

Mrs Rachel Diane Forbes-Evans

# Prime Nursing and Care

## Inspection report

45 Baynard Avenue  
Flitch Green  
Dunmow  
Essex  
CM6 3FF

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13 January 2020

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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

Prime Nursing and Care provides personal care and support to 27 people, living in their own homes. 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 and their relatives, and staff spoke highly of the registered manager and was confident about the service they received. The feedback given by everyone described the service as being good and that they had developed effective and meaningful relationships with staff.

The registered manager and senior staff knew people very well. The registered manager carried out regular surveys and spot checks. Audits had been carried out, but these were not always recorded.

People were supported by regular staff, and the occurrence of experiencing late visits were minimal. People told us staff knew them well. People received their medicine at the right time and in the right way. The staff had access to protective equipment and had been trained in infection control.

Staff had been trained in a wide range of topics and told us they had an induction when they had started. People were supported to have as much choice and control over their lives and were supported in the least restrictive way possible. Policies and systems in the service support this practice.

People told us the staff were caring and treated them in a respectful and dignified way. Care plans were in place, which provided guidance for staff about how to deliver responsive care to people. At the time of the inspection, the service was not delivering care to people who were at the end of their life.

Detailed information relating to people's health needs had been retained within people's care plans. Further development was required specifying what oral health care was needed. We have made a recommendation about oral health care.

The registered manager completed a range of risk assessments, which were person centred and detailed. There were enough staff to deliver care to people, and systems were in place to monitor the frequency of late or missed care calls.

People told us they knew how to raise a complaint if they needed to but had no reason to complain about the service received. Compliments had been made about the service.

People told us the registered manager was easily contactable and that communication was good. The registered manager had not considered how the accessible communication could be applied and needed to

ensure that people had access to information in different formats which met their needs. We have made a recommendation about accessible communication.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection; the last rating for this service was Good. (16 April 2017)

Why we inspected; This was a planned inspection based on the previous rating.

Follow up We will continue to monitor the 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?

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 

# Prime Nursing and Care

## 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

This inspection was carried out by 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, flats and specialist housing.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection activity started on 07 January 2020. We visited the office location on the 13 January 2020.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is the 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. We used all of this information to plan our inspection. We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service.

During the inspection

We spoke with five people and five relatives about their experience of the care that had been provided. We also spoke with five members of staff, including the registered manager. We reviewed a range of records. This included two people's care records and medication records. We also looked at two staff files in relation to recruitment and staff supervision.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

- Staff were aware of people's individual risks and knew how to support people in a safe way. A relative said, "[Name] was very reluctant to have care at first, but they are now best friends and they really look forward to the staff coming each day. Safety has improved greatly due to their attention."
- General risk assessments were in place which provided staff with guidance about how to minimise the risk to people. These covered a range of areas including, the environment, manual handling and eating and drinking.

Preventing and controlling infection

- Guidance was available for staff to understand how to protect themselves and others from the potential risk of infection. One person said, "I don't think in all the time they have been coming to me that I have ever had to remind them about using their gloves or washing their hands. They just seem to do that automatically."
- Infection control policies were in place and met current guidelines.
- Staff had access to personal protective equipment (PPE) such as aprons, gloves, and hand gel.
- Staff could explain how they would use this equipment to reduce the spread of infection.

Using medicines safely

- People were assisted to take their medicine on time and in the right way, in line with their assessed needs. One relative said, "They get the tablets at about the same time every morning. The staff takes them out and when they have taken them it's all written up in the records."
- The Medication Administration records (MARS) that we inspected, indicated that people's medicine was given at the right time and in the right way.
- The registered manager carried out checks on the MARs but had not always recorded when it had been done. All of the records we reviewed were completed correctly.
- Staff had been trained in medicine administration and the registered manager tested staff competency on a regular basis.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had been trained in safeguarding and knew how to raise concerns correctly. One staff member said, "Should there be a problem it is dealt with straight away here."
- Whistleblowing policies were in place, and the staff told us they were confident about using them should they need to.
- Team meetings were used to review how learning would be shared.

## Staffing and recruitment

- An electronic monitoring system was in place to monitor the frequency of missed or late visits.
- People told us the staff turned up on time and stayed for the correct amount of time. One person said, "They have never been any later than 10 minutes past the time when I'm expecting them. On the rare occasion where they have been held up in an emergency, someone has always called me from the office to let me know what was happening." Another person said, "The staff is very patient with me, as I am quite slow these days, but I never feel they are looking at the clock and trying to hurry me. As far as I am concerned they always stay for the full amount of time they should do, and in fact, on several occasions during the last few weeks, they have stayed over the time they should have been here."
- Robust recruitment processes were in place for the safe employment of staff, and employment checks were carried out to assess the suitability of applicants in line with legal requirements.

## 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the time of the inspection, no one lacked the capacity to make decisions in relation to personal care. However, this aspect had been reviewed and included as part of the assessment and care planning process.
- Staff obtained people's consent before providing any support and staff had been trained in the MCA and DoLs.
- The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and understood how to apply the principles of this legislation to their everyday practice.

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

- Detailed guidance relating to people's oral health had not been included within the care plans we saw. Staff had not been trained in meeting people's oral health needs.

We recommend the registered provider reviews CQC guidance 'smiling matters' and implements best practice around this area.

