HOMECARE SERVICE

Parry Healthcare Wiltshire

Overall **Requires improvement**

Floor 5, Bridge House, Station Road, Westbury, BA13 4HR (01634) 394981

Provided and run by:

Parry Healthcare Limited

Report from 2 June 2025 assessment

Ratings

Overall	Requires improvement
Safe	Requires improvement
Effective	Requires improvement
Caring	Requires improvement
Responsive	Requires improvement
Well-led	Requires improvement

Our view of the service

Date of assessment 5 June 2025. The service is a care at home service providing support to adults of all ages, people living with dementia, people with mental health challenges and people with sensory impairment. This is the first assessment since it registered with the Care Quality Commission (CQC) on 8 November 2023. Parry Healthcare limited Wiltshire supported 17 people with varied needs.

The provider had completed detailed care plans for people they supported. These care plans were person centred and contained details of people's needs and preferences. People said they were supported kindly and listened to. Staff had received supervision and told us they felt supported by the provider. However, there were areas of governance that required improvement. We were not provided with the documents we requested in a timely manner and a number of records were not fully completed. This meant not all staff had a strong knowledge of the requirements of their role or the vision of the provider. Medicines were not recorded in line with national guidance.

We found a breach of regulation: good governance. In instances where CQC have decided to take civil or criminal enforcement action against a provider, we will publish this information on our website after any representations and or appeals have been concluded.

People's experience of this service

People and relatives shared mixed feedback about the service. Whilst people and their relatives felt people were safe overall, there were concerns about their support being late and at times staff not staying for the full time needed. Some people felt their support was rushed.

People told us that overall, communication with the managers was good. However, others had some concerns regarding time given by staff to enable people to communicate effectively and concerns that the service did not communicate with people when their support was delayed.

People told us staff were kind and caring. Comments about the staff included, 'They are very helpful' 'Staff treat me very kind' and 'I am happy with the service I get.'.

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Safe

Requires improvement

7 July 2025

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first assessment for this newly registered service. This key question has been rated. Requires Improvement: This meant people were not always safe and protected from avoidable harm.

This service scored 59 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Learning culture

Score: 3

The provider detected and controlled potential risks in the care environment. They made sure equipment, facilities and technology supported the delivery of safe care. For example, equipment required by a person had stopped working and the provider ensured that they contacted the correct people to have the equipment repaired quickly. Staff told us about environmental risk assessments which detailed areas of risk and ways to mitigate these risks. Staff told us that they checked equipment for maintenance dates before use.

Safe systems, pathways and transitions

Score: 3

The provider worked with people and healthcare partners to establish and maintain safe systems of care, in which safety was managed or monitored. Care records contained assessments which had been completed with people. These assessments identified risks to people and how they would be mitigated. Staff told us that information about people new to the service was shared with them. One person told us their transition was 'excellent.'

Safeguarding

Score: 2

The provider worked with people and healthcare partners to understand what being safe meant to them and the best way to achieve that. Staff concentrated on improving people's lives while protecting their safety and supporting them to be free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. The provider shared concerns quickly and appropriately. Where people were at risk of harm, the provider took appropriate action and notified healthcare partners. People told us they felt safe. Staff told us they had access to risk assessments and training to keep themselves and the people they supported safe. However not all staff had read these risk assessments. Staff completed safeguard training. Some staff told us they had a safeguarding lead and knew how to report concerns or signs of abuse. However not all staff we spoke to were confident or had a clear knowledge and understanding of safeguarding. .

Involving people to manage risks

Score: 2

The provider did not always work well with people to understand and manage risks. Staff told us that administrative or senior staff completed risk assessments which they had access to on an electronic system. However, not all risk assessments had been read by all staff. For example, a risk assessment was in place for a person with moving and handling needs. We saw that not all staff had read this risk assessment prior to supporting the person. The Registered Manager told us the electronic system did not record who had read documents and there was no other system to enable them to monitor that staff had read risk assessments. This meant that the provider could not ensure that staff were aware of risks or the actions to take to mitigate these risks and keep people safe.

