Prime Care at Home Limited

Prime Care at Home Limited

Inspection report

Unit 10 Stadium Business Court
Millennium Way, Pride Park
Derby
Derbyshire
DE24 8HP

Tel: 01332613783
Website: www.primecareathome.co.uk

Date of inspection visit:
01 August 2019
09 August 2019

Date of publication:
20 September 2019

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?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
Prime Care at Home is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia. 23 people received a regulated activity of personal care at the time of the inspection. The service can support up to 26 people.

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
People's needs associated with risk had been assessed, but not fully explored to ensure staff had sufficient guidance to support and manage all known risks. Safeguarding systems were in place to keep people safe from harm. People and their families felt safe with the staff that cared for them. Recruitment processes were robust enough to ensure people employed were safe to work with the people who used the service. Where people required medicine, this was administered as prescribed and in a safe way. People were protected from cross contamination because staff followed infection control policy and procedures. Lessons were learned and action taken when things went wrong.

People consented to the care and support, but those who lacked capacity had no mental capacity assessments completed for decisions they needed to make, or decisions made in their best interest. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's needs were assessed and delivered as reflected in their care plan. Staff received sufficient training to support them in their role. People were fully supported to have sufficient to eat and drink. People attended appointments, such as hospital or chiropodist to help achieve a positive outcome for people's health and wellbeing and were fully supported by staff.

People were cared for by kind, compassionate and caring staff. There was an opportunity for people to discuss their care and support on a regular basis. Advocate support was acquired if people needed support to express their views. People were shown respect and their dignity was protected always.

People's care plans were written by them and included choice, needs and preferences. People's communication needs were appropriately accommodated. People were supported to avoid social isolation and supported to follow their hobbies and interests. Systems were in place to monitor and address complaints. Staff had been trained in end of life care. Policy and procedures in regard to end of life care

ensured people had the opportunity to share and understand their wishes, needs and preferences.

The provider promoted an honest and open culture. The provider understands and acts on the duty of candour. The registered manager was aware of their responsibility and had a clear oversight of the service. The management were open and transparent with a willingness to learn and improve. The provider worked with other professionals and developed networks within the community.

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

Rating at last inspection: Good (report published 13 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

Requires Improvement

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Prime Care at Home Limited

Detailed findings

Background to this inspection

The 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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

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.

What we did before 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 contacted Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with seven people who use the service about their experience of the care provided.
We spoke with four members of staff, including two care workers, the registered manager and quality manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and supervision performed. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality data and a variety of policies.

Requires Improvement

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 has now deteriorated to Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Risk associated with people's needs had been assessed, but not fully explored to ensure staff had sufficient guidance to support and manage all risks. There were no risk assessments in place for people living with conditions, such as, dementia or for the use of specialist equipment. For example, a catheter or surgical stockings. The level of their conditions were not identified.

●Staff had confirmed some risks assessments had been completed, such as, when a person was at risk of leaving the house due to their condition they had a tracker in place. Staff were to check the tracker was always fully charged. Staff gave other examples that told us they were aware of risks to people and how they should manage risks.

●People had personal emergency evacuation plans in place which detailed how to assist them from their homes in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. One person said, "I am very safe with them[staff]. They are brilliant carers and they use my hoist very safely and easily" Another person said, "I definitely feel safe with them, they look after me very well"

●Staff had received safeguarding training and knew how to keep people safe from harm. The service had safeguarding policies and procedures in place and staff were aware of signs of abuse and told us how they would raise concerns.

●The registered manager understood their responsibilities for keeping people safe from harm and abuse including reporting concerns to the local safeguarding team.

●Staff described how they supported people to keep safe from various types of potential abuse. For example, they supported people to make safe choices. One person was unsafe while on their own when family were away. Staff discussed with the person and family and signposted them to respite care. This told us the service was mindful of keeping people safe.

Staffing and recruitment

●The service had sufficient staff in place to meet people's needs.

●Staff were allocated to care for people where their skills and strengths were appropriate.

●Robust recruitment processes were followed, as relevant employment checks were made to ensure staff

were suitable and safe to work at the service. Records we looked at confirmed this.

Using medicines safely

●People were supported with their medicines in a safe way and as prescribed.

