

Priority Care (Shropshire) Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection site visit took place on 31 May 2018, along with calls to people and relatives, calls to staff took place on 6 June 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to make sure someone was in.

At our last inspection we found improvements were needed to staffing and how risks were assessed and people were supported in line with their preferences. We also found improvements were needed to staff training and the systems in place to monitor the quality of the service. At this inspection we found the provider had made some of the required improvements but more were needed to ensure there were sufficient staff in place to provide support.

Priority Care (Shropshire) Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults, younger disabled adults and children. At the time of our inspection there were 32 people using the service.

There was a registered manager in post at the time of the inspection. 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 did not always receive support from consistent staff. There were not always sufficient staff to meet people's needs at the time they wanted.

People were safeguarded from abuse. People had plans in place which supported them to reduce the risks to their safety. People received support from staff to administer their medicines safely. People were protected from the risk of infection. The registered manager had systems in place to learn when things went wrong.

People's needs were assessed; and care plans were in place to guide staff. People were supported to have maximum choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice. People were supported to maintain a healthy diet. People were supported to access health professionals when required.

People were supported by caring staff that protected their privacy and dignity. People had support to make decisions and choices about their care and maintain their independence.

People's preferences were understood by staff and recorded in their care plans. People understood how to make a complaint and felt their concerns would be addressed. Staff understood how to provide people with care at the end of their life and the registered manager had a system in place to assess people's needs.

The systems in place to monitor the quality of the service were not consistent in identifying concerns.

Improvements were needed in how the registered manager and provider used information to drive improvements. A registered manager was in post; and people, relatives and staff felt they were approachable.

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 not consistently safe.

People were not always supported by consistent staff.

People their received medicines safely.

People were supported to manage risks to their safety.

People were safeguarded from harm.

People were supported by safely recruited staff.

People were protected them the risk of infection.

There were systems in place to learn when things went wrong.

Requires Improvement ●

Is the service effective?

The service was effective.

People's needs were assessed; and care plans were produced with people to meet their needs effectively.

People were supported by knowledgeable staff.

People had support to have their nutrition and hydration needs met.

People received consistent care and support.

People were supported to maintain their health and well-being.

People were asked for their consent; and staff understood how to apply the principles of the Mental Capacity Act.

Good ●

Is the service caring?

The service was caring.

People were supported by staff that were caring.

Good ●

People were able to decide how their care and support was delivered.

People said their privacy and dignity was maintained.

Is the service responsive?

The service was responsive.

People's preferences were clearly documented and staff understood and followed these.

Peoples concerns responded to and were used to make improvements.

People were supported at the end of their lives.

Good ●

Is the service well-led?

The service was well led.

Quality audits were in place and driving improvements.

The registered manager understood their role and responsibilities.

There were systems in place to learn from incidents.

Good ●

Priority Care (Shropshire) Limited

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 31 May 2018, along with calls to people and relatives, calls to staff took place on 6 June 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to make sure someone was in. The inspection team consisted of 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with seven people who used the service and four relatives. We also spoke with the provider, the registered manager, the care plan officer, the care manager and four staff.

We reviewed the care records of five people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including staff rotas, timesheets, compliment and complaint logs, audits, and medicine administration records.

Is the service safe?

Our findings

At the last inspection on 16 and 17 January 2017 we found improvements were needed as staff were not always clear how to support people with risks to their safety and there were not always enough staff available. At this inspection we found improvements had been made, but more were needed to improve staffing which meant safe was rated as Requires Improvement.

