Prioritising People's Lives Ltd

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Inspection report

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Date of inspection visit:
05 December 2018

Date of publication:
15 January 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Prioritising People's Lives Ltd on 5 December 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people, people with learning and physical disabilities and people who have mental health conditions.

Not everyone using Prioritising People's Lives Ltd receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 75 people who used the service and 63 people were in receipt of the regulated activity personal care.

At our last inspection in August 2017 we rated the service as requires improvement. This was because we found systems and processes for the administration of medicines was not always safe, risk assessments relating to health and safety for people were not always completed, care plans were not sufficiently detailed or updated in a timely manner and quality monitoring processes were ineffective. We asked the provider to make improvements. At this inspection in December 2018 we found the provider had acted and improvements had been made. We rated the service as good.

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.

People received safe care. Systems were in place to ensure people received their medicine safely and as prescribed. Staff had completed safeguarding training and they knew how to manage risks associated with people's care. Risk management plans provided staff with the information they needed to keep people as safe as possible.

Staff were recruited safely, and enough staff were employed to meet people's needs. People's care and support was provided by consistent workers at the times people expected for the correct length of time.

New staff received an induction when they started work at the service. People told us staff had the skills needed to support them effectively. Staff were supported with regular training, supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. However,

decision specific mental capacity assessments or best interest decisions were not formally recorded. We pointed this out to the registered manager who told us they would take immediate action to address this. After the inspection the registered manager sent us some mental capacity assessments as confirmation that this work had commenced.

Some people received support with their food and nutrition. Where this was the case their nutritional needs and preferences were recorded in their care records. The service worked with external professionals to maintain and promote people's health and wellbeing.

People and their relatives spoke positively about the care they received and told us staff treated people with dignity and respect. Staff helped people to maintain their independence. Policies and procedures were in place to arrange advocates for people should this be needed.

People told us they received personalised care based on their assessed needs and preferences. Care plans were reviewed regularly to ensure they reflected people's current support needs and preferences. Procedures were in place to investigate and respond to complaints.

Staff spoke positively about the culture and values of the service and spoke positively about the registered manager. The registered manager and senior staff carried out quality assurance checks to monitor and improve standards at the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications.

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.

Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

There were arrangements in place to ensure people received medicines in a safe way.

People told us the service they received was reliable and their care and support was provided by regular care staff. Good recruitment procedures were in place to help ensure suitable staff were recruited and people were safe

Is the service effective?

Good

The service was effective.

Staff acted in the best interest of people they supported. However, MCA assessments and best interest decisions were not formally recorded.

Staff had undertaken induction and training including specialised training specific to a person. Staff were provided with regular supervisions, appraisals and ongoing support.

People received support with their food and nutrition. The registered manager and staff worked with other healthcare professionals to support people.

Is the service caring?

Good

The service was caring.

People told us they were well cared for and treated in a kind and compassionate way.

People were treated with respect and their independence, privacy and dignity were promoted.

Staff were knowledgeable about the support people required and about how they wanted their care to be provided.

People had access to advocacy services. This enabled others to speak up on their behalf.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people.

People received a flexible service to ensure their needs were met.

People and relatives were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good

The service was well led.

People received a reliable, well organised service and expressed satisfaction with the standard of their care.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

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 provider was 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 December 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us.

The inspection team consisted of two adult social care inspectors 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. The expert by experience contacted people and relatives by telephone to seek their views on the care and service provided.

Before the inspection we reviewed the 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 commissioners and other professionals who worked with the service to gain their views of the care provided by using Prioritising People's Lives Ltd.

The provider had completed 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 improvements they plan to make. We used this information to help plan for the inspection.

The registered manager sent us a list of people who used the service before our inspection. We contacted

people via telephone and spoke with 14 people, some of whom were relatives of the person being cared for. We looked at three care plans, medicine records, five staff files, staff training records, and records associated with the provider's quality monitoring systems to see how the service operated.

During the inspection we spoke with the provider, registered manager, two care co-ordinators, two field care supervisors and four care staff.

Good

Is the service safe?