●Staff received training and their competence was tested to ensure they were able to administer medicines safely. Regular audits for medicines were under taken to ensure errors were reported and investigated appropriately.

Preventing and controlling infection

●People were protected from infection because staff completed infection control training and followed processes in line with the providers infection control policies and procedures.

●People told us staff wore appropriate personal protective equipment, such as, gloves and aprons

Learning lessons when things go wrong

●Systems were in place to ensure the service learned when things went wrong. Staff gave an example when a person had a fall. The registered manager made a referral to other professionals to have the person assessed for their sleeping arrangements and adaptions were put in place to prevent future incidents.

●Processes were in place for staff to follow should an incident arise. Staff were confident on the reporting process and what action they should take.

Requires Improvement

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 has now deteriorated to Requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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.

- People had consented to their care and treatment. Records we viewed confirmed this.
- Staff were aware to support people to make decisions for them self unless a Mental Capacity Assessment (MCA) was in place to identify decisions to be made in the persons best interest. Where people had dementia or a brain injury no MCA assessment had taken place. We discussed this with the registered manager and they told us they would review people with these conditions and assess them where necessary.
- Staff had received training in MCA. One staff member told us if they had any concerns regarding the capacity of a person they would contact the registered manager to complete an MCA assessment for that person. However, we found three people with conditions, such as, dementia or a brain injury that may mean they lacked capacity for some decisions, but there was no record of an MCA for decisions of best interest. There were no instructions for staff on what they should do or which decision they should make for these people. This may mean people's rights may not be fully upheld.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed and delivered as reflected in their care plan.
- Records showed the registered manager had established what assistance people required and support was provided accordingly.
- People told us the service provided was excellent. One person said, "I think they are a massive help to me

and a big support for my partner too." Staff told us they delivered the care the person wanted. One staff said, "I discuss with people their hobbies, interests and how they are feeling. For those people who do not go out I find music, pictures and information on the internet that may be of interest to them". This told us people's needs and choices were met.

Staff support: induction, training, skills and experience

●People told us they felt staff were well trained. One person said, "I think they [staff] are all very well trained. They don't need any prompting they just get on with the job." Another person said, "I think they [staff] are very well trained and competent. But they also have a great attitude and make me feel better when they are here."

●There was a strong commitment to staff training and development. We saw staff had attended training. There skills and experience documented on the staff files we looked at.

●Staff had an induction period time spent shadowing an experienced member of staff. There was a probation period, regular supervision, and observation of practice to ensure staff were skilled to care for people.

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

●People were supported to have sufficient to eat and drink depending on their needs. Staff gave examples of giving people appropriate drinks when they were unable to chew or swallow. Staff were knowledgeable of the importance of people having a balanced diet.

●One person said, "Yes they [staff] get my lunch for me. Usually a meal to heat up. They make sure I have a drink before they leave."

●People likes, and dislikes were recorded in their care plan for nutrition and hydration to monitor their intake and output to ensure they maintained their health and wellbeing.

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

●People were supported to attend appointments, such as hospital or chiropodist. We saw on one care plan that an appointment had been arranged by staff for the person to have foot care.

●People confirmed staff attended appointments with them. One person said, "They escort me to the doctors."

●The service had processes in place to ensure that people received healthcare in a timely way. Staff worked with external agencies, and healthcare professionals, to ensure people's complex needs were catered for. The registered manager gave an example where they had referred a person to healthcare professionals and requested an incontinence assessment. The outcome was positive, and the person received equipment to support their condition.

Good

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 has remained the same.

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 were very complimentary about the staff. All people we spoke with said, "Staff are very kind, caring and compassionate." One person said, "They [staff] are excellent. Very kind, caring and considerate. Nothing is too much trouble for them."
- Staff knew the people they cared for well.
- Staff understood people's needs, and had detailed information available in care records, which enabled staff to provide support in the way people wanted to receive it. When staff spoke about people they were polite, caring and compassionate.

