Priority Care (Shropshire) Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 16 and 17 January 2017 and was announced. Priority Care (Shropshire) Limited provides community support and personal care to older people, people living with dementia, people with mental health concerns, and people with sensory impairments, in their own homes. At the time of the inspection, 59 people were receiving a service from the provider. This was the first comprehensive inspection of the service following registration.

There was not 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 (CQC) 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. A manager was in post and the provider told us they would ensure a registered manager was in place by April 2017.

People did not always feel staff supported them to manage risks safely. Some people told us staff were not able to safely use transfer equipment provided. There were insufficient staff to meet people's needs at the times they required it, people said staff were late delivering their care and support. There were systems in place to ensure staff were recruited safely. Staff took appropriate action to safeguard people from harm. Staff could explain how they identified the signs of abuse and reported incidents.

Most staff had the knowledge to support people effectively however some people told us staff sometimes did not know how to support them correctly, for example with the use of continence aids. People told us staff always sought their consent to care and treatment and staff could explain how to apply the principles of the Mental Capacity Act. People received support from staff to maintain a healthy diet and they told us staff enabled them to choose what they had to eat and drink. People received support to monitor their health and access health professionals when they needed to.

People had support from kind and caring staff. People told us the staff were kind and polite. People were supported to make decisions about all aspects of their care and support and staff enabled them to choose things for themselves. People were supported in a way which maintained their independence. Staff encouraged people to do things for themselves where they were able. Staff supported people in a way which maintained their privacy and dignity when providing care and support.

People were not supported at the times they preferred. People told us staff were often late which meant they had to wait for their care and support. People told us that staff understood their preferences for how care and support was delivered. People knew how to complain and there were systems in place to ensure complaints were appropriately investigated and responded to.

People had opportunities to provide feedback about the quality of the service, but this did not always lead to improvements. People told us they had seen no improvements to the times of their calls despite giving

feedback to the management team. People's care records were not always reflective of up to date information and were not always reviewed. The provider had systems in place to check people's needs had been met; however this was not always effective. People did not always feel they could approach the management team. Staff felt they were supported by the management team and the manager had system in place to support staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People did not always feel staff understood how to support them safely.

People were not always supported by sufficient numbers of staff which meant that people did not always receive care and support at the agreed times.

People were protected from harm by staff that understood about safeguarding matters.

People were supported to take their prescribed medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

A range of staff training was in place however people did not always feel staff had the skills and knowledge to support them.

People were supported by staff that understood how to apply the principles of the Mental Capacity Act.

People had support to choose meals for themselves and maintain a healthy diet.

People had support to access health professionals when required.

Is the service caring?

Good

The service was caring.

People had support from staff that were kind and caring.

People told us staff enabled them to choose and make decisions about their care and support.

People were supported to maintain their Independence.

People were supported in a way that maintained their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive their care and support at the times they preferred.

People were supported by staff that understood their preferences for how care and support was delivered.

People understood how to make a complaint and received a response.

Is the service well-led?

Requires Improvement

The service was not always well led.

People's feedback did not always drive improvements

The systems in place to check the quality of the service were not always effective.

People told us they did not always feel the management team were responsive, however staff told us that they felt supported by the management team.

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 was planned to check 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 took place on 16 and 17 January 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Prior to the inspection, we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with ten people who used the service and four relatives. We spoke with both directors, the manager, the deputy manager, two senior care assistants and seven care assistants. We reviewed a range of records about how people received their care and how the service was managed. These included six care records of people who used the service, six staff records and records relating to the management of the service such as complaints, safeguarding and accident records.

Requires Improvement

Is the service safe?

Our findings

People and their relatives had mixed views about how well staff understood the support people required to manage risks safely. For example, three relatives told us they had experienced problems with staff not understanding how to use the hoist correctly. They told us they felt this was when staff had not attended the call before and did not know the person needs. They told us there had been no incidents as a result of the lack of knowledge, but they were concerned about this. However, some people told us staff understood how to support them with risks to their safety; for example, one person described how staff supported them when they walked with their frame.
We spoke to staff about using hoists and they told us they had training during their induction and this was repeated. Staff could describe for us how to use the hoists for people safely.
The manager told us staff worked alongside more experienced staff and were subject to competency checks before they could work unsupervised. We looked at staff training records and these showed that staff had been appropriately trained in manual handling. This meant whilst staff had undertaken training, they were not always putting this into practice.

We looked at the risk assessments within people's care plans, we found whilst risks were identified the care plan did not always document what action staff needed to take to reduce the risks. This meant there was a possibility that risks would not be managed in a consistent way.