Risk assessments for medicines did not always identify individual risks regarding specific medicines. We saw that a medicines risk assessment for a person identified medicines that may pose a risk but did not identify if these medicines were prescribed to the person.

People's emergency evacuation plans (PEEP) which were completed to give guidance in the event of a fire, did not have adequate details to ensure staff knew how to support people safely. For example, one PEEP we viewed, for a person who required a wheelchair and hoist, did not state who controlled the wheelchair and had not identified the additional time it may take to use the hoist. This meant the provider could not always ensure that people were supported safely.

People we spoke to were not always aware of their risk assessments. One person we spoke to said they did not know about their risk assessments. This meant that the people were not fully involved in their risk assessments and may not have been fully aware of what would happen in the event of an emergency.

Safe environments

Score: 3

The provider detected and controlled potential risks in the care environment. They made sure equipment, facilities and technology supported the delivery of safe care. For example, equipment required by a person had stopped working and the provider ensured that they contacted the correct people to have the equipment repaired quickly. Staff told us about environmental risk assessments which detailed areas of risk and ways to mitigate these risks. Staff told us that they checked equipment for maintenance dates before use.

Safe and effective staffing

Score: 2

The provider made sure there were enough qualified, skilled and experienced staff, who received effective support, supervision and development. They worked together well to provide safe care that met people's individual needs. The provider's training records showed that staff had completed training required to ensure they could meet people's needs. Staff told us they had a 4-6 week induction which included online training and shadowing competent staff. The provider had recruitment records which showed that pre-employment checks had been completed. However not all of these records were complete we saw that one staff members application form dates of employment di not match the reference provided. One staff members records contained one reference but the provider had not completed a risk assessment to mitigate any risk associated with this. This meant the provider could not ensure that all staff were recruited safely.

People we spoke to said they felt staff were trained. The provider told us that 6 staff predominantly worked within the Wiltshire branch, and that people were supported by set staff members. However, people told us that staff they did not know often arrived and that staff were late. For example, we saw records which demonstrated, for one person they supported, that staff were more than 10 minutes late on 23 occasions over a 3 month period. Another person received visits over ten minutes late on 102 occasions during a 4 month period This meant staff provision was not effective, and people may have been left at risk of harm.

Infection prevention and control

Score: 2

The provider assessed but did not always manage the risk of infection. They did not always control the risk of infection spreading. The provider had an infection prevention policy that gave guidance to staff.

Staff had completed infection prevention control training. Staff were able to tell us when they would wear personal protective equipment such as gloves and aprons and that there was enough of this equipment available to them. However, one person we spoke to told us that staff did not always wear gloves and aprons, or clean items thoroughly. We were told by one person that urine was regularly spilled on the floor and that their water bottles are not adequately cleaned. This meant that people were at risk of infection.

Medicines optimisation

Score: 2

The provider did not always make sure that medicines and treatments were safe and met people's needs, capacities and preferences. The provider completed medicines audits to ensure staff were competent and supporting people safely. However, medicine administration recording sheets (MARS) did not contain full information in line with national guidance. For example, the completed audits failed to identify the number of tablets to administer in line with the prescription. We requested the medicines policy on more than one occasion and the provider did not provide this. This meant that if the policy was not available within the service there was a risk staff would not have full guidance when supporting people with their medicines and may not administer them safely.

However, staff had completed training to enable them to support people with their medicines. Staff told us they received training and the manager checked their competency. Staff knew how to report any errors in medicines.

People told us they were helped with their medicines. However, one person said that their medicines were not ordered in a timely manner. This meant that they were at risk of running out of medicines.

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Effective

Requires improvement

7 July 2025

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

This is the first assessment for this newly registered service. This key question has been rated Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

This service scored 58 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Assessing needs

Score: 3

The provider made sure people's care and treatment was effective by assessing and reviewing their health, care, wellbeing, and communication needs with them and this was agreed by people. The registered manager told us that they or the location manager visited people each month to discuss their needs and assess any changes that may be required. Staff told us that if people's needs change the care plan is updated and staff are prompted to read the care plan. People told us that they saw the location manager regularly. However, one person said they would like their needs reviewed.

