under the Mental Capacity Act 2005 were protected.

People were supported to access external professionals to maintain and promote their health.

Is the service caring?

Good ●

The service was caring.

People and their relatives said that staff were kind and caring.

The service had received a number of written compliments about the care and support provided by staff.

Procedures were in place to support people to access advocacy services.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care plans did not always contain detail about the support they wanted or needed.

Procedures were in place to respond to people's complaints.

Is the service well-led?

The service was not always well-led.

Quality assurance processes were not always effective at identifying or resolving issues.

CQC had not always received required notifications from the service.

Staff spoke positively about the culture and values of the service.

Requires Improvement 

Prioritising People's Lives Ltd

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 registered 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 on 5 and 11 April 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office to assist with the inspection.

The inspection team consisted of one adult social care 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

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Prioritising People's Lives Ltd. We received feedback from commissioners who worked with the service, details of which can be found in the main body of this report.

During the inspection we spoke with nine people who used the service. We spoke with seven relatives of people using the service. We looked at three care plans, medicine administration records (MARs) and handover sheets. We spoke with seven members of staff, including the registered manager, the registered provider and care staff. We looked at 11 staff files, which included recruitment and training records. We also

reviewed records relating to the day to day running of the service.

Is the service safe?

Our findings

The registered provider's recruitment process did not always check to ensure staff were suitable to work in a care service.

Applicants for jobs were required to complete an application form setting out their employment history and whether they had any criminal convictions, cautions or reprimands. References were sought and proof of identity checked. However, we saw that two members of staff had been employed without a current Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults. A DBS check for one of the staff members was currently underway, but this did not start until after they were employed. The other member of staff was currently on leave but we saw they had supported people with personal care without a current DBS check having been carried out.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In response we issued a Warning Notice requiring the provider to be compliant with this regulation by 19 May 2017.

Procedures were in place to safeguard people from abuse. There was a safeguarding policy in place and staff had a good working knowledge of safeguarding issues and told us they would be confident to raise any concerns they had. One member of staff we spoke with said, "We all look out for abuse. I would always call the office about it." Another member of staff told us, "I would happily raise any concerns or whistle blow." Whistle blowing is when a member of staff tells someone they have concerns about the service they work for. Records confirmed that where issues had been raised they had been investigated, though we noted we had not received a required notification about one safeguarding issue. This is dealt with in the well-led section of this report.

People told us they felt safe and comfortable with the staff who supported them. One person we spoke with said, "We are very happy and safe." Another said, "I do feel safe." A relative we spoke with told us, "We have no issues about safety."

People's medicines were managed safely, and people told us they were supported to access their medicines when needed. People's medicine support needs were documented in their care records, including the level of support needed, which medicines taken and how medicines such as topical creams should be applied. People receiving medicine support also had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. MARs we reviewed had been appropriately completed. MARs were checked for errors on a monthly basis, and where issues were identified, records showed remedial action was taken. For example, one member of staff who had incorrectly completed a MAR was required to attend a supervision to discuss medicine procedures. Details of people's 'as and when required' (PRN) medicines were recorded to ensure staff had the information needed to support people with these.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Before people started to use the service their support needs were assessed in a number of areas, including medicines, moving and transferring and personal safety. Where a risk was identified, a plan was put in place to help staff keep the person safe. For example, one person was identified as being at risk of falling when moving and their care plan contained guidance for staff on equipment to be used to help them move safely. Though the service was not responsible for people's accommodation, a risk assessment was also carried out of people's homes to see if any improvements could be made to help keep them safe (for example, by removing trip hazards). Assessments were regularly reviewed to ensure they reflected people's current level of risk.

Procedures were in place to monitor and respond to accidents and incidents. At the time of our inspection two incidents were under investigation by the service and external agencies, including the police. The registered manager said they would monitor any trends from accidents and incidents that were reported to see if improvements could be made to help keep people safe.