There was not always sufficient staff to meet people's needs at the time they needed support. People told us staff were not always able to give them their care and support at the agreed time. They told us whilst they had never had to go without care and support often staff were late for the calls. One person said, "The times are really variable", whilst another told us, "Most of the time staff are late for my calls, I have spoken to the manager to ask for it to be moved, but they can't do it". People told us they did not receive support from consistent staff. One person said, "I have a different member of staff visit every day". Another person told us, "They are currently reorganizing so it is different staff all the time". People told us they had a list of times at which staff would support them sent through each week. However, some people told us this was not always adhered to and often changes to the times of their calls had not been communicated to them.

Staff we spoke with told us they did not feel there was enough staff. One staff member said, "I work part time and I am often asked to cover, I help when I can, but more staff would be better". Another staff member said, "The times people want are not always stuck to, this means people have their care either late or early".
Some staff felt part of the problem was there was not enough travel time allocated between calls to ensure they could be on time. One staff member told us, "As there is not enough travel time we end up behind on our calls, I sometimes start early to try and prevent this". We saw records of call times which identified people had received calls much later and in some cases earlier than planned. This confirmed what people and staff told us. We spoke with the provider and the manager about this. They told us they were aware of the issues with travel time and told us about the action they planned to take to improve this. For example, they were using a new system now to monitor this, but it had only started during the week of the inspection.
The provider told us they had experienced problems recruiting and retaining staff, and described the steps they were taking to improve this.

People received support from staff that had been recruited safely. Staff told us they had been interviewed for their role and had to have pre-employment checks carried out before they started work. These checks included two references and DBS checks to ensure they were safe to provide support to people who used the service. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. The provider had systems in place to ensure where disclosures were made the risks to people were assessed before staff were able to begin working with people. Records we looked at confirmed what staff had told us. This showed the provider had systems in place to safely recruit staff.

People told us they felt the service was safe. One person told us, "I feel safe because the staff always make sure my property is secure". Another person told us, "I feel safe with the staff they are great, a real life line". Staff could describe the signs of abuse and could tell us how this was reported to the appropriate authority. One staff member said, "An example may be changes in someone's behaviour or visible signs of bruising". Another staff member said, "This has to be logged and reported to the manger straight away, I know I can contact the local authority and CQC if no action is taken about my concerns". We saw incidents which had been reported to the manager were appropriately investigated and escalated to the local safeguarding authority. This showed staff understood how to recognise and report abuse and the manager had systems in place to appropriately investigate and escalate concerns raised and monitor incidents.

People who received support with their medicines told us staff supported them to take their medicines as prescribed. One person told us, "The staff make sure I have the right medicine at the right time, this gives me peace of mind". Staff told us they had received training in how to support people with their medicines and the provider had systems in place to check their competency. They could describe the medicine policy and how they recorded what medicines people had received. One staff member said, "We have instructions on the medicines and details of how to administer them, we have to record on the medicine records what support people have had". We saw medicine records included instructions on how to administer medicines, the reasons this was prescribed, any known side effects and details of how medicines should be stored. The care records also noted how medicines were ordered from the doctor and who was responsible for this. This showed us staff understood how to support people to have their prescribed medicines.

Requires Improvement

Is the service effective?

Our findings

People and their relatives had mixed views about the skills and knowledge of staff. They told us some staff did not seem to have enough knowledge about some aspects of their care and support, in particular when they were new to the role. One relative said, "Some of the new staff are not able to use continence aids correctly, I have to show them". Another relative said, "Some staff don't seem to know how to use the hoist correctly, they don't seem to have the skills". We were told staff were receptive to advice from relatives. However other people told us staff understood how to support them and appeared to be well trained. Staff told us they received an induction which included three days of training and 25 hours working alongside more experienced staff. Staff also told us they received regular updates to their training. Staff could describe to us how they used the training they received in their practice for example with medicines administration and safeguarding.

We spoke to the provider about how they checked to make sure staff were using the skills and knowledge they had learned. The provider told us they had a system of spot checks in place to observe staff practices. However, until recently these had not been consistently carried out but there was now a plan in place to complete these four times a year with all staff. The provider said this would identify any areas where staff were not competent in their role. We saw some records of spot checks which had been completed in January 2017 and they had identified issues with staff practice. We could see there had been action taken to discuss this with staff. This meant at the time of the inspection the provider had a system in place to check staff competency, however this had not consistently identified gaps in staff knowledge.

People told us the staff asked for their consent before carrying out care and support tasks. One person told us, "Staff always ask for my consent before doing things for me, even though they know the routine, they always ask". Staff understood consent and could explain how they sought this from people. For example one staff member said, "I always make sure people consent to their care, I ask them if it's ok to do things for them". 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. Staff could tell us about the principles of the MCA and how this would be applied, however they confirmed there was currently nobody receiving services that lacked capacity and required decisions taken in their best interests. The records we saw supported this.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff understood the principles of the MCA and could describe where people may be deprived of their liberty. We checked whether the service was working within the principles of the MCA, we found there was nobody being deprived of their liberty at the time of our inspection.

