

Priory Nursing Agency And Homecare Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Priory Nursing Agency & Homecare Limited is a domiciliary care agency. The agency provides personal care to people living in their own homes in the community. There were approximately 45 people using the service at the time of our inspection.

People's experience of using this service:

People and their relatives told us they were mostly satisfied with the care they received. They stated that staff were capable, did their jobs well and people felt safe when cared for by staff.

There were arrangements to protect people from potential risks. Risks to people's health and wellbeing had been assessed. Risk assessments contained guidance for staff on minimising risks to people.

There were arrangements to protect people from abuse. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to, or at risk of abuse.

People received their medicines as prescribed. Staff had received medicines administration training and knew how to administer medicines safely.

Staff were safely recruited, and essential pre-employment checks had been carried out. There were enough staff to attend to people's needs. Staff had received appropriate training and support to ensure that they were able to carry out their duties. The registered manager and senior staff carried out regular supervision sessions, annual appraisals and spot checks.

The healthcare needs of people had been assessed and staff worked closely with healthcare professionals to meet the needs of people.

Staff encouraged people to have a healthy diet where this was part of their contracted responsibilities. They were aware that if there were significant fluctuations in people's weight, they should alert their manager, relatives and professionals involved.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were treated with dignity and respect. Staff had received training on ensuring equality and valuing diversity and respecting the human rights of people.

The service provided people with person-centred care and support that met their individual needs and choices. People's preferences and choices had been responded to.

The service took complaints seriously. Complaints recorded had been promptly responded to. With one exception, people and relatives were aware of who to complain to.

The service was well managed. Morale among staff was good. Management monitored the quality of the services provided via checks and audits. These audits were however, not sufficiently comprehensive. We have made a recommendation accordingly. The registered manager stated that they would ensure that audits were comprehensive.

Results of a recent satisfaction surveys indicated that people and their representatives were satisfied with the care and services provided.

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

Rating at last inspection:

The last rating for the service was Good (published on 13 June 2017).

Why we inspected:

This was a scheduled planned comprehensive inspection.

Follow up:

We will continue to monitor the service through the information we receive. 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 ●

Priory Nursing Agency & Homecare Limited

Detailed findings

Background to this inspection

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

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

This service is a domiciliary care agency providing personal care to people living in their own homes. It provides a service to older adults and some younger adults. 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.

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 48 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.

We visited the office location on 8 January 2020 to see the registered manager and office staff and to review care records, policies and procedures and other records associated with the running of the service.

What we did before the inspection:

We reviewed information we held about the service such as reports about the service and statutory

notifications. A statutory notification is information about important events, which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We used this information as part of our planning.

During the inspection:

We spoke with the registered manager, the deputy manager and the care co-ordinator. We looked at six care records, six staff records, training records, policies and procedures, audits, satisfaction surveys and other records needed for the running of the service.

After the inspection

We spoke with five people who used the service, four relatives of people who used the service and seven care staff. We received feedback from two care professionals.

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 Good. At this inspection this key question remained Good. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures in place to safeguard people from abuse. Staff had received training and were aware of action to take if they suspected people were subject to, or at risk of abuse.
- People and relatives told us that people were safe when cared for by staff. One person said, "I am happy with my carers. They talk nicely to me and show me respect." A relative said, "We are happy with the carers. They are gentle and my relative feel safe with them."

Assessing risk, safety monitoring and management

- People were protected from potential risks as the service had suitable arrangements. Risks to people's health and wellbeing had been identified and documented. There was guidance for staff on how these risks could be minimised.
- The risk assessments included risks assessments for moving and handling, risk of falls, and risks related to individual medical conditions such as diabetes and having a urinary catheter.
- Staff we spoke with told us they had been informed of people's care needs prior to visiting them. They were aware of potential risks to people and action to take such as contacting their senior staff or the emergency services if needed.

Staffing and recruitment

- Staff were safely recruited to ensure they were suitable to work with vulnerable people. They had the appropriate checks prior to being employed. Staff records contained evidence of Disclosure and Barring Service checks (DBS), references, evidence of identity and permission to work in the United Kingdom.
- The service had adequate staffing levels to meet the needs of people. Staff told us they had enough travel time between visits. People and relatives told us that staff were usually on time.

Using medicines safely

- Medicines were managed safely. Staff had received training in the administration of medicines. Medicine administration records (MARs) indicated that people received their medicines as prescribed. There were no unexplained gaps in the six MAR charts we examined.
- Monthly checks of MARs had been carried out to ensure that medicine administration procedures were followed. We however, noted that these checks had not been routinely documented. The registered manager agreed that this would be done.

