

Prioritising People's Lives Ltd

Prioritising People's Lives Limited - Whitby

Inspection report

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20 October 2021

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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

About the service

Prioritising People's Lives Limited - Whitby is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection, the service was supporting 22 people.

People who use the service may not always receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe and well supported. Staff followed procedures to keep people safe. Known risks had been assessed and were regularly reviewed.

Staff received appropriate training and support to carry out their roles. People were supported to take their medicines safely as prescribed and staff followed good infection prevention and control practice.

People provided their consent to, and were involved with, planning their care and support. People's preferences were recorded and wherever possible staff supported people to maintain their independence.

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

Staff treated people with respect and upheld their privacy and dignity. People described staff as kind and caring and relatives told us their family members were in safe hands. People received their support from regular staff who they knew.

Staff had access to clear and concise care records which were updated in real time. Where appropriate, relatives had access to daily notes about people's care and support. This provided relatives with assurances their loved ones were in good hands.

The provider completed a range of audits and checks to ensure systems and processes remained effective and to identify any areas that could be improved. People and staff were approached for their feedback and information received was used for the benefit of their care and support.

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

Rating at last inspection

This service was registered with us on 12/06/2020 and this is the first inspection.

Why we inspected

This was a planned inspection to assess the standard of care delivered by the service and award a rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Prioritising People's Lives Limited - Whitby

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager supported by the operations manager. The operations manager was in the process of registering with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 12 October 2021 and ended on the 20 October 2021. We visited the office location on 12 October 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority commissioning and safeguarding team and Healthwatch for their feedback. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the manger, the operations manager and the manging director. We reviewed two people's care and medication records and an electronic care plan used as point of reference by staff. We looked at two staff files, staff training and staff supervision records. A variety of records relating to the management of the service, including survey outcomes, quality audits and service checks were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two people who use the service, eight relatives and one person who was a primary carer. We spoke with five members of staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were protected from the risk of abuse. People and their relatives told us they felt safe with staff who supported them. One relative said, "I have total confidence that [person] is safe."
- Staff had received safeguarding training and followed clear guidance to report any concerns. Any concerns were shared and investigated as required, and preventative actions put in place.
- Initial assessments recorded known risks for people, and these were regularly reviewed. Support plans provided associated guidance for staff to provide safe care.

Staffing and recruitment

- Staff were safely recruited to their roles with appropriate pre-employment checks completed.
- Sufficient numbers of staff were employed to provide safe consistent care to people. One staff member told us, "There are enough staff, calls are monitored so someone always attends. It's a safe service for people."

Using medicines safely

- Where people required support to take their medicines, this was completed safely and as prescribed.
- Staff had received required medicines training and received unannounced spot checks to ensure they followed best practice.
- Medicine records were held and updated electronically in real time. One staff member said, "If anybody has a new course of medicines, for example antibiotics, we record this straight away to ensure they take the full prescription."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. One person said, "Yes they [staff] all wear masks, gloves and aprons all the time. We have not felt at any risk during the pandemic, in fact the carers have been our contact with the outside world."
- Staff followed clear guidance making sure infection outbreaks were effectively managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There were systems to record, review and learn from incidents and accidents that may occur at the service. Actions were implemented in response, which helped to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and preferences were appropriately assessed. Pre-assessments were completed prior to people using the service for the first time. Information was person centred and people confirmed their choices were respected.
- People were happy with how staff supported them with their individual needs. One person said, "I don't think it [the service] could improve, all of the staff are here for us when we need them."
- Care records were regularly reviewed and updated ensuring assigned staff had the required skills and knowledge to provide effective care and support.

Staff support: induction, training, skills and experience

- Staff received appropriate induction, training and support to carry out their roles.
- New staff shadowed existing carers as part of their induction to the service and to the people they would support. A friend of one person told us, "They [staff] make [person] comfortable with themselves before doing anything, especially if they have not been before."