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

- People were supported to express their views via surveys, telephone calls and review of care.
- The registered manager gave us an example where they had been emotional support for people. They said they and their staff team had empowered people and built their confidence to achieve their goals and aspirations. One person liked to speak at forums and conferences. The service supported this person to follow their interests.
- Where people required support and had no family or friends the service had acted as an advocacy service. Advocacy services speak up for people on their behalf. They also signed posted people to other advocacy services, such as, age concern. This meant people's voices would be heard.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was upheld. People told us staff supported them to stay independent. One person said, "I am not able to do much for myself, but they [staff] encourage me to do as much as I can." Other people told us they would not be able to go shopping without the staff's support.
- People's confidentiality was protected, and their records were stored in a safe way.

Good

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 has remained the same.

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

● Care plans were written by the person and personalised to them, which included choice, needs and preferences.

●Staff were passionate about people receiving personalised care and involving people in decisions about their care. People confirmed they had been involved in creating their care plan and reviews of their care. One person said, "I do have a care plan and we update it regularly. I am involved in it."

●People's needs were responded to. One person said, "I don't feel just a number with them [the service]. I feel like I matter to them [staff]." Another person said, "The care is all based around me and is everything I need." When people had emergencies and their permanent carer was taken into hospital the service arranged a bed time call at short notice. This meant they responded to people's needs.

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.

●People received information in a format they could understand, for example, large print. The registered manager told us if the need was required they would supply information in different formats and research other options if needed.

●Staff told us they were skilled in identifying people's communication needs, such as, a person whose first language was not English. They said they would adapt and use a google translator if needed.

●People were supported to participate in hobbies and interests, for example, going shopping or to the theatre and to the park. One person said, "They will take me out if I need them to."

● The registered manager gave us an example where staff supported a person to develop and maintain relationships to avoid social isolation. They said this empowered the person and raised their self-esteem.

Improving care quality in response to complaints or concerns

● Complaints were dealt with in a timely manner. The registered manager addressed minor concerns when they happened to stop further escalation.

●People told us they had no need to make a complaint but would contact the registered manager if they

needed to. One person said, "I have been with them over 15 years and never had to complain about anything." Another person said, "We have had no need to complain. Every small matter is sorted out straight away by them [the service]."

●System and processes were in place to record complaints if any arise. The registered manager told us they would review any concerns and monitor for themes and trends if they needed to.

End of life care and support

● Policies and procedures were in place for end of life care. No one was receiving end of life at the time of our inspection. However, we looked at how end of life care was planned. The registered manager told us it was their policy to ensure people had the opportunity to share and understand their wishes, needs and preferences around the care they required at the end of their life.

● Staff had received training in end of life care. This was confirmed by staff we spoke with.

Good

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 has remained the same.

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
●The service promoted a positive culture and empowered people.
●People's experience of the service was good, and they received care that was personalised to their needs. One person said, "The carers are wonderful and management is good. They all go above and beyond."
●Staff were aware of person-centred care and what it means for people. One staff said it's about the persons preference and what was important for the person.

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 registered manager told us they were aware of notifications they should submit to the care Quality Commission (CQC) and would notify us if incidents or issues did occur. They said, "There had been no incidents to report". However, they would review the accident and incident log again to ensure they had followed procedures.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The registered manager was aware of their responsibility and had a clear oversight of the service and a plan to develop the service further.
●Quality monitoring was in place, information collected was cascaded down to staff and shared via email or text. Other information on best practice and national guidelines was printed and taken to locations and discussed at team meetings. Staff confirmed they were kept informed of changes by weekly memos, phone calls and text if urgent.
●The management team completed spot check and observations on staff to monitor staff performance and competency.

Continuous learning and improving care
●The registered manager was open and transparent about shortfalls within the service regarding risk assessments and MCA assessments and assured us they would take immediate action to make improvements.
● The management team were passionate about providing people with a high standard of care and showed

determination and commitment in developing the service. They had made some improvements to some of the records and had implemented actions since our inspection, such as reporting incidents when they occurred.

Working in partnership with others

● Staff shared with us some examples where changes to a person's care resulted in a change in practice, for example, a person's dietary needs changed and a person needed more support getting in and out of the bath, so the service got a healthcare professional involved to review the persons care needs.

●The registered manager told us how they had developed their networks with other professionals, such as, attending manager forums, working with the local authorities and sharing best practice. They also said they worked alongside GP's and District nurses when recommendations were made to ensure people's health was maintained.