Preventing and controlling infection

- The service had an infection control policy to provide staff with guidance on how to minimise the risk of

infection.

- Staff had received Infection control training and were aware of infection control measures. The service had a stock of personal protection equipment (PPE) such as shoe covers, gloves and aprons kept in the office for use by staff. Staff told us that they used PPE and this was also confirmed by people we spoke with.
- People using the service and their relatives told us that staff observed hygienic practices when attending to people who used the service, and this included wearing gloves and aprons when needed. One person said, "My carer is hygienic. When preparing a meal, she washes her hands and wear gloves. She cooks what I want to eat."

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, action had been taken to prevent re-occurrences.

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 Good. At this inspection this key question remained Good. People's outcomes were consistently good, and people's feedback confirmed this.

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

- The feedback we received indicated that people's needs had been assessed and met. A person who used the service said, "I am happy with the carers. They do exactly what is needed." Another person said, "I have no problems. I am with the carer. The supervisor does come and check if everything is alright."
- The service assessed people before their care was provided by the service. This ensured their needs could be met. Assessments covered people's environmental, physical, mental health and social care needs.
- People's cultural, religious or other special needs and preferences were identified so staff could understand and meet these.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. They had received a comprehensive induction.
- Staff confirmed they had completed a wide range of essential training including safeguarding of adults, moving and handling, health and safety, food hygiene, first aid and the Mental Capacity Act 2005.
- Staff were well supported by management. There was documented evidence of regular supervision and an appraisal of their performance. Staff told us that their managers were approachable and supportive.
- A care professional told us that staff seemed well trained and had been supervised.

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

- Staff had been provided with training on the importance of nutrition and hydration. Where support with meals was required, they had recorded individual food preferences such as what they liked to eat and how the food is to be prepared. This took into account people's cultural, religious or health needs.
- Care plans had guidance for staff on their responsibilities in preparing meals for people. People informed us that staff prepared the meals according to their preferences.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with local authority service purchasers, health and social care professionals. Staff told us that if needed, they could contact relevant professionals to ensure that people received appropriate care.
- We received positive feedback from three care professionals that the agency worked well with them and people had improved when cared for by the service.

Supporting people to live healthier lives, access healthcare services and support

- Most people arranged their own healthcare appointments or had family who supported them in making

appointments.

- Staff monitored people's wellbeing. They were aware that if there were any deterioration in people's health, they should inform people's relatives or contact the registered manager so that if needed, the appropriate care professionals can be informed.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- Care plans included detailed information about people's capacity to make decisions.
- Staff had received MCA training. They were aware that when a person lacked the capacity to make a specific decision, their representatives including relatives and professionals would be involved in making a decision in the person's best interests.
- There was documented evidence in care records that people or their representative's consent to care were sought and agreed before care was provided.

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 remained Good. People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had been treated with respect and dignity. This was confirmed by them and their relatives. One person said they had been treated with respect and dignity. Another person said, "I am happy with my carer - I have no problems. The supervisor does come and see me and check if everything is alright."
- The service had a policy on ensuring equality and valuing diversity. Staff we spoke with had a good understanding of equality and diversity and respecting people's human rights, their individual beliefs, culture and background. They knew what was expected when entering the homes of people from other cultures. Feedback we received from people and their relatives indicated that staff were respectful of people's culture, religion and any special needs they may have.
- One person said staff cooked food they liked. Another person said, "I am happy with the carers. They do exactly what I like and is needed." A care professional informed us that care staff were able to form a good relationship with one of their clients who had behaviour that challenged the service.

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

- People and their relatives were involved in the planning of people's care. The information obtained from them were used in preparing people's care plans. The plans contained information on what they liked, how they wanted to be cared for and their preferred times of calls.
- The service employed some staff who spoke the same language as some people they supported. This enabled staff to communicate more effectively with people who could not speak in English.
- The care co-ordinator regularly met with people to seek their views and ensured they remained satisfied with the services provided. This was confirmed by people we spoke with.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff were friendly and respected people's privacy and dignity. One relative said, "My relative's carers shows respect and protects her privacy when giving personal care. They close the curtains."
- Staff were aware of protecting people's privacy. They said that when providing personal care, they would close the doors and curtains and make sure people were not exposed.
- Staff promoted people's independence. They told us they would encourage people to do as much as they can for themselves. This was confirmed by people we spoke with.