Plans were in place to provide a continuity of care to people in emergency situations. This covered a range of emergency scenarios that could disrupt the service and guidance to staff on how to respond. The registered provider told us about a recent example of where this had been successfully used.

People told us they were supported by a stable staffing team who were usually on time. One person told us, "I had different ones [staff members] in the past, now I have one regular care worker." Another person we spoke with said, "I have a team of 3 care workers who are very good." Another person told us, "[Staff are] always on time." A relative we spoke with said, "Most of the time [staff are] on time. Odd occasion where they have been late due to traffic."

The registered manager said they continuously monitored staffing levels and people's levels of dependency to ensure enough staff were employed to support them. The registered manager also said they would not accept new care packages if they did not have sufficient staff to work on them. During the inspection we saw the registered manager speaking with commissioners of services and decline work due to not having staff available. One commissioner we spoke with said, "They do turn down packages if they haven't got staff with the training to do it." Absences through sickness and holiday were covered by staff working extra shifts. Staff we spoke with said there were enough staff at the service to support people safely. One member of staff said, "I'd say we have enough staff. We have decent staff cover. Sickness and holiday gets covered. We all cover each other." Another member of staff told us, "We have enough time to do our rota."

Is the service effective?

Our findings

Staff received a wide range of training, but training records were unclear and ineffective at monitoring this.

The registered provider told us mandatory training was completed in areas including health and safety, medication awareness, infection control, food hygiene, safeguarding, equality and diversity and first aid awareness. Mandatory training is training and updates the registered provider thinks is necessary to support people safely and effectively. The registered provider was a qualified trainer and carried out most mandatory training, but an external training company was also used if the registered provider did not have capacity to complete training.

The registered provider used a chart to monitor and plan staff training. When we looked at this chart we saw that not all staff had completed mandatory training. For example, one member of staff who had been employed since July 2016 had not completed training in fire safety or food hygiene. The registered provider said much of this training would have been covered by staff reading the health and safety policy. This meant the registered provider did not have processes in place to ensure staff had completed training the registered provider had deemed mandatory.

Another member of staff who had been employed since November 2016 had completed only four of the 12 areas of mandatory training the registered provider said staff were required to complete. The registered provider said the member of staff had been sent policies to read in those areas but had not completed them. When speaking with staff about training, their recollection of when it had taken place did not match dates recorded on the training chart. This meant the registered provider did not have processes in place to determine what training had been completed.

We asked the registered provider about the induction process for new staff. The registered provider said, "Everyone has our mandatory training when they start. They all do it, regardless of experience." Some staff files we looked at indicated that all induction training had been completed on one day. We asked the registered provider if staff would be expected to cover all induction training in a single day. The registered provider said the dates on some certificates in staff files must be incorrect as staff would not complete all of their training in one day. The registered provider said the training chart was not up to date, and twice during our inspection contacted the external training company to ask what training had been completed. This meant the registered provider did not have systems in place to effectively plan and monitor staff training.

Staff we spoke with said they did receive training and that it was useful in equipping them with the skills needed to support people effectively. One member of staff said, "It's good training." Another member of staff told us a person they supported had a specific support need and that training had been arranged in that area. We also saw that staff had received training from external professionals in stoma care. People also told us they thought staff had the training they needed to support them effectively. One person said, "I had issues in the past about training. This has now been resolved." Another person said, "We have no issues about training. They know what they are doing." Our judgment was that staff received training but that the registered provider did not have systems in place to effectively plan and monitor staff training.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of meetings we looked at confirmed staff were encouraged to raise issues and to discuss any support needs they had. Staff we spoke with said they found supervisions useful. One member of staff said, "They ask us if we need help."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. At the time of our inspection everyone who was receiving personal care had capacity to make their own decisions and no one was subject to any Court of Protection orders of Lasting Powers of Attorney. The registered manager was able to explain how the service would work with other professionals to arrange mental capacity assessments should these be needed. Staff we spoke with had a good working knowledge of the principles of the MCA and the importance of gaining people's consent before delivering support.