People and their relatives had mixed views about staffing levels. Some people felt the staffing was okay whilst others said there had been some issues with staff being late and not a consistent group. One person said, "We have about eight staff that we know well. We get a rota and it works quite well. They are usually on time but if they are delayed someone will usually let us know. They have never missed a call." Another person told us, "I don't always get the same carers so that makes it more difficult as if they are less experienced the first job is telling them what to do." Another person told us, "The staff are usually on time, but we had a problem the other day, I think sometimes they are short of staff." Another person told us, "They are usually on time although I have had them come late. They don't always ring to tell me, but it doesn't worry me. They have never let me down. It's a very good service." Staff told us, that it was sometimes difficult to get to calls on time and some people did receive a late call on occasions. One staff member said, "It can be hard if staff are on foot and cannot get to the next call quick enough, calls are never cut short, everyone has their correct time, so it means you are late." The registered manager told us they had some difficulties in recruiting new staff and accommodating the times the commissioners had promised people when they arranged their care. They told us they had a system in place to monitor when calls were running late and this meant they could alert people. This also meant there was less chance of a call being missed as the monitoring system would alert them and they could arrange for someone else to attend. The registered manager had a plan in place to address the issues people were experiencing and they had taken action to recruit and retain staff. They said they had reduced client numbers since the last inspection and increased hourly rate paid to staff and made payments for travel time to try and encourage recruitment and retention, which they felt were helping to attract new staff. The registered manager said, they always managed to cover calls with the current staffing levels, the records we saw supported this but more staff were needed to improve time keeping and enable more consistency for people. This meant there were improvements needed to the number of staff available. The registered manager told us they would continue to make improvements; we will check this at our next inspection.

People told us staff supported them to manage risks to their safety. One person told us, "I feel very safe in the hoist. They are always checking I am okay and comfortable. They cover me up when moving me about. They make sure I am safe." Staff were able to describe the risks to people and the actions they needed to take to keep people safe. For example, one staff member told us about how they supported people safely using a hoist. Whilst another described how they supported people to prevent the risk of falls. People had plans in place to minimise risks to their safety. For example, one person was at risk of their skin becoming sore. There was a detailed plan in place for staff to understand how to support the person to prevent sore areas from developing. In another example, one person had a plan in place to reduce the risk of falls as they were at risk. We saw the plans gave specific details to staff. We spoke to the care plan officer who explained the process they went through to assess the risks and identify what needed to be included in the plan. They

were able to explain in detail how they considered the persons needs and used this, along with the person and their relatives to form a plan to reduce risks. This meant people were supported to manage risks to their safety.

Most people we spoke with did not receive support with medicines. One relative told us, "The staff will prompt [person's name] by asking if they have remembered to take their medicines." There was a medicines policy in place and each person had a medicines assessment to determine what support they needed. The care plan identified the level of support people needed with medicines. We found where people had received their medicines with support from staff there were Medicine Administration Records (MAR) in place. The system ensured medicines administered was in a pharmacy labelled box or container. There were systems in place to capture any changes to people's medicines and we saw these were effective in keeping records up to date. The registered manager told us staff had training in medicines management, records we saw supported this. Staff told us, they received training in how to manage medicines safely. Staff were able to describe how medicines were administered and recording in line with the policy. This shows medicines were administered safely.

People told us staff helped them to feel safe; relatives also confirmed they felt people were safe with staff. One person said, "The staff help me and keep me safe. I wouldn't be able to manage without them." One relative said, "There are no issues at all with safety. The staff keep [person's name] safe." Staff told us they had been trained in how to recognise abuse. They described the action they would take to report and record any concerns. There was a safeguarding policy in place which staff understood and followed. We saw any incidents were documented and reported to the registered manager, we saw where required incidents were reported to the local safeguarding authority for investigation. This meant there were systems in place to ensure people were safeguarded from abuse.

We found there was a policy in place which the provider followed to ensure safe recruitment of staff. For example, the policy included references, work history and a check with the Disclosure and Barring Service (DBS) to be in place before people started work. The DBS helps employers make safer recruitment decisions. This meant people received support from safely recruited staff.

People were protected from the spread of infection. The registered manager told us staff had access to protective clothing and had received training in infection control. Staff were able to confirm they had received training and give examples of how they protected people from the risk of infection. One staff member said, "Protective clothing, likes gloves and aprons is always used and we wash our hands, this keeps people and us safe from the risk of infection." This showed people were protected from the risk of infection and cross contamination.

The registered manager told us they learned from incidents and used information to make improvements. We saw all incidents were investigated and issues for learning were considered. For example, we saw accidents were investigated and actions taken to prevent reoccurrence. This included accidents which had taken place in people's homes, without staff present to see if there were any learning from the incident or anything the service could do to reduce the risks. The registered manager told us they reviewed incidents, used the information to have discussions with staff and on occasions would send out memo's to staff with specific information on or to reinforce things. The records we reviewed supported what we were told.