Delivering evidence-based care and treatment

Score: 2

The provider did not always plan and deliver people's care and treatment with them, including what was important and mattered to them. Care plans contained details to ensure that people were supported in line with their needs. A person who required support with their communication had details within their care plan of how to support them with their communication via the use of assistive technology. Staff told us they received training such as diabetes training to meet people's specific needs.

However, feedback we received from people showed that care provided was not always in line with people's wishes. For example, one relative told us that sometimes staff appeared frustrated with the person they were supporting. We were told they did not feel that staff treated their home as they would their own. Another relative told us that sufficient time was not taken to communicate with the person. When we asked if the person was involved in creating their care plan we were told that 'I don't get involved in that at all.' preferences. Another person said they felt there was 'a lack of co-ordination' and 'I would like to see them be more pro-active'. This meant that people's support was not always delivered in a way that met people's needs and preferences.

How staff, teams and services work together

Score: 3

The provider worked well across teams and services to support people. They made sure people only needed to tell their story once by sharing their assessment of needs when people moved between different services. The provider shared assessments with other healthcare professionals and worked with the local authority to assess and review people's needs. We were told by other professionals that the provider communicated well with them. Staff told us that communication within the team was good and effective. They told us that the location manager was easy to talk to and when there is a problem managers sort it immediately.

Supporting people to live healthier lives

Score: 2

The provider supported people to manage their health and wellbeing to maximise their independence, choice and control. However, staff did not always support people to live healthier lives. The registered manager told us that they speak with people to offer them information on their medicines and provide information leaflets to support understanding of skin integrity.

Monitoring and improving outcomes

Score: 2

The provider did not always routinely monitor people's care and treatment to continuously improve it. They did not always ensure that outcomes were positive andconsistent, or that they met both clinical expectations and the expectations of people themselves.

The provider offered people the opportunity to complete surveys to gain feedback and make improvements. However, some people told us they had not received a survey. The location manager told us they visited people regularly to speak with them about their care. However, these visits did not identify or resolve all areas of support of concerns.

The provider maintained a complaints log and had addressed these complaints. However, people told us that sometimes these actions did not prevent the problem from happening again. One person told us that they had spoken to the provider and raised complaints but 'that doesn't solve it.' This meant that people's outcomes were not always positive, and improvements had not always happened for them.

Consent to care and treatment

Score: 2

The provider told people about their rights around consent but did not always respect these when delivering person-centred care and treatment. There were records to gain people's consent for their care and treatment when they were first supported by the provider. However, one consent form we saw had not been fully completed. This meant that the provider could not be sure if people were giving consent. Staff told us they asked people what they wanted and if they were happy before they supported them. Some people told us that they were asked before support was provided. However, some people told us that they were not asked for consent by staff in areas such as administering medicines

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Caring

Requires improvement

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

This is the first assessment for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well supported, cared for, and treated with dignity and respect.

This service scored 60 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Kindness, compassion and dignity

Score: 2

The provider did not always treat people with kindness, empathy and compassion, or respect their privacy and dignity.

Staff told us they knocked before entering rooms and always explained what they were doing, regularly checking it was ok. People told us staff were kind. One person we spoke to said, 'I feel like they are family.' Another person said, 'They always close the door.' However, some people we spoke to told us that 'some staff are brilliant, [but] it depends on who you get'. We were told that 'some staff gave choices' and that some do not give the person privacy or knock before entering. This meant that people could not be sure that they would be treated with kindness, compassion and dignity all of the time.

However, staff treated colleagues from other organisations with kindness and respect.

Treating people as individuals

Score: 3

The provider treated people as individuals and made sure people's care, support and treatment met people's needs and preferences. They took account of people's strengths, abilities, culture, unique backgrounds and protected characteristics. The provider had assistive technology in place to support a person whose first language was not English. People with communication needs had detailed care plans to ensure staff new how best to communicate with them. Care plans contained details of people's preferences. One relative told us, 'They can predict [person] needs' and 'they know [person]well'.

Independence, choice and control

Score: 2

The provider promoted people's independence, but not always ensuring people had choice and control over their own care, treatment and wellbeing. Care records we saw contained details of what people liked to do for themselves.

