

Priory Care Services Ltd

# HQ Priory Care Services

## Inspection report

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13 February 2020

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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

HQ Priory Services is a domiciliary care agency providing personal care to 59 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

New processes were in place to identify and manage risks to people's safety. This included liaising with health and social care professionals if staff identified changes in people's health or risk behaviour. New medicines management processes had been implemented to ensure people received their medicines as prescribed. Safe recruitment practices were now in place and there were sufficient staff to meet people's needs. Staff followed safeguarding adults' procedures and adhered to incident reporting processes. Staff adhered to infection prevention and control procedures.

Staff were now in adherence with the Mental Capacity Act 2005. 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 had attended refresher training and were supported to attend training courses and develop their knowledge and skills. Staff assessed people's needs in line with best practice guidance. Where people required, staff supported people with their nutritional needs and supported them to access health services.

People were complimentary about their care workers and the relationships they had formed. Staff took account of people's individual differences when allocating care workers. People were involved in decisions about their care and how they were supported. Staff respected people's privacy and dignity, and enabled them to be as independent as possible.

Care records had been reviewed and improved. Staff worked with people and their relatives to identify their care needs and how they wished to be supported. There were regular care reviews to ensure people's records reflected their current needs. Staff adhered to the accessible information standard. There were processes in place to manage and learn from complaints.

A new registered manager and field care supervisor were in post which provided a new approach to management and oversight of the service. New robust systems had been introduced to review the quality of care delivery and ensure continuous improvement. An open and honest culture had been developed which encouraged staff, people and their relatives to provide feedback about the service. The registered manager was aware of their CQC registration requirements and their responsibilities under the duty of candour.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was requires improvement (Published 28 February 2019).

The provider completed an action plan after our inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# HQ Priory Care Services

## 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

This inspection was undertaken by one inspector.

#### 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 registered 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 72 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 February 2020 and ended on 13 February 2020. We visited the office location on 5 February 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications received about key events that occurred at the service and the action plan submitted following their last inspection. 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 took this into account when we inspected the service and made the judgements in this report. We used this information to

plan our inspection.

During the inspection

We spoke with two people and five relatives about their experience of care provided. We spoke with the registered manager, the field care supervisor, the care coordinator, and four care workers. We reviewed a range of records including six people's care records, four staff files and a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our previous inspection in February 2019 we found risk assessments were not specific, inaccurate and did not always provide sufficient detail about how to manage risks to people's health and safety. The provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- Since our last inspection the registered manager had implemented new processes for identifying and reviewing risks to people's safety and welfare. New risk assessments had been introduced inline with best practice guidance which clearly identified the risks to people's safety and how these were to be managed.
- Staff were knowledgeable about the risks to people's welfare and understood how to support them safely. If any concerns were identified about the equipment people were using or if new risks were emerging the staff liaised with the appropriate health or social care professional to ensure additional measures were put in place.

### Using medicines safely

At our previous inspection in February 2019 we found care records did not provide sufficient detail about people's medicines and how or when these were to be administered. The provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- A new medicines management risk assessment had been introduced which identified the level of support people required with their medicines. Medicine administration records (MAR) were in place which clearly identified what medicines people were taking and when they were to be taken. We saw the MARs were completed correctly to show people received their medicines in line with their prescription.
- Staff reported any concerns with people's medicines management to the registered manager and involved the person's GP and pharmacist appropriately. For example, one person had been refusing their medicines and the care staff had identified the person was struggling to swallow their tablets. The pharmacist changed the person's medicines to liquid form and had delivered training to care staff about how to support this person with their medicines to ensure they were receiving their medicines as prescribed.

## Staffing and recruitment

At our previous inspection in February 2019 we found suitable recruitment processes had not always been adhered to. The provider had not consistently obtained references from previous employers to assess applicant's suitability. The provider was in breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 19.

- The registered manager had introduced new recruitment processes which ensured suitable staff were employed who had the experience, skills and values to support people with their care needs.
- New applicants were required to complete an application form and attend an interview. The management team also collected references from previous employers, undertook criminal record checks and reviewed staff's eligibility to work in the UK to ensure they were suitable and of good character to work with people.
- There were sufficient staff employed to meet people's needs. People were allocated regular care workers and care workers had sufficient time allocated in their rotas to meet people's needs and ensure they attended appointments on time.