They told us they discussed issues with staff in meetings and made changes to their procedures when required. Staff confirmed this, one staff member said, "We have meetings to discuss anything like this, we also have a group chat which enables us to keep up to date with anything that changes or when something happens." We saw the provider had action plans in place to make changes to systems following external

audits and they could describe their plans for how these were used to learn and make changes to the business.

Is the service effective?

Our findings

At the last inspection on 16 and 17 January 2017 we found improvements were needed to increase staff knowledge and check on their competency. At this inspection we found the service had made the required improvements and effective was now rated Good.

People and their relatives confirmed they received an assessment and had a care plan put together before receiving the service. One person said, "I agreed my care plan when I started using the service. The staff write notes every day. The registered manager looks at this once a year to check through it." One relative told us, "We have a care plan and both my (relative) and myself were involved in developing it." We spoke with the care plan officer who was responsible for completing assessments and care plans with people. They told us they had basic information when a person was referred, they visited the person and any relatives to complete their assessment. The information was used to develop a detailed care plan and they also provided a prompt sheet for staff. The care plan officer told us the process allowed the person and their relatives to be involved in identifying the person's needs and how they wished for the needs to be met.

We saw records which supported what we were told. For example, one person had a detailed plan in place for staff to support them to prevent their skin from becoming sore. Another person had a detailed plan in place to prevent the risk of choking as they were prone to rushing their food. The care plan officer also told us care plans were kept up to date by ensuring there was always two copies in the home, when changes were noted, the staff would highlight the required change and then bring the plan back for updating, leaving a hand written change in the persons home until the new plan could be taken back. Plans were also updated annually as a review. This meant care plans were in place to guide staff in providing people with effective care and support.

Most people told us they had consistent care. However, the issues with staffing did mean some people had different carers. One person told us, "We generally get the same staff, they know [persons' name] well. We need two at a time and they usually come together. We get a rota and it is usually correct. They are mostly on time but if there has been a problem they will let us know." Another person told us, "I get different ones but I know them all now. I am very happy with them." Staff told us they felt able to provide consistent care to people. They said the prompt sheets and care plans in people's homes meant they understood people's needs and how they preferred to have them met. The registered manager told us they were working hard to ensure people had consistent staff most of the time and they checked with people if there was a need to make a change. This showed people received consistent care and support.

People and relatives told us they felt that staff were trained well. One person told us, "The staff treat me well, they know what they are doing. New staff usually shadow more experienced staff, so they know my likes and dislikes." One relative told us, "My relative uses a hoist and so we have two carers each visit. They always come as a pair. They are all very competent with the hoist. They are always checking comfort levels and will readjust the sling if necessary. One time I had trouble with the battery and the staff helped find the number of the company and stayed with me whilst I rang them. They were really helpful as I wasn't sure what to do." Staff told us they had an induction into the role, which enabled them to get to know people, they also said

they had training in all aspects of the role which was updated regularly. Staff described having some paper based, eLearning and face to face training which helped them to develop their skills. One staff member said, "I have been supported to do additional training the company are good at ensuring we get what we need." The registered manager had a system in place to ensure staff had the training they needed we saw records which confirmed what we were told. We saw the registered manager carried out spot checks to check staff competency and these were used to determine any areas where training was needed for staff. This demonstrates staff had access to training in order to develop the skills they needed to provide effective care and support.

Most people we spoke with did not require support with their meals but where they did people told us they had a choice and felt staff supported them well. One person told us, "I am pretty independent but need help with my meals. The staff are pretty good and will make sure I am well fed. There is always plenty in the freezer." Staff told us most people were supported by relatives to manage meals, however where they gave support they ensured people had a choice of meals. Staff also understood any risks associated with people's diets, even when they were not supporting people with meals the care plans would identify if there were any risks. One staff member told us, "Meals are provided for some people, if someone was needing a diabetic diet this would be documented in prompt sheet for us to follow and their care plan." We saw people's needs had been assessed and there was details in the prompt sheet which told staff how to provide support for people this included managing risks, special diets and preferences. This demonstrated where people needed support with maintaining their diet, their needs were assessed and preferences considered by staff.