Some people received support with their food and nutrition as part of their care package. Where this was the case, details of people's support needs were recorded in their care records and people told us they received the support with food and drink that they wanted. One person told us that previously staff had not known how to cook the meals they enjoyed. The person spoke with the registered manager about this and the staff were changed. Another person we spoke with said, "My food is prepared right. The care worker really does her best."

People were supported to access external professionals to maintain and promote their health. Where people had other professionals supporting them, for example GPs or occupational therapists, details of this were recorded in their care records. We saw records of review meetings held involving the service and people and their social workers. This meant the service helped people to access other healthcare professionals involved in their care.

Is the service caring?

Our findings

People spoke positively about the support they received from the service, describing staff as kind and caring. One person we spoke with told us, "I am very happy with the care I receive from the care workers." Another person told us, "My care worker is excellent." A third person told us, "They are lovely (staff)." A fourth person told us, "They (staff) are very, very good."

Relatives also spoke positively about staff at the service and the support they provided. One relative told us, "[Named member of staff] is excellent. Really caring." Another relative said, "We are happy with staff. They are absolutely brilliant." A third relative said, "Definitely great staff." A fourth relative told us, "Whatever [named person] needs they gets from caring staff."

Staff we spoke with were enthusiastic about their roles and said they enjoyed getting to know the people they supported. One member of staff told us, "I love my clients. It is an excellent job. We all treat them like family." However, staff also told us they were professional when providing support and treated people with dignity and respect. People we spoke with confirmed this.

Staff were knowledgeable about the people they supported and were able to tell us about their interests, families and how they liked to be supported. During the course of the inspection a person who uses the service visited the office to discuss changes to their support package. We saw staff having a friendly but professional conversation with them, which included sharing jokes and discussing their family.

Some people who used the service did not speak English as a first language. Where this was the case they were supported by staff who spoke their language to help ensure they could communicate effectively. One person we spoke with said, "We are extremely happy. (Staff) are very caring and can understand our language. Very, very good." A relative we spoke with told us, "We have a care worker for [named person] who speaks the same language- this makes a big difference to [named person]."

The service had received six written compliments about the care and support provided by staff. These were stored and shared with staff. One compliment we saw read, 'I felt I had to write to that you for sorting out [named person's] problems.' Another compliment read, 'Thanking staff for all of their kind support across the years.' Another compliment to staff read, 'I just wanted to say thank you to you and your team for the help and support you gave to [named person]. He was treated with dignity and respect.'

At the time of the inspection one person was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us about the procedures in place to support people to access advocacy services.

Is the service responsive?

Our findings

We saw that not all people's care plans contained detail on the support they wanted or needed. For example, one person had been assessed as being high dependency for pressure sore care. Their care plan stated, 'carers to monitor skin' but did not contain any information to staff on how this should be done, how regularly and where information should be recorded. Later in the same care plan there was an entry reading, 'I don't suffer with pressure sores or any skin ailments.' We asked the registered provider about this, who said staff would know what to look for when supporting the person and that they were not at risk of pressure sores despite what was recorded in the care plan.

For another person, their care plan stated that they did not have mental capacity but elsewhere said they could make decisions for themselves. The same person's dependency assessments also recorded, 'low', 'medium' and 'high' in all areas. We asked about this and the registered manager said the person did have mental capacity to make their own decisions. The registered provider said, "I obviously haven't amended the (dependency) template properly" and updated this during our inspection.

Staff we spoke with said they had all of the information they needed to support people effectively. Our judgment was that people did receive the support they needed and wanted but that their care plans were not always accurate, complete and up-to-date.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received the support they needed in a way that reflected their preferences. When we asked people if they received the support they wanted, one person told us, "Oh yes. Wonderful." Another person we spoke with said staff who supported them were, "Very helpful indeed." People we spoke with said staff provided the support they wanted. A relative we spoke with told us, "(Staff) always do what we want."