## Systems and processes to safeguard people from the risk of abuse

- Staff had received training on safeguarding vulnerable adults and were knowledgeable in recognising signs of possible abuse. Any concerns identified were reported to the registered manager, who liaised with the local authority's safeguarding adults' team.
- Appropriate action was taken in response to any concerns raised to reduce the risk of possible abuse.
- The registered manager and their management team protected people and staff from discrimination. If any discriminatory behaviour was identified, the management team spoke with the person and staff involved to ensure they understood why such behaviour or language was not appropriate.

## Preventing and controlling infection

- Staff had received training on infection control and prevention. They had access to appropriate personal protective equipment (PPE) including gloves and aprons to support a person during personal care. Staff had also received training regarding infection prevention when supporting a person with meal preparation and ensuring good food hygiene.

## Learning lessons when things go wrong

- An incident reporting process was in place to ensure all incidents and accidents were appropriately recorded and reported to the registered manager. The registered manager reviewed all incidents to investigate why they occurred and ensure appropriate action was taken to support the person and learn from the event.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

We checked whether the service was working within the principles of the MCA.

At our previous inspection in February 2019 we found staff did not always adhere to the MCA, particularly when supporting people who either lacked capacity or whose capacity to make certain decisions fluctuated. The provider was in breach of Regulation 11 (Need to consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 11.

- Since our last inspection all staff had received refresher training on the MCA. Care records clearly identified if a person had the capacity to make certain decisions and if they did not have the capacity to make decisions, who made those decisions on their behalf.
- Care records contained copies of Lasting Power of Attorney (LPOA) records and staff appropriately involved those that had LPOA authorisation to make decisions on people's behalf.

Staff support: induction, training, skills and experience

- Since our last inspection the registered manager had ensured all staff attended refresher training to ensure they had up to date knowledge and skills to support people. They had also introduced a comprehensive training programme for new starters including training on medicines management, safeguarding vulnerable adults, food hygiene, health and safety, fire awareness, infection control, infection

control, Mental Capacity Act, first aid and manual handling, as well as requiring them to complete the Care Certificate. (The Care Certificate is a recognised training programme to ensure staff had the required training to work within a care setting). More experienced staff were being supported to complete National Vocational Qualifications in health and social care.

- Staff received regular supervision and told us they felt well supported in their roles.

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

- The registered manager had reviewed their assessment process to ensure detailed information was captured about the people they were supporting and ensure they were assessed in line with best practice guidance. Staff used information from the referring agency, as well as discussions with people and/or their relatives to gather information about the person and their needs.

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

- Not everyone who used the service required support with their meals. However, when they did this was provided in line with people's needs and preferences. It was clear in people's care records the level of support they required with their meals and whether they were at risk of dehydration or malnutrition.

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

- Staff did not support people directly with their health needs. However, if they identified a person was unwell they supported people to access healthcare professionals.
- Staff were aware of which healthcare professionals were providing ongoing support to people and liaised with them to obtain advice about how to support a person, and informed them if they had any concerns about the person's health needs or the equipment they were using.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff ensured people were allocated with regular care workers to ensure consistency of care but also enabled staff to build strong relationships with people.
- Staff took into account people's religious and cultural backgrounds, as well as their individual preferences when allocating care workers. For example, one person only wanted to be supported by a care worker of the same gender due to religious preferences. Staff were aware of people's cultural needs and supported them in line with their needs, for example, taking into account specific skin and hair care.
- People and their relatives were complimentary about their care workers. Comments we received included "[Their family member] has bonded very well with [their care worker]", "She's [the care worker] beautiful, she's lovely. Happy with the support and the quality of the care. It's very good" and "I'm very satisfied with what I've got. I've got a very good care worker." We also saw the service had received compliments about their care workers. One relative said, "My mother has developed a very good rapport with [the care worker] who has been extremely nice and helpful. Overall we are pleased with the support being provided."

Supporting people to express their views and be involved in making decisions about their care

- Staff were aware of who was important in their life and supported those individuals to be involved in people's care and decision making with the person's permission. People and their relatives were involved in the assessment and support plan process. In addition, staff asked people what support they would like at each appointment and this was confirmed by the people we spoke with. One person told us, "They ask me what I want."