People and their relatives told us staff offered them support to maintain their health and wellbeing. One relative told us, "The staff would tell me if they spotted any breaks in [person's name] skin, so I can inform the doctor. We work well as a team." Another relative told us, "The staff have been so caring to me as well as [person's name] they stayed with me when we had the doctor last week as they could tell the doctor more about [person's name] condition." Staff told us they would support people to access a range of health professionals. One staff member said, "We have contact with District Nurses for some people who have dressings or support with their catheter, and if someone is unwell we could call the Doctor if they could not do this themselves." We saw staff had made contact with health professionals, we found referrals had been made for some people following incidents. We could see the advice of health professionals was included in people's care plans where required. This showed people had access to support to maintain their health and well-being.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood the importance of seeking consent from people and could describe how they did this with people. They told us there was nobody that did not have the capacity to consent to their care. Staff told us they had received training in the MCA and demonstrated an understanding of the principles. One staff member said, "Everyone I support has capacity to consent to their care I always asked people if it is ok to do things." The registered manager told us that currently the people they were supporting could consent to their care. They could describe how they would assess capacity if they suspected a person lacked capacity to make a decision. They understood this would need to be decision specific and they would need to document the decisions they made on people's behalf. This demonstrated the principles of the MCA were understood.

Is the service caring?

Our findings

At the last inspection on 16 and 17 January 2017 we found the staff were caring and respectful and provided people with a choice regarding their care. At this inspection we found the service was still caring and we rated caring as Good.

People and their relatives felt the staff were caring in their approach. One person said, "The staff are gentle caring people I have no problems. I wouldn't be without them." Another person told us, "Most are really good people although some are easier to get along with than others. They are caring though and kind and are always checking I am OK. They will give me a hug when I am feeling unwell." A relative told us, "I am very happy with the care they give my [person's name]. The staff are all very polite and professional." Another relative told us, "The staff are very caring and thoughtful I certainly have no worries." Staff told us they had developed good relationships with people and got to know them and their relatives well. One staff member said, "I have time to get to know people well, I have a consistent run, so I have built good relationships and have a rapport with people." The registered manager told us they carried out spot checks, visited people and spoke on the phone about the carers and received positive feedback from surveys which showed staff were caring in their interactions. This demonstrates people were supported by kind and caring staff.

People were involved in making decisions about their care and felt supported to stay independent. One relative told us, "They will give [person's name] extra time and encourage them to do things for themselves." Staff told us they supported people to make their own decisions and ensured they communicated with people in a way they would understand. One staff member said, "People can choose everything for themselves, such as what drinks they want, what they want to eat and what they wear." Another staff member told us, "One person has some communication difficulties; we have to make sure we observe for signs of what they are trying to tell us." People's communication needs were assessed and care plans were put in place which identified their specific needs and gave staff instructions on how to support them with communication. People and relatives had been involved in designing the care plans. The care plan officer told us they ensured people were involved in directing their own care, comments were received supported this. For example, one person said, "We have a care plan and my relative and I were involved in developing it." We found care plans identified what people could do for them and what they needed help with and staff spoke about how they supported people to be independent. This shows people were supported to direct their own care and maintain their independence.

People were treated with respect and their privacy and dignity was maintained. People told us they were happy with the approach from staff. Staff spoke about people with respect and could describe how they supported people to maintain their privacy and dignity. One staff member said, "The fact is it is their home, I am always respectful. I make sure I cover people when doing personal care and close doors to keep their privacy." The registered manager told us they did regular spot checks on staff attending people's care calls. The spot checks specifically looked at how people felt the staff member had supported them with dignity and if they were respectful. We saw records which showed staff were considered to be respectful and provided support to people which maintained their dignity and privacy.

Is the service responsive?

Our findings

At the last inspection on 16 and 17 January 2017 we found improvements were needed in how the staff supported people with their preferences. At this inspection we found improvements had been made and responsive was now rated as Good.

People and their relatives told us they felt the staff understood their preferences. One person said, "The staff know how I like things and will do anything I ask". A relative told us, "The staff all know what they are doing. I am usually about and tend to check. I have never seen anything to cause me a concern." Staff told us people's individual preferences were collected as part of the assessment and documented in the care plan and prompt sheet. One staff member said, "Some people have specific routines, these are in their care plan and the prompt sheet, these are always up to date a good source of information, especially for new staff". The registered manager told us as part of the initial assessment and care planning process people were asked to identify diverse needs of people they said this included consideration of peoples culture, religion and sexuality for example. The information was then used to develop a person centred plan and guidance for staff. Records we saw supported what we were told. For example, one care plan identified a person's religious needs and the support they needed to meet them. Another care plan identified how people liked to have their personal care needs met, based on their individual preferences. This demonstrates people were supported to receive personalised care and support.