Our findings

During our inspection in August 2017 we found concerns in relation to the safe care and treatment of people who used the service. We found processes and systems for the management of medicines were not always safe. Care plans had not always been updated in a timely manner when changes in medicines had been made. The medication administration records (MARs) only listed the name of the drug and not the strength, dose or any specific instructions such as to take before or with food. We found where people were prescribed topical creams or lotions, there was not always specific guidance on where to apply them. Where people were prescribed medicines 'when required' (PRN), there was no guidance on how to administer these medicines. For example, the time interval between doses, maximum doses in 24 hours and the reason for administration, when the medication should be given.

At this inspection we found the provider and registered manager had worked hard to address this area of concern and improvement was noted. New MAR charts had been introduced and these clearly listed each medicine the person was prescribed, including the dose and any specific instructions. For example, one person was prescribed a medicine that should be taken on an empty stomach and with a full glass of water. Following the administration of this medicine the person was to remain upright for a period of 30 minutes. Clear records were available in respect of this and staff we spoke with during the inspection were aware of these specific instructions. Senior staff checked MAR charts on a regular basis for any gaps or anomalies.

We found body maps had been introduced and these identified the area that creams and lotions were to be applied. However, we did find for those people prescribed PRN medicines, PRN protocols had not been introduced. We pointed this out the registered manager at the time of our inspection who took immediate action to address this and sent us a copy of the protocol after our visit.

At this inspection we found that one person was prescribed a paraffin based cream. However, there was no documentation of the risks associated with this flammable cream. We pointed this out to the registered manager at the time of our visited who obtained guidance on this. They told us they would speak to staff in relation to this guidance and place this in the care records of any person prescribed such a cream.

Records were available and staff we spoke with confirmed that they received regular training in medicines and had their competency to administer medicines checked.

People told us they received the help they needed with their medicines. Comments included, "Yes, I have a carer every morning for half an hour to give me my tablets and rub cream into my feet because I have very dry skin. They are lovely" and "[Person] gets prompts every day to take [their] medication. We really value that as a family, because [person] often forgot to take [their] tablets, but we don't need to worry about that anymore."

At our last inspection in August 2017 we found risks to people were assessed, however plans were not always put in place to minimise them. At this inspection we found improvements had been made and care plans and risk assessments were in place. These covered areas such as mental health, finances, fire, falls and

the use of equipment. These had been regularly reviewed. However, for one person with diabetes there was no information available in care records about the signs of hypoglycaemia and hyperglycaemia (low and high blood sugar levels) to guide staff as to what to do if such an event occurred. The registered manager took immediate action to update this care record in the office environment and told us the care plan within the person's own home would also be updated with immediately.

People and relatives told us the service they received was safe. Comments included, "Yes I feel safe. If I had a fall or something, I know someone is coming in every day. They can be relied on", "Yes, I think [person] is safe make me feel safe", "Yes, I feel safe with the girls. They use the hoist really well and I feel safe in their hands" and "Oh yes, very safe. They have to move (person) four times a day with the aid of a turntable and they move [person] very carefully. There are always two [staff] people to do this task. [Person] also had terrible bedsores when [they] came out of hospital but that's all cleared up now."

The provider had an open and accessible culture to help people to feel safe and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. All staff demonstrated an understanding of their responsibilities to protect people and said they would have no hesitation in reporting safeguarding concerns.

The provider and registered manager monitored staffing levels to ensure there were enough staff to support people safely. Most people we spoke with said they were supported by a regular staffing team who arrived on time. Comments included, "Yes. They [staff] always come on time, always ask what I want and then they get on with the tasks. They turn up on time every time and stay about half an hour which is plenty time to do the meal", "Oh yes, they are reliable. Sometimes they are a little bit late, but that with the carers. They make sure [person] is comfortable before they go", "Yes, I do feel safe with them. They are very good, very nice. They can't be helped", "There have never been any missed calls. If someone is poorly someone else turns up. They are really good", "We generally get the same group of carers every day. They are all regulars" and "They keep changing them, but I don't mind that. There was one carer that I didn't get on with, but they did change it very quickly."

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at five recruitment records. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had staff disciplinary procedures in place to help manage any issues whereby staff may have put people at risk from harm.