Respecting and promoting people's privacy, dignity and independence

- Staff respected a person's independence and enabled them to do as much as possible for themselves.
- Information about people was kept secure and staff were conscious to maintain people's confidentiality. The management team were aware of and adhered to data protection legislation to ensure a person's privacy.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our previous inspection in February 2019 we found care plans did not provide sufficient information and guidance about people's specific health and social care needs. We found there were not robust procedures in place to review people's care and ensure their care records reflecting their current needs. The provider was in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 9.

- Care records have been reviewed and updated to ensure they reflect people's needs and how they wish to be supported. People and/or their relatives were involved in the care planning process and signed the plans to show they agreed with what was included.
- Care reviews were planned to ensure people's needs were regularly assessed and support plans were updated in response to any changes in people's health or welfare.
- People were complimentary about the care workers that supported them and the quality of care and support provided. One relative said, "They are the best team."
- Whilst the majority of people said their care workers turned up on time, we heard a couple of people found their care workers to be late and felt this impacted on the time they had their meals and their medicines. We spoke with the management team about this who said they would look into the concerns raised and ensure the time of calls did not adversely impact on people's health or routines.

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.

- Staff were aware of people's communication needs and their preferred method of communication. The staff team spoke a number of languages and during the allocation of care workers staff took people's language needs into account. Staff also used an interpreter service should this be required.

End of life care and support

- At the time of inspection no one using the service required support with end of life care. Nevertheless the

registered manager was aware of what to do if an unexpected sudden death occurred. Information was also included in people's care records about whether a 'Do not attempt cardiac pulmonary resuscitation' (DNACPR) was in place.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information about how to make a complaint was made available to people and their relatives. The people and relatives we spoke with told us they had not needed to make a complaint but would feel comfortable speaking with the management team if they had any concerns. One relative told us they had previously raised some minor concerns and these had been addressed.

# Is the service well-led?

## Our findings

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

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

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

At our previous inspection in February 2019 we found there was not adequate systems in place to monitor the quality and safety of the service. People who used the service were at risk of receiving inappropriate care due to a lack of oversight by the provider. The provider was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- Since our last inspection a new registered manager had been employed, as well as a new field care supervisor. This provided a new approach to the management and oversight of the service.
- The registered manager had a clear vision for the service and expectations regarding the quality of service provision, this included a commitment to learning and continuous improvement.
- The registered manager had introduced new systems to review and track key elements of service delivery to ensure adherence to high standards and continuous learning. This included systems to track staffing requirements such as criminal records checks, VISA requirements and compliance with training and supervision requirements. They had also introduced a system to review complaints for themes and were in the process of developing a similar system to track trends regarding incidents that occurred.
- Since our last inspection the new registered manager had incorporated a robust system for reviewing the quality of service delivery. This included an organised and planned programme of home visits, quality reviews and telephone monitoring calls. They also introduced a programme of six monthly auditing of care records to ensure these were up to date and contained detailed and accurate information about people's needs, and a monthly audit of daily log sheets to ensure these were completed and people received care in line with their support plan.
- The registered manager was aware of their CQC registration responsibilities, including the submission of statutory notifications about key events that occurred at the service. The provider had their CQC rating clearly displayed on their website and the registered manager was aware of their responsibilities under the duty of candour. They were honest and open about any incidents that occurred and how they were handled.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had established an open culture within the service and encouraged staff, people and relatives to provide feedback about their experiences of the service.
- There were regular staff meetings and we saw recent discussions included any concerns about people they supported. For example, staff had raised at a meeting there were concerns about a person's safety whilst in the house due to a decline in their cognition and this was being shared with the local authority.
- People and their relatives were asked for their views about the service during the telephone monitoring calls the management team made. People and their relatives told us they felt comfortable speaking with the management team and felt able to raise any concerns should these arise.

Working in partnership with others

- The registered manager attended the local authority's provider forums to share common challenges and learning with other domiciliary care providers.
- The management team liaised with other health and social care professionals as and when required to improve their learning and ensure people received coordinated health and social care.