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 Good. At this inspection this key question remained Good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support. They had been assessed prior to services being provided. Care plans were then prepared with guidance for staff on how to support people's individual needs. People and their relatives told us they were satisfied with the care provided. One person said, "I am very happy with care. They are brilliant!" A care professional stated that they were very satisfied with the care provided and it meant that their client did not have to be admitted into a care home.

- We discussed the care of people with diabetes with staff. They were knowledgeable regarding the needs of people with diabetes. They knew of the signs and symptoms to be aware of if people were unwell. They said they would inform their manager so that healthcare professionals could be informed, and they would contact the emergency services if needed.

- People's care had been regularly reviewed with them and their representatives. This was done in reviews of care carried out. People and their relatives confirmed that this happened in practice.

- Care workers completed daily records which included personal care given, information if medicines had been given and any difficulties experienced by people.

Meeting people's communication needs

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

- The service had assessed the communication needs of people and this was recorded in the care records so that the service can take action to meet these needs.

- The registered manager stated that the service employed a mix of staff to meet the language, and the cultural needs of people. Care workers could be matched with people who spoke the same language so that communication with people could be improved. For example, this included matching people who spoke Gujarati or Hindi with care workers from the same cultural background.

- Some policies and procedures were produced in large print so that they can be easily read by people. The registered manager stated that they would be producing their service user guide in an easy to read format.

Improving care quality in response to complaints or concerns

- The service had a formal complaints procedure. We looked at concerns and complaints recorded. These had been promptly responded to.

- With one exception, people and relatives knew how to make a complaint. Feedback from them indicated that where concerns and complaints had been raised, these were promptly dealt with. The registered

manager promptly contacted the person concerned who was unaware of the complaints procedure to inform them of it and stated that he would also provide them with a service user guide.

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 Good. At this inspection this key question remained Good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they were well managed and supported by the management of the service. They informed us that they had stayed with the agency as they were happy to work for it and they had confidence in their managers. There was good communication and they worked well together. Monthly staff meetings had been held where staff could express their views and receive updates regarding the care of people.
- People and their relatives spoke positively about the way the service was run. One person said, "We are happy with the service. The management is good. I have no complaints about the agency." Another person said, "They have come to review my care. I am happy with them. The carers are always on time."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. She knew when she needed to report notifiable incidents to us.
- People and relatives told us that people were well cared for and they were involved in decisions to do with people's care. They stated that senior staff had visited them regularly to discuss the quality of care provided. The care records contained documented evidence of regular communication with people and their relatives.
- Care documentation and records related to the management of the service were well maintained and up to date.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a wide range of policies and procedures available to provide guidance for staff on how to meet fulfil their roles and responsibilities. These had been subject to regular reviews.
- Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen whilst providing its service. The registered manager and senior staff were aware of this responsibility and had submitted notifications when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to gather feedback about the quality of service from people who used the

service and their relatives. It also sought feedback from staff.

- The analysis of the recent satisfaction survey indicated that people were satisfied with the services provided and they had been treated with respect and dignity.
- The service fully considered and met people's equality and diversity needs. For example, one person wanted staff to cook their ethnic dishes. A staff member from the cultural background was found and provided this service and the person was very happy with it. The service was also able to provide staff who spoke the same language as people. This ensured that staff understood people's special needs and were able to care effectively for them.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor the quality and safety of the service and make improvements. Regular home visits and spot checks on staff were carried out by the care co-ordinator to assess staff performance and ensure that people's needs were met. The deputy manager stated that they checked the punctuality of visits to people via time sheets sent in. She also checked if medicines had been given via their electronic system.
- Regular audits carried out included audits of finances, staffing arrangements and complaints. These audits were however, not sufficiently comprehensive and we did not see documented evidence of regular and planned audits for punctuality, medicine arrangements, care documentation, incidents and accidents. The registered manager stated that improvements would be made in this area and audits would be made comprehensive.

We recommend that the service implement a system of regular and comprehensive audits. This is needed to ensure that deficiencies are noted and promptly responded to.

- Where areas for improvement were identified, the registered manager took corrective action, and this included ensuring that risk assessments and care plans were updated.

Working in partnership with others

- The service maintained good working relationships with partner agencies. This included working with other health and social care professionals, such as community nurses, GPs and social workers. Feedback we received from two care professionals indicated that the service co-operated and worked well with them to meet the needs of people.
- One care professional stated that management were very supportive of them and had kept them informed of their client's fluctuating condition. Another care professional stated that the agency was always prompt to respond and they had a good problem-solving approach. A third care professional stated that the agency was good at managing people whom other services had rejected and the agency was able to make improvements in these people's lives.