The provider had an infection control policy and procedures in place. Staff had access to protective equipment to reduce the risk of cross contamination and the spread of infection for example, protective gloves and aprons. Staff had received training in infection control and the spot checks of staff's care practices were used to ensure they followed good infection control principles.

Good

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively. Comments included, "Yes they [staff] are well trained. They just know what they are doing. They are very helpful." and "Yes, they are. When they have a new [staff member] working with them, staff are shadow trained with experienced staff."

Records showed newly appointed staff undertook a comprehensive induction and shadowed other experienced care staff to ensure a high quality approach was established. Records showed there was a comprehensive staff-training programme in place and staff confirmed they received regular training in a variety of topics. These included basic life support, catheter care, equality and diversity, fire safety, infection control, moving and handling, food hygiene, safeguarding and health and safety. Staff we spoke with complimented the training they received. One staff member said, "Our training is very good. I have just done some dementia training which was brilliant."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they found supervisions useful and supportive.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Where people lack mental capacity to make decisions, any decisions made must be in their best interests and in the least restrictive way possible. The registered manager and staff understood the Mental Capacity Act and had received training in this area. However, the formal recording of capacity assessments and best interest decisions had not been documented. For example, one staff member spoke of a person who used the service who needed a shower to prevent infection and soreness. The person did not always want this to happen but staff provided gentle persuasion and other choices knowing it was in their best interest to maintain a high standard of personal hygiene. The care plan of another person who lacked capacity described a medical condition they were not aware of and this was not to be mentioned as this could cause them to become anxious. However, there wasn't a mental capacity assessment or best interest decision recorded in respect of the decision to withhold this information in the interests of the person's wellbeing. We pointed this out to the registered manager who told us they would take immediate action to address this. We received confirmation that this work had commenced after our visit to the service.

Some people received support with their food and nutrition. Where this was the case people's needs and preferences were recorded in their care records. People told us staff helped prepare the food and drink they wanted. Comments included, "Yes, that's what they do for me. My [relative] does my shopping once per week and buys ready meals and the carers cook it and serve it to me" and "The carers do all the feeding and food preparation. We [family] buy rice puddings or semolina."

Records confirmed staff at the service continued to work in partnership with other health and social care professionals such as, social workers to support people to maintain their well-being and health.

Good

Is the service caring?

Our findings

People told us care staff were kind and caring. Comments included, "Yes, very caring. They always ask me how I am, they are interested in me. We have a great conversation really. They are interested in me and how I feel", "Yes, very caring, very good. They chat with me, they are lovely", "Oh, yes. They are very much caring. He's a private person and they really do treat him as an individual with his privacy. Their whole attitude towards him is great", "They are good and kind and keep me going. A bit banter is good" and "Oh yes, it's like having friends come to our home to help. When I get taken shopping by the carer, it's fantastic, just like being with my daughter."

People and their relatives told us staff treated people with dignity and respect. Comments included, "Oh definitely. They treat me very well. We get along great", "Oh yes, they are very good. They always close curtains and the door so nobody can look in" and "Yes, they do a lot of personal care for me and they do it well."

People told us they were involved in planning their care and records showed the service provided to people was based on their individual needs. When planning, staff took account of the support the person required and the preferred time for calls. People's views were respected and acted on and the registered manager always tried to match the skills of care staff to the person they were supporting. Where appropriate family, friends or other representatives were involved to act on behalf of the person using the service and were involved in planning care. At the time of the inspection no one who used the service using an advocate. Advocates help to ensure that people's views and preferences are heard. Policies and procedures were in place to arrange advocates for people should this be needed.

People told us they were supported to maintain their independence and retain their skills. Examples of this included staff encouraging and supporting people with their mobility and personal care.

The provider and registered manager told us it was their intention to provide high quality, person-centred care to people, which respected their social background, race, region, gender, sexuality disability or age. Our discussions with the management team and staff demonstrated they understood the importance of promoting equality and human rights.

Good

Is the service responsive?