People that needed support with preparing meals and drinks told us staff offered them a choice and they understood their preferences. One person said, "The staff always check with me about meals, for example

they ask how I like my toast cooked". Staff described how they offered support to people with their meals. One staff member said, "I always ask what people want, some have prepared meals which need cooking, I check the instructions and make sure I serve it as the person wants". Another staff member said, "I always make sure I check for any out of date food and discuss with the person whether they would like me to dispose of this". Staff told us where people had specific dietary needs these would be detailed in the care records. For example, staff could tell us which people were diabetic and what this meant for providing meals. The care records supported what we were told, records of peoples preferences, specific needs and their food and drink intake was recorded on their care records. This showed people had support to choose their meals and maintain a healthy diet.

People received support to monitor and maintain their health. Most people we spoke to told us they were able to monitor their own health; however they said they were confident staff would assist them to seek health professional support should they need it. One person told us, "The staff help me to test my blood sugar for the District Nurses". Staff told us there was a system in place to record any concerns about people and report this to the management team for action. Staff could give examples of where they had requested people receive support to have a referral to a health professional. We saw records which showed staff had raised concerns about people's health and wellbeing and requested support from a health professional. The records showed what action had been taken. For example, one person had been referred to an Occupational Therapist for an assessment of their mobility. Another person had been referred to the District Nurse. This showed people were supported to access support from health professionals when required.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person said, "I don't think I could wish for anything better". Another person said, "They are all lovely and very caring, I have never had anyone come who wasn't polite". Staff told us they spent time getting to know what people liked and their preferred routines. One staff member said, "I always make sure I treat people how I would want to see my family treated". Another staff member said, "It is important to talk to people and put them at ease". Staff told us they made time to talk to people during calls and spent time getting to know people. They could share details with us about how people liked their care and support delivered. The provider carried out satisfaction surveys with people and their relatives. We saw there was positive feedback about staff and people and their relatives commented that staff were kind and caring. This showed people were supported by caring staff.

People told us they were able to make choices about their care and support and have their needs met in a way which they preferred. One person told us, "They always check how I like things done and offer me a choice of meals". Staff told us they offered people choices with their care and support. For example, they told us they offered choices about which tasks to do first, what people wanted to eat and drink and what they wanted to wear. They told us they made sure people were listening to their preferred radio station or had their preferred channel on the television. Care records we looked at showed people had been offered choices about their care and support. For example with meals. This showed us people were supported to make choices about their care and support.

People told us staff supported them to maintain their independence. One person told us about how staff encouraged them to do what they could for themselves and supported them where they required it. Another person told us how staff supported them to walk around their home. Staff told us they made sure people were encouraged to do what they could for themselves where they were able to. For example one staff member said, "I make sure I encourage people to wash independently where they can. We saw people's care records detailed which aspects of care people could manage themselves and what levels of support they required from staff. This showed people were encouraged to maintain their independence.

People told us the staff treated them with respect and protected their privacy and dignity. One person said, "The staff are respectful, they are careful with my belongings and respect the fact they are in my home". Staff told us maintaining people's dignity was important and could give examples of how they ensured dignity and privacy were maintained when they were supporting people. For example, one staff member said, "If there are visitors present, I ask them if they would mind leaving the room when we carry out personal care". Another staff member said, "When doing personal care it's important people are covered, doors are closed and curtains to maintain their dignity". The manager told us they were confident people's privacy and dignity was maintained by staff from the feedback they received from people and the spot checks they carried out. This showed people had their privacy and dignity respected.

Requires Improvement

Is the service responsive?

Our findings

Most people we spoke with told us they were not supported at the times they preferred. For example one person said, "Mostly staff are late for my morning calls, I have spoken to the manager about this, but it hasn't improved". Another person told us, "The times are an issue, I wanted 8.30am and some days it's nearly 10am when they come". Another person told us, "The hours are all over the place, they never stick to the times". Staff told us they could not always attend the call at people's preferred times. One staff member said, "People get upset when we are late, I apologise and ask 'on call' to let them know, but this doesn't always happen". We saw records which showed people did not have their preferred call times on a regular basis. We spoke to the provider about this and they told us they were working to introduce new ways of working to improve this. This showed us people did not always have their preferred call times.

People told us staff understood their needs and preferences, and they were involved in their assessment and care planning. One person said, "They all know how to support me". Another person said, "The staff will listen to me about how I like things done". Staff understood people's preferences around their care and support. Staff told us people were involved in the initial assessment of their needs to identify people's individual needs and preferences. They told us a prompt sheet was then put in place which detailed what they needed to do to support the person. Staff told us where something changed there was a system to update the prompt sheet immediately to reflect the new instructions for staff. One staff member said, "The prompt sheets state information about what is needed and how to complete the call". We saw copies of the prompt sheets which provided detailed information about people's care needs and preferences. For example, whether they could clean their own teeth, their preferences for hot drinks, any specific instructions about medicine storage and what breakfast cereals people preferred. This showed us people received support from staff who understood their needs and preferences.