Staff told us that they asked people how and what support they wanted. However, we spoke to a relative who told us that staff did not give enough time for the person to communicate fully and that they were 'rushed'. This meant that they did not always have the time needed to make and communicate their choices. We were told by people and their relatives that they did not always know which staff was coming to support them. Relatives were not always given opportunity by staff to support their family member at times of distress. This meant service user were not involved in choosing staff that supported them.

Responding to people's immediate needs

Score: 2

The provider did not always listen to and understand people's needs, views and wishes. Staff did not always respond to people's needs in the moment or act to minimise any discomfort, concern or distress.

Staff told us they had access to a 24hr on call system so they could gain support when required. However, we saw evidence that staff were late to visit people and the provider was only made aware of this lateness when the staff member registered their attendance on the electronic system. We saw that on more than one occasion staff had visited more than an hour later than planned. This meant that people were waiting for support which may have caused difficulties for those people who required time specific support.

Additionally, we spoke to people who told us that they were not contacted to inform them that their support would be late. We were told by one relative that staff 'often left early'. Another person told us that support required on one occasion did not turn up leaving the person at risk of harm. This meant that people did not always receive the full support they had agreed to and may not have had access to the full support they required.

Workforce wellbeing and enablement

Score: 3

The provider cared about and promoted the wellbeing of their staff, supported and enabled them to always deliver person-centred care. Staff were supported through an induction when they started. The registered manager told us that this induction was flexible meaning if staff required further or longer support this would be provided. Staff told us that they are 'treated well'. They said that a manager checked on them if they were late to ensure they were ok. Staff told us they knew how to complain.

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Responsive

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

This is the first assessment for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

This service scored 61 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Person-centred Care

Score: 2

The provider did not always make sure people were at the centre of their care and treatment choices. They did not always work in partnership with people, to decide how to respond to any relevant changes in people's needs. The location manager and registered manager visited people regularly to discuss their needs.

Staff told us that 'person centred care is one of our mottos'. Staff told us they always checked what people wanted and how they like things done. However, people and relatives told us that they were not aware of who was visiting in advance and that frequently they did not recognise the staff member who visited them. We were told that staff do not always interpret the person's communication correctly and assume their vocalisation is meaning yes. We were told 'I wish people would take more time to talk to [person]'. This meant that people may not always have been supported in a person-centred way.

Care provision, Integration and continuity

Score: 3

The provider understood the diverse health and care needs of people and their local communities, so care was joined-up, flexible and supported choice and continuity. The provider had a continuity plan in place which identified options in the event of adverse events. Staff told us they received their working hours in advance. People told us that the location manager was easy to contact. However, people we spoke to said that they did not know which staff would be visiting. This meant that people were not always in control of planning their care and support.

Providing Information

Score: 2

The provider did not always supply appropriate, accurate and up-to-date information in formats that were tailored to individual needs. We were told by the registered manager that assistive technology was used to translate information into people's preferred language. The provider offered documents in large print where needed. However, people we spoke to said that they had received information but did not fully understand it.

Listening to and involving people

Score: 2

The provider provided opportunity for people to share feedback and ideas, or raise complaints about their care, treatment and support. People were provided with clear information on how to raise complaints. The provider had records of complaints that included the feedback given to the person. We saw the provider had a complaints policy which set clear expectations of how to complain and what the provider would do in response.

However, people told us that when they raised a complaint it sometimes took a few days for the provider to respond to them. They told us that although a complaint is addressed by the provider and they take action to resolve it, this does not always prevent the problem from happening again.

Equity in access

Score: 2

The provider made sure that people could access the care, support and treatment they needed when they needed it. Communication aids were used to ensure people could indicate their needs for support. The provider contacted other healthcare professionals when people required equipment or additional support.

However, people told us that they did not have access to information about which staff member would be supporting them as this was held electronically. One person said, 'I wish they would just write it on a piece of paper'. We were told that staff wore name badges to identify them. However, some people told us that their eyesight meant these were too small for them to see.