Supporting people to eat and drink enough to maintain a balanced diet;

- People received care and support as assessed to maintain a healthy diet.
- People's dietary needs and preferences were documented in their care plans.
- Daily food and fluid intake were recorded electronically during each visit and monitored by senior staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and access healthcare when needed.
- Staff recorded their observations during each visit. This information was checked and referrals for further support were made where required.
- Staff all knew what to do if a person became unwell or needed additional support. Staff would liaise with relatives and other professionals if this was necessary.
- Where people required support to mobilise, they were referred for appropriate assessment to ensure they had the required equipment to remain mobile in their own homes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service obtained people's consent in line with law and best practice guidance. People confirmed they were involved in their care planning and signed their consent in care plans.
- The provider and staff understood the requirements of the MCA and the importance of supporting people to make their own choices and decisions wherever possible.
- There was nobody with restrictive practices in place during this inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People and their relatives told us staff were caring, responsive and respected their individual needs and preferences. One person said, "I couldn't be happier with how the carers help us. They are caring, kind, and nothing is a trouble to any of them. No matter what I ask them to do they do it really well."
- Staff had access to up to date records and information and people told us they were consistently treated as individuals. Systems and processes ensured information remained up to date and staff were quick to respond to changing needs.
- Staff knew people and noticed when they were in discomfort or needed emotional support. Information was recorded and swift action taken to provide additional care and support where this was required. One person said, "All through the pandemic we have had regular phone calls from someone in the office checking that we were ok and that we didn't need anything. They really care about us both."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People received care and support that was centred around their individual needs.
- People and their relatives told us they were treated with dignity and respect at all times and without discrimination.
- Staff told us they had sufficient time to develop trusting relationships with people and their relatives. One staff member said, "It's more than just a job to me, we have time to have a chat and a giggle with people, they enjoy our company. We have time not to rush and to encourage people to do what they can for themselves."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People told us they were routinely involved in their care planning and staff supported them to make individual decisions. For example, staff told us people were able to choose a male or female care worker to provide their personal care. Records confirmed this was the case.
- Care plans were very detailed and gave clear information to staff so they could support people safely. People's assessments and care plans were reviewed regularly and as their needs changed. This information and concise care notes were accessible to all staff to ensure all planned care was provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured that information was available in a variety of formats for people. For example, large print or pictures, and in different languages to meet people's needs if required.

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

- Staff supported people in a way that enabled them to stay living in their own home with family members. One relative said, "Without them [care staff] I don't know how we would manage."

Improving care quality in response to complaints or concerns

- Systems and processes were in place to record and quickly respond to any concerns or complaints raised.
- The provider had a system in place to record and monitor complaints. Outcomes were used to help improve the service and prevent recurring issues.
- A relative told us, "If I have any problems I can just ring up and speak to someone and I know that I will be listened to and they will do all they can to sort it out as quickly as possible."

End of life care and support

- At the time of the inspection no one was receiving end of life care. A policy was available which included information to ensure people would be supported to remain comfortable and pain free, following their wishes and preferences.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were assured of a positive culture from the top of the organisation. The manager was supported with regular visits from the operations manager and managing director. The managing director told us, "We are focused on providing outstanding care for people, that is our priority."
- Everybody spoke with enthusiasm about the way the service was managed which resulted in person centred care by staff. One staff member said, "The manager is brilliant and very supportive, not just with the care we deliver but also with us as individuals." A relative said, "I have good contact with the manager she rings me regularly."
- People routinely shared their gratitude for the care and support they received which routinely led to positive outcomes. For example, by enabling people to remain living independently in their own homes with their needs met following their preferences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities in relation to the duty of candour. They understood their responsibilities to be open and honest when things go wrong. They also knew what they needed to report to CQC and other relevant agencies.
- People told us they were confident to contact the manager with any concerns. One person said, "We have had some issues with the staff being late for calls. I spoke to the manager and since then we have had no problems."

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

- The service valued good clear communication and engaged people involved with the service. One staff member said, "Communication works really well. We use an electronic chat to keep up to date with colleagues and another electronic system to provide care and support. The manager and the office are always accessible. There is a new out of hours contact who is very helpful. It makes our work a lot easier to know support is available when we need it."
- Feedback was sought through surveys, quality assurance calls and visits to people by supervisors and the manager. Information was evaluated for any trends and was used to maintain and improve standards, where required.

- Regular staff meetings were held which provided opportunity for staff to meet up, have a chat, and share ideas and good practice, along with discussing any operational changes.
- The manager worked closely with other professionals to ensure people received the right care and support to meet people's changing needs.
- A range of audits and checks were in place and reviewed which helped to provide an overview of what was working well and any areas that required improvement.