People and their relatives told us they understood how to make a complaint. We received mixed views about how complaints were responded to. Some people and their relatives said they had raised concerns about the times of the calls and staff being late, however this issue had not been rectified. Whilst other people told us they had raised concerns with the management team and had been satisfied with the response. We saw records of concerns and complaints which had been appropriately investigated and responded to by the manager and directors of the service. We saw appropriate action was taken in response to complaints to ensure learning and make improvements. For example; actions had been taken to improve staff knowledge and skills following a complaint about record keeping. This showed the manager had a system in place to investigate and respond to people's complaints and ensure learning was used to improve the service.

Requires Improvement

Is the service well-led?

Our findings

People confirmed they had opportunities to give feedback about the service they received, however they told us action was not always taken to improve the service. For example most people we spoke to had given negative feedback to the provider about the call times, but they told us they had seen no improvement. The manager told us they used the results to inform an action plan for the service. We saw records of feedback which showed people had raised concerns about call times over the previous 12 months, but people had not had an improved experience at the time of the inspection. The provider said they were taking action to address these issues. This showed the provider had systems in place to gather feedback; however this was not always used to drive improvements.

People's care plans were not always up to date and did not reflect the information in the prompt sheet or the information staff knew about people and their needs. We could see care plans had not been reviewed on a regular basis. The provider was aware of the need to update care plans and had begun working on these. However at the time of the inspection most people's care plans had not been reviewed and did not reflect the prompt sheets which were used to direct people's care and ensure staff knew how to meet people's needs and preferences. This meant the provider did not have a system in place to review and update care plans.

The manager told us they reviewed people's care records to check people had their needs met. They said daily records, which included medicine records, were bought into the office every four weeks and were checked by the management team. They said issues identified were followed up and action was taken. We looked at people's daily care records and found in some cases the records had not been bought into the office for a period of two months. As a result the manager had not been able to be assured people had received support to meet their needs in line with their care plan. We spoke to the manager about this and they could show us examples of where checks had been carried out and actions had been taken. However they said they would implement a system to check all daily records had come into the office on a monthly basis to enable these checks to be carried out, and record the checks they had undertaken. This showed the manager could not demonstrate the systems in place to check people's care needs had been met were effective.

The provider told us they had recently introduced a system which would monitor the care calls delivered. The monitoring system had been commenced during the week of the inspection. The system was able to show the manager if any calls had been missed. These were flagged up immediately to the duty manager who was then able to provide care for any missed calls. The provider told us this meant the risk of people missing calls had been reduced. The provider told us there was a plan in place to use the system to more closely monitor the quality of the service using this new system. The system also enabled the manager to monitor the length of calls so they could speak with commissioners if the calls times were not sufficient or too long and to see if people were having their calls at the times they preferred. However this had only just started during the week of the inspection. This showed the provider had a system in place to monitor the times people received their care and support, but at the time of the inspection this had not been fully embedded.

People and their relatives told us the management team were not always responsive. They told us the managers did not respond to their concerns. One person said, "I don't feel the managers are approachable". Whilst another person said, "I have spoken to the manager about concerns over times of calls but nothing changed". "One relative told us, "There is nobody to speak to get satisfaction". Another relative told us, "I contacted the office once about the call times and different staff, but they didn't get back to me". Staff however told us they had good relationships with the management team and felt they could raise concerns with them and seek support. Staff could give examples of where managers had listened to them and taken on board suggestions or taken action to address concerns. For example, one staff member told us about requests they had made to managers for referrals to health professionals. Whilst another staff member told us they had approached the manager when they had some difficulties with their rota. One staff member said, "The managers are very supportive to staff, they are approachable and will listen. This showed whilst staff felt the management team were supportive, people did not always feel able to approach the management team and seek action for their concerns.

The manager told us they had systems in place to offer support to staff. They said they had supervisions with staff and the aim was to do this every four times per year for each staff member. They told us this had been difficult to achieve last year; however they were now scheduled in for the coming year. We spoke to staff about supervision and they told us they were able to discuss their performance and any training requirements. We saw records which showed staff had received supervision in January and there was a schedule in place for the remainder of the year. This showed the provider had plans in place to offer support to staff.

The manager and directors understood their statutory responsibilities. A provider is required to submit a statutory notification to notify CQC of serious incidents such as injuries, deaths or allegations of potential abuse. Where these were required, the directors had submitted them.