Our findings

People and relatives told us they were satisfied with the way care and support was provided and care staff responded well to any changes in need. People and relatives confirmed they were involved in all aspects of their care including the development of their care plan. Comments made included, "It says in the plan what the carers will do for me every day", "Yes, we were involved in our care plans. The senior staff came out to see us to discuss it", "Yes, there is a care plan in the file. My daughters see to this though" and Yes, I have a file with a list of things they do for me - they write in it every time they come."

One relative praised the staff, care and service received. They told us how previously they had received a package of care from other care providers who had not been able to meet the person's complex needs. However, since using Prioritising People's Lives this had all changed. They told us how a small dedicated group of care staff had been assigned to support the person. This group of staff had received training to meet their complex needs. They told us how staff were skilled and had not only undertaken training about the medical condition and complex needs, but how staff had gone the extra mile and done their own research to learn more. During the inspection we spoke with staff who provided care and support to this person. They demonstrated and excellent knowledge of the person's needs with communication and other care and support they needed.

The service provided personal care and support to people to enable them to live in their own home. The registered manager told us care and support could be provided at any time and for any length of time during a 24-hour period. People were referred to the service after they had been assessed by a social worker or people could pay for their care privately.

People's care plans were person centred and informative. They provided staff with information about people's likes, dislikes and preferences as well as their personal care needs and medical and life history. Each area of the plan described the person's abilities as well as the support needed from staff at each of their visits. For example, one person's support plan for their breakfast stated, 'I usually have a slice of toast and some cereal with a cup of coffee and two sugars and milk.' Another person had limited mobility and their care plan detailed how they wanted to be supported. The records we viewed had been reviewed and updated as needed. However, we did find the care plan of a person who was fed through a tube that was inserted into their stomach contained confusing information about their fluid and feeding regime. We pointed this out to senior staff at the time of the inspection who took immediate action to rectify this.

A daily record book was used to record the care and support delivered to people. Notes were kept of the support given, at what time and by whom. This meant staff visiting the person later in the day had the latest information on any support needs they had.

Procedures were in place to investigate and respond to complaints. People were given a copy of the provider's complaints policy when they started using the service. We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service and relatives who told us they were familiar with the complaints

policy and would not hesitate to use it. Comments included, "I have a number to ring the service if I am not satisfied", "Yes, if I don't like anything I just tell them. I didn't get on with one carer and told them straight away and it was sorted out quickly. (Carer) doesn't come here anymore", "Yes, I would ring the company, the number is on the file, and they would deal with it. I haven't needed to make a complaint though" and "I haven't needed to make a complaint."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

The registered manager told us at the time of the inspection that no one was on end of life care but a policy was available if needed.

Good

Is the service well-led?

Our findings

People and relatives spoke highly of the registered manager and senior staff at the service and told us they thought the service was well led. People and relatives also told us that management team would cover care calls when staffing levels reduced, at busy times or when another care staff member may be off work sick. People and relatives told us, "Up to now, the management seem good. They keep in touch", "Yes, they are well managed. They always come on time and are very kind. They must be dedicated and I think they are trained well to be like this" and "Yes, the organisation is well led. I know the office staff very well and there out of office service is second to none."

A registered manager was in place who had been registered with the Care Quality Commission at this location since August 2015.

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'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Staff we spoke with during the inspection told us they were well supported by the provider and registered manager. Comments included, "I could go to [registered manager] if I had any problems", "I really enjoy it, we've got a good team" and "[The management team] are really friendly."

The registered manager was supported by the provider, field care supervisors, care co-ordinators and care staff. Regular management and care staff meetings took place, which provided opportunities to check the service was being run in line with the values of the service. Staff told us the registered manager listened to their views and suggestions and was very keen to ensure the highest quality of care was provided.

Since our last inspection of the service, the registered manager, two care co-ordinators and the provider have been nominated from unknown sources for awards with The Great British Care Awards. These are a series of regional events throughout the United Kingdom and are a celebration of excellence across the care sector. The purpose of the awards is to pay tribute to those individuals who have demonstrated outstanding excellence within their field of work

The registered manager and senior staff conducted a series of quality checks that included quality monitoring audits and asking people who used the service to express their views through a satisfaction survey. This meant that there was an on-going process of the service acting on issues and comments made.