

First Prime Care Ltd

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Inspection report

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11 December 2023

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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

First Prime Care Ltd is a domiciliary care service providing personal care to adult people living in their own homes. The service can provide support to people with a learning disability, autistic people, people with mental health conditions and people with a physical disability. At the time of our inspection there were 51 people using the service, 27 of these people were receiving personal care support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide a personal care service to anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were consulted about their care needs and consented to their care plans and risk assessments. People's independence was being promoted and respected. Risks to people were assessed and mitigated. Systems were in place to reduce the risks of abuse and to keep people safe from avoidable harm. Where people required support with their medicines, this was documented and provided.

People's views about the service they received were valued and used to drive improvement. There was a complaints procedure in place and people's concerns were investigated and resolved.

Right Care:

People's person-centred care records provided guidance to staff in how to meet people's individual needs and preferences. This included people's dignity and privacy. There were enough staff to ensure people's planned visits were undertaken. Staff were recruited safely.

People were cared for and supported by caring staff who were trained to meet their needs and preferences.

Right Culture:

There were systems in place to monitor and assess the care people received. This assisted the management team to identify shortfalls and address them. Lessons were learned from incidents and accidents to reduce them happening again.

The provider, management team and staff were committed to providing people with a caring and good quality service.

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 this service was good (published 10 August 2018).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for First Prime Care Ltd on our website at www.cqc.org.uk.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 ●

First Prime Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was undertaken by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was announced. This was because we needed to ask the provider if they had the technology to support the remote inspection.

Inspection activity started on 29 November 2023 and ended on 11 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video and telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

On 29 November 2023 we spoke with the registered manager, a director and care coordinator on a video call, we also fed back our findings to the inspection to these staff members on 11 December 2023.

We spoke with 8 people who used the service and 3 relatives on the telephone, about their views of the service. We also received electronic feedback from 2 relatives and from 6 care and senior care staff members and 3 social care professionals.

We reviewed 5 people's care records, including care plans, needs assessments, risk assessments, medicines records and daily notes. We reviewed 2 care staff recruitment records and staff training records. We also reviewed a range of records relating to the governance of the service including policies and procedures, complaints, safeguarding and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- Staff told us they had received training in safeguarding and understood their roles and responsibilities in identifying and reporting concerns of abuse. A staff member said, "We have safeguarding training provided so we are able to identify any kind of abuse and be able to report to the right person and safeguard the person."
- Concerns of abuse were identified and reported to the appropriate professionals.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People's care records included risk assessments, in areas such as moving and handling, medicines, and the safety of their home. Guidance was in place for staff to reduce risks.
- People told us they felt safe using the service and with their care workers.

Staffing and recruitment

- There were enough staff to ensure people's care visits were undertaken. Any issues with staffing levels, such as short notice leave, staff in the office were experienced and trained to undertake visits, so they were not missed.
- Staff received travel time between people's visits to reduce the risks of lateness.
- The management team told us how they had worked to address national staff shortages, which included the provision of competitive salary and travel payments.
- Staff were recruited safely, including the required checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where people required support with their medicines, this was documented, risk assessed and provided. A person told us, "[Care workers] give me my medication 3 times a day, done how I like it and make sure I am happy with it, they never miss them or forget them."
- Audits undertaken by the management and senior team assisted them to identify any shortfalls and address them.
- Staff received training in the support people required with their medicines and their competency was assessed to ensure people were supported safely.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had received training in infection control and confirmed they had access to personal protective equipment (PPE).

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Analysis of incidents were undertaken to identify any trends and actions were taken to reduce the risks of them happening again.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- People's needs were assessed, and care and support were delivered in line with current standards to achieve effective outcomes.
- People confirmed their needs were assessed prior to using the service. The needs assessments were used to inform people's person-centred care records and risk assessments.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Newly recruited staff received an induction which included shadowing more experienced colleagues and training which incorporated the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received ongoing and refresher training, which included training in equality and diversity, dementia and autism awareness. A staff member said, "The continuous training/refreshing is enough to leave me more than confident that I can safely look after and support our service users."
- Staff received one to one supervision meetings which provided a forum to discuss their work, receive feedback and identify any learning needs.