- Care plans contained detailed information when health professionals were involved.
- The registered manager effectively communicated with health professionals involved with people. One relative said, "The staff are very good at letting us know if they have any concerns about their health and well-being."

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

- People were supported to eat and drink in line with their assessed needs. One person said, "I cannot get to the fridge myself these days so, I rely on the staff to let me know what is in there and what things I need to eat first. Sometimes I'll have a proper meal, but then other times I just fancy something on toast or just some

crackers and cheese. They never mind making whatever it is I fancy from day to day."

- At the time of the inspection, the registered provider was not supporting anyone who may have been at risk of choking or who needed support with a textured diet.
- Staff had been trained in how to meet people's nutrition and hydration needs and care plans included information about people's mealtime preferences. Guidance was in place advising staff about how to assist this person at meal times.

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

- The registered manager carried out a detailed assessment prior to delivering care to people. The assessment covered a wide range of areas, including the type of care a person needed and people's personal history.
- The assessment explored people's options and preferences in relation to male or female staff, and people told us their choice of care staff was supported.

Staff support: induction, training, skills and experience

- Staff told us they had received a good induction, which included shadowing components.
- Staff told us they had been trained in a number of mandatory topics and key areas. One person said, "As far as I'm concerned, their training seems perfectly reasonable because they can certainly help me with everything that I need doing."
- The registered manager carried out regular supervision sessions with staff, which reflected on their practice. One staff member said, "Supervision is formal but in a nice way. It is very supportive."

# 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff knew them well and they valued support. One person said, "I think the staff are very kind. No one has ever rushed me or made me do anything that I wasn't happy with. They always have a lovely smile on their face when they come through the door which immediately makes me feel better."
- The person's relative told us staff spoke respectfully and treated their family member in a dignified way. One relative said, "When the staff have gone up to [Names] room, usually hear one of them knock on their door and they wait until they say some-thing before they go in. Usually they will close the door so that they have their privacy and they won't reopen it until they finish doing everything and [Name] is fully dressed again."
- Staff could explain how they maintained people's privacy and would offer people reassurance, if they needed it.
- Confidentiality was maintained at the service which meant that information held about people's health, support needs was kept secure and treated with respect.

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

- Care plans explored people's needs. For example, personal interests, hobbies, likes and dislikes, religious and cultural needs had been explored and recorded.
- Care plans had been reviewed on a regular basis or when their needs had changed, and people told us they had been fully involved with this aspect.
- People were enabled to choose the gender of the staff member that supported them, in line with their preferences. One person said, "I prefer having all-female carers. Because I have just a small number of regular carers, they have got to know me and how I like things to be done. I also know them extremely well, so that now, we just get on with everything in a very comfortable and unstressed way."

# 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 now remained the same. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- At the time of the inspection, the registered provider was not delivering end of life care to 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 registered manager needed to complete training relating to the accessible communication standards.
- Care plans included information for staff explaining how people used their body language to communicate with people, and staff understood how the person communicated.

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

- Each person's care record contained information about the person's preferences, interests, and details of individual daily needs such as mobility, and personal hygiene.
- The care plans gave staff information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted.

### Improving care quality in response to complaints or concerns

- The service had not received any complaints. One person said, "We have only ever spoken to them about one thing, but that wasn't really a complaint as such. It was just [Name] was struggling to understand, because their hearing aids aren't very effective at the minute. We asked the agency if there was one of the other regular staff who could come instead and they made the change. No problem."
- A complaint policy was available which met current guidelines. It explained how the service dealt with complaints and the process they would follow if a person wished to complain.
- Compliments had been made about the service.

# 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 prided itself on catering to the needs of the people within a tight-knit local community and many referrals continued to be received by word of mouth. One person said, "We've already recommended the agency to some of our friends, who have also been extremely pleased with the service they have been provided with."

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

- The registered manager was very involved with the service and knew the people receiving care and their families. People and their relatives were happy with the service and told us the care was of a good quality.

Continuous learning and improving care

- Systems and checks to monitor the quality of the service were carried out by the registered manager in an informal way. They told us they were looking at ways the service could be developed to record these checks when they had been carried out. One person said, "I can't think of anything that needs to be improved, otherwise I would suggest. As far as we are concerned everything works like clockwork."
- Spot checks had recently been carried out and covered a wide range of areas.
- Recent surveys had been sent out to people who used the service and their family members. One person said, "We always have the opportunity to give feedback. I think I filled in at least one questionnaire."

Working in partnership with others

- The registered manager understood the different aspects of the service and had an in depth knowledge of people's health needs. One relative said, "The registered manager is, in my opinion, extremely knowledgeable and good at their job. When they came out they brought an occupational therapist with them so that we could see exactly what extra help could be provided. I was very impressed."
- People were encouraged to be involved with care planning and the registered manager had links with the local community.

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 was clear about the regulatory requirements relating to events that the CQC should be notified about.

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

- People told us this service was well managed and offered a professional and reliable service to people within the community. One person said, "Not all agencies are run like this. We are just grateful that we found this one where everything is so professionally run."
- Everyone we spoke with said they were very satisfied with the service they received. One relative said, "I can honestly say that [Name] would not be alive today were it not for the expert care and support they get. We are so grateful to have found them."
- The service benefitted from a team which worked well together. The registered manager told us they continued to promote a 'family oriented' culture and had a high expectation about the standard of care to be provided.