Equity in experiences and outcomes

Score: 3

Staff and leaders actively listened to information about people who are most likely to experience inequality in experience or outcomes, and tailored their care, support and treatment in response to this. The registered manager told us they supported people who were more likely to experience inequality due to their religious beliefs or sexual orientation. People's care plans contained details of their religious requirements and preferred pronouns.

Planning for the future

Score: 3

People were supported to plan for important life changes, so they could have enough time to make informed decisions about their future, including at the end of their life. We saw that care plans contained clear details of people's wishes with regard to their end-of-life plans. This included information about where documents related to end of life were stored. This meant staff could access the information easily if required. Staff told us that if a person they supported had a goal, the staff would communicate it to a manager and give 'any support they could to make it happen'.

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Well-led

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

This is the first assessment for this newly registered service. This key question has been rated Requires Improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

This service scored 62 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Shared direction and culture

Score: 3

The provider had a shared vision, strategy and culture. This was based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and their communities. This vision was shared with staff during their induction. Team meeting records showed that the provider discussed and shared information that supported their direction and culture. However not all staff were clear on what the vision was. This meant the provider could not be sure that staff were working in line with the vision.

Capable, compassionate and inclusive leaders

Score: 3

The provider had inclusive leaders at all levels who understood the context in which they delivered care, treatment and support and embodied the culture and values of their workforce and organisation. Staff told us that managers were visible and approachable. Specific comments included 'The registered manager is a good person' and 'The manager listens and is a good communicator.'

Freedom to speak up

Score: 3

The provider fostered a positive culture where people felt they could speak up and their voice would be heard. The provider had a freedom to speak policy for staff to access. Staff we spoke to were not clear on what freedom to speak up meant. However, they were able to tell us how they could complain, and mangers listened.

Workforce equality, diversity and inclusion

Score: 3

The provider valued diversity in their workforce. They worked towards an inclusive and fair culture by improving equality and equity for people who worked for them. The registered manager told us they sent cards to staff during celebrated religious festivals and supported staff to have time for their religious beliefs. Flexible working agreements were in place for staff who required it. Staff told us they felt well supported.

Governance, management and sustainability

Score: 1

Although the provider had clear responsibilities and roles, they did not have a clear understanding of good governance. They did not always have systems to monitor information shared with staff. This meant they could not always ensure that staff had read appropriate information to enable them to support people in the correct way.

The provider did not always share information with others in a timely manner. We requested information as part of this assessment, but it was not shared in a timely manner. Not all policies had been reviewed or fully completed. We saw that the business continuity plan had not been reviewed and did not contain full information. This meant they could not ensure they were fully prepared for adverse events.

The provider had identified learning and created an action plan. However, timescales to address the shortfalls were not identified. This meant the registered manager was not able to ensure they took the appropriate actions within the timeframes they had set.

Not all consent records had been completed in full. For example, we saw that a person had signed a consent form, but this form was not clear if they were agreeing to consent for care and treatment or not. This meant the provider could not be sure the person had consented to all areas of their care.

Visit records showed that staff were late to visit people. However, this information had not been analysed to identify impact on people who use the service or identify areas to improve and reduce late visits. This meant the provider could not be sure they had identified areas for improvement and ensure they were providing support in a timely manner.

Partnerships and communities

Score: 3

The provider understood their duty to collaborate and work in partnership, so services worked seamlessly for people. They shared information and learning with partners and collaborated for improvement. We were told by other services the provider communicated well with them. We saw that the provider communicated with other healthcare professionals such as occupational therapists, to ensure people received the care they needed.

Learning, improvement and innovation

Score: 2

The provider focused on continuous learning, innovation and improvement across the organisation and local system. They encouraged creative ways of delivering equality of experience, outcome and quality of life for people. We saw records that identified learning from areas such as complaints and incidents. However, feedback we received from people and relatives showed that improvements were not always made.

Discussions with the registered manager showed they gave focus to learning and improvement. They told us how they were researching the use of electric bicycles to support staff to navigate the rural area and enable those who did not drive to access work with them. However, action plans which were created did not ensure that actions identified would be completed in a timely manner

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