Before people started using the service their support needs were assessed in a number of areas, including medicines, communication, personal care and mobility. Where a support need was identified a care plan was developed setting out how it could be met. Some care plans we looked at contained person-centred information on people's support needs. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. For example, one person had a care plan in place setting out how they wanted to be supported with showering and how staff could help maintain their skin integrity. However, not all care plans we looked at contained person-centred information.

There was a complaints policy in place, and people were made aware of this when they started using the service. People told us they knew how to complain and would be confident to do so if any issues arose. One person we spoke with gave us an example of a complaint they had raised with the registered manager, and said the issue had been dealt with immediately. Relatives we spoke with also said they knew how to raise complaints and that action would be taken as a result. One relative told us about an issue they had raised with the registered manager about a person's care and said it had been very quickly resolved and the issue

had not been repeated. Another relative we spoke with told us, "We have no issues. No need to make a complaint." This meant policies and procedures were in place to respond to people's complaints.

Is the service well-led?

Our findings

The registered manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service, but these were not always effective at identifying or resolving issues. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Checks carried out included audits of care plans and medicine records and feedback about surveys of staff and people who used the service every three months.

The registered provider's quality assurance processes had not identified the issues we found with recruitment checks and training records during the inspection. The registered provider's quality assurance checks had also not identified that care plans were not always accurate, complete and up-to-date. The registered provider and registered manager were responsible for recruitment and training, previously assisted by a deputy manager who had recently left the service. However, the registered provider and registered manager did not carry out their own checks in these areas.

We received feedback from commissioners of the service during our inspection. This included details of a contract monitoring visit carried out in February 2017, where issues had also been identified with recruitment and training records. An action plan had been issued to the registered provider requiring remedial action including ensuring the training chart was accurate by 24 February 2017. The training chart was still not accurate by the time of our inspection. This meant the registered provider did not always work effectively with other agencies in making improvements to the service.

The registered manager and provider were not always effective at responding to issues raised in feedback from surveys. For example, in the January 2017 staff survey, one member of staff said they would like to complete a first aid course. We asked the registered provider if this had been arranged. They said the member of staff had completed first aid training, but when they checked the training chart saw this was not the case so contacted an external training provider to arrange this. We asked the registered manager how the results of the surveys were used. The registered manager said, "The procedure for responding to the survey is that one of us will flick through it to see if there are any issues. To be honest it is whoever picks up the post." This meant feedback surveys were not always effectively used to monitor and improve standards at the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. A safeguarding incident had taken place in January 2017 that CQC had not been notified of. This meant we could not check that appropriate action had been taken.

We have written to the registered provider separately about this breach of the Care Quality Commission

(Registration) Regulations 2009.

Staff spoke positively about the culture and values of the service. One member of staff said, "It's a good, helpful company. If I'm stuck they [the registered provider and registered manager] always help us out." Another said, "[The registered manager] is supportive." People and their relatives also spoke positively about the management of the service. One person we spoke with said, "I am so happy with management. The registered manager comes to see me. They keep in touch with me." When we asked a relative about the management of the service they said, "Very good. They always keep in touch with us."

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>Training records were unclear and ineffective at monitoring staff training. People's care plans did not always contain detail on the support they wanted or needed. Quality assurance checks were not always effective at identifying or resolving issues. Regulation 17(2)(c), (d) and (f).</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents A safeguarding incident had taken place in January 2017 that CQC had not been notified of. Regulation 18(2)(e) and (f).

The enforcement action we took:

We issued a fixed penalty notice in relation to this breach. This was paid by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider's recruitment process did not always check to ensure staff were suitable to work in a care service. Regulation 19(2).

The enforcement action we took:

We issued a Warning Notice requiring the provider to be compliant with this regulation by 19 May 2017.