People told us they understood how to make a complaint and could give examples of how they had received responses to any concerns raised. One person told us, "I know who to complain to. I have never really needed to though in all of the years I have had them there have only been a couple of staff I couldn't get on with. When I told them in the office they made sure they did not come again." We found the provider had a policy in place which identified how complaints would be investigated and responded to. We saw where concerns had been raised these were responded as the policy outlined and the information was used to share learning across the organisation. This showed there was a system in place to respond to complaints.

People were supported with end of life care to have a dignified and pain free death. People and their relatives felt supported, we were told the staff were knowledgeable and very caring. People and relatives confirmed there were detailed plans in place which set out for staff how to support people to remain comfortable and pain free. One relative told us, "The staff have been involved in speaking with the person's doctor as they know about their condition." The registered manager confirmed assessments were in place to support people with end of life care and staff were given specific guidance to help keep people comfortable and these were discussed with people and their relatives.

Is the service well-led?

Our findings

At the last inspection on 16 and 17 January 2017 we rated Well Led as Requires Improvement this was because the systems in place to receive feedback were not driving improvements, checks on care delivery were not effective and people did not feel they could approach the management team. At this inspection we found the provider had made the required improvements and Well Led was rated as Good.

The provider had systems in place to check on the quality of the service people received. For example, daily records and MAR charts were checked monthly. The checks ensured people received the care they needed. If there were any issues, for example, gaps in signatures these were investigated by the registered manager and action taken to ensure the person had received the care they needed. There was system in place to ensure care plans were reviewed, Reviews took place and updates were made when things changed or at least annually. This ensured people continued to have their needs met and were provided with effective care. We saw spot checks were carried out by the registered manager to check on the way staff offered support to people. We saw checks resulted in any issues being raised with staff in supervisions, these checks also allowed people and their relatives to give feedback on how they thought the service was being delivered.

There was a system in place to monitor and investigate accidents and incidents. We saw individual investigation took place of all incidents, the registered manager reviewed the information recorded by staff and checked to see if there was any action required to prevent further incidents. We saw this also included a review if someone had an accident in their home, when staff were not present. This allowed learning from the incidents to be shared with staff and make required changes to peoples care plans.

We saw the provider had a system in place to identify any late calls. The system used technology to allow staff to clock in and the management team to monitor call delivery live. We found the system was being used to prevent missed calls. The system was effective, in identifying the issues and had enabled the registered manager to identify further changes to staffing were required. A plan was in place to address this. For example, the provider had reduced the number of packages they supported to enable those using the service to receive their calls at the right time. They had developed a recruitment plan which included offering staff a higher rate of pay and payment for travel time to help them attract and retain staff. The registered manager told us this had improved things, but there was still a need to further recruit which was on-going. This meant, whilst there was still insufficient staff, this had been noted and action had been taken to address this.

People, relatives and staff were positive about the service. One person said, "I would definitely recommend them. They are really good. I am very happy with the service." Another person said, "I would recommend them without hesitation even friends who have been here at the same time as the carers have remarked at how friendly the staff are". A relative told us, "We have already recommended them. We are very happy with the service we receive". One staff member said, "This is a good place to work, I have enjoyed it, I have learnt a lot in 5 years." People told us they had received questionnaires to ask them about the quality of the service people received. The registered manger confirmed they had been using questionnaires, alongside visits and

phone calls to assess the quality of service people had received. They told us they were specifically using this feedback to check on progress with improving the call times, which was one of the priorities in their action plan. We saw records which supported what we were told. We saw the registered manager had a plan in place which was informed by the quality checks they had completed to make improvements to the service. This meant the registered manager had systems in place to drive improvements.

The registered manager understood their responsibilities for notifications; Notifications are required by law when incidents occur, such as allegations of abuse and serious incidents. We found these had been submitted as required. This showed the registered manager understood their responsibilities.