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

- Where people required support with their nutrition and hydration, this was documented and met.
- A person told us how their care staff made them drinks when they visited and checked they had eaten.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to live healthier lives, access healthcare services and support.
- People's care records included guidance for staff in how their needs were met, such as how they were to support people with their oral care, where required.
- A social care professional told us the service was, "Proactive in dealing with my client and will contact me if they find something that needs my attention so that it can be dealt with in a timely manner."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was working in line with the Mental Capacity Act.
- We reviewed records which identified people had consented to their care. Where required, capacity assessments were undertaken, and any best interest decisions were recorded.
- People told us the care workers asked for their consent before providing any care or support.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care and support which was provided by caring and compassionate staff.
- People's care records included guidance for staff in how to meet people's individual and diverse needs. Staff had received training in equality and diversity to ensure people's diversity was recognised and respected.
- We saw several compliments received by the service identifying the caring and compassionate care people received.
- People told us their care workers were caring and treated them with respect. A person said, "I see them [care workers] as family now, we know each other so well."

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

- People were supported to express their views and make decisions about their care.
- People were involved in their care planning and reviews to ensure they contributed to the care they received. People's comments and preferences were included in their care plans.
- People told us they felt the care workers listened to what they said and how they wanted to be cared for. A person said, "[Care workers] always ask what I need help with, what they can do, and if I am happy... I have a care plan and they read through it with me to see if I am happy and any changes."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People's care records included information about how to promote people's privacy and dignity and the areas of their care they could attend to independently and where they needed assistance.
- People told us they felt their privacy and independence were respected. A person said, "They [care workers] know me and know when I am struggling, they do not step in when I do not want them to but do when I need them to."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported as individuals, in line with their needs and preferences.
- People's care records included how their individual needs and preferences were being met. People told us they felt their needs and preferences were met.
- People told us they felt in control of their care, and their views about how they wished to receive care were listened to. A person told us how the service was flexible and changed the times of their visits to accommodate any health appointments.
- Where people required support with their social needs and to access the community, this was documented and provided.
- Staff told us about the annual barbecue, where staff, people using the service and their relatives were invited to.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard
- Documents, such as the complaints procedure was available in accessible formats, such as easy read, larger print and other languages.
- People's communication needs were understood and supported.
- People's communication methods were documented and guided staff in how to communicate effectively. We saw a person's care plan which was in both text and picture format, which was accessible to them.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- People told us if they did have concerns, they called the office and actions were taken to address them. A person told us, "I have no doubt, if I had a complaint, it would be dealt with."
- The management team told us how they took any concerns and complaints seriously and addressed them

to improve people's experiences. The registered manager told us how they had visited a person and apologised when a concern had been received.

End of life care and support

- There were no people using the service who required end of life support.
- Where people had chosen to their decisions were documented, such as if they wished to be resuscitated. A staff member told us that at the assessment stage people were asked where their documents relating to resuscitation were kept, to ensure, if required, care workers had access to them in an emergency to ensure their wishes were respected.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Staff told us they enjoyed working in the service and felt the service was well-led and they felt valued and empowered to raise their views of the service and these were listened to.
- The registered manager told us how comments from staff were valued and encouraged. They gave examples of actions they had taken to improve the service following comments received from staff.
- People who used the service and relatives told us they had confidence in the service to provide the care and support required and preferred, which achieved good outcomes. A person told us, "It is well-led, I feel the management set the standard and it feeds down to the staff what is expected of them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- There was a duty of candour policy in place, and we saw records to show how this was followed, including providing people with an apology.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- There were systems in place to monitor and continuously improve the service, such as audits which assisted the management team to identify shortfalls and address them.
- Staff were observed by the senior team in the delivery of care to ensure they were working to the standards required.
- Staff were aware of reporting poor practice and would not hesitate to do so, A staff member said, "A staff member said, "Our whistleblowing policy is very clear, that should I ever need to raise a concern the management and senior members of staff would rather I speak up than keep it quiet. Anything that I report will be looked into and followed up."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People were asked for their views of the service, for example in care reviews, staff monitoring and questionnaires. People's views were valued and acted on.
- Relatives told us they were kept updated if there were any concerns identified about their family member's wellbeing.
- There were systems to show staff were valued. A staff member told us. "We have a mobile mechanic on hand to recover us at the company's expense while out on the road if needed, who also offers the staff a discount rate if we need any work done to our cars. I really can't praise them enough."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Staff received training which was relevant to their role, and this was kept under review to ensure staff received up to date guidance.
- The management team told us how they kept up to date with any changes in the industry, this included the participation in provider forums where good practice was shared and discussed.
- The management team took any feedback received from commissioners seriously and we saw an improvement plan was in place which identified actions taken. This included timescales for action and when the actions had been implemented.

Working in partnership with others

- The provider worked in partnership with others.
- The management team told us how they worked with other professionals involved in people's care to achieve good outcomes and a consistent service. This was confirmed by social care professionals.
- A social care professional told us how the service had offered the support of care workers who lived in remote areas to other services, when there had been an instance of bad weather. The management team confirmed what we had been told and how their contingency planning reduced the risks to people not receiving their care.