

Prime Support Service Limited

Prime Support Service Limited

Inspection report

4.27 Houldsworth Mill
Houldsworth Street
Stockport
SK5 6DA

Tel: 01619756050
Website: www.primesupportservice.co.uk

Date of inspection visit:
09 April 2019
10 April 2019

Date of publication:
02 May 2019

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 Support Service Limited is registered to provide personal care to people living in their own homes across the Stockport area. The agency provides help and support to adults with a variety of needs. Services include; assistance with personal care, preparation of meals, medication administration and community activities.

At the time of our inspection we were told 23 people were using the service, of which only six people received assistance with personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

Breaches in the regulation found at our last inspection had been met. During this inspection we found action had been taken to demonstrate clear management and oversight of the service. Further systems had also been improved with regards to medication, recruitment and financial records and emergency situations.

People told us they continued to receive care and support in a safe way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People said staff supported and encouraged them to make decisions about how their needs were to be met. Staff spoken with clearly understood the importance of respecting people's privacy, dignity and independence.

People continued to receive effective care from skilled and competent staff. Staff said the management team were approachable and responsive to requests for advice and support.

Suitable arrangements were in place to respond to any complaints and concerns. People we spoke with felt they were listened to and were confident any issues would be responded to. People, and their family members were actively encouraged to provide feedback on the service and staff worked well as a team in an open and supportive manner. Everyone spoke positively about the service and the quality of the support being provided.

The service was meeting the characteristics of 'Good' in all the key questions. Therefore, our overall rating for the service is 'Good.'

Rating at last inspection: Require Improvement – published 16 May 2018.

Following that inspection, we asked the provider to send us an action plan telling us what action they were to take to make the necessary improvements.

Why we inspected: This inspection was carried out as part of our planned schedule of inspection based on

the previous rating.

Follow up: We will continue to monitor the service through the information we receive, and will inspect the service again, if we receive information that indicates risk.

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

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 Support Service 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by an adult social care inspector and an assistant inspector.

Service and service type:

Prime Support Service is a domiciliary service providing care and support to people living in their own homes. Areas of support included personal care, medication and meal preparation.

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:

This was a comprehensive inspection, which took place on the 9 and 10 April 2019. The inspection was announced. We gave the service notice of the inspection visit as we needed to be sure that managers would be available. On the first day of our inspection we contacted people and their relatives by telephone to seek their feedback about the service provided. On the second day we visited the office location to meet with managers and staff as well as review care records and information about the management and conduct of the service.

What we did:

Prior to the inspection the provider sent us a completed Provider Information Return (PIR). This is a form,

which is requested on an annual basis and asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the local authority and Healthwatch Stockport to seek their feedback about the service. No concerns were received.

During our inspection we spoke with five people who used the service, the relatives of three people, the field supervisor, two care workers, the registered manager/director and a second director. We reviewed the care files for three people, medication administration records (MARs), four staff recruitment files and training and development records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection published in May 2018 we rated this question as requires improvement. This was because we identified concerns in relation to medication records to guide staff, clear procedures to protect people in the event of an emergency arising, accurate recording of financial transaction records and the lack of robust recruitment processes. During this inspection we found the regulations were now being met.

Staffing and recruitment

- During this inspection we found more robust recruitment process were now in place. Evidence of candidates' suitability was recorded, verification of references were completed and individual records demonstrated all checks were carried prior to new staff commencing employment.
- There were enough staff available to support the current numbers of people supported by the service. Staff told us that following recent recruitment rota's were better planned. Staff said they supported the same group people offering continuity in people's support.
- People we spoke with told us they rarely had a missed call and were generally punctual. One person told us, "Missed calls, no I don't think so." Another added, "Most of them are on time." Two people spoke about staff not always staying the allocated time, they said following discussion with the registered manager this was addressed.

Using medicines safely

- Improvements had been made to make sure people received their prescribed medication safely. At the time of this inspection people were no longer receiving their medicines covertly (This usually involves disguising medication by administering it in food and drink) or needed their fluid thickening. However, where people required PRN (when required) medicines or had creams applied, additional information and body maps had been implemented to better guide staff.
- We were told only five people were offered help with their medicines. Information was clearly detailed within individual care records and monthly audits were completed to make sure this was managed safely.
- One person we spoke with told us; "Staff get them out [medicines] and then put them away. They make sure that I have got them. They are smashing. They really take care." One person's relative also commented, "The carers administer [relatives] medication, there had been no errors or concerns."

Assessing risk, safety monitoring and management

- At the last inspection we identified we identified the 'Contingency and Continuity' plan need updating and there were no personal emergency evacuation plan (PEEPs) in place for those people with restricted mobility, who were supported by staff 24hours a day and would need assistance in the event of an emergency. During this inspection we saw actions required within the contingency plan had been completed. Assessments and plans had also been implemented where emergency plans were needed. One person we spoke with said, "They give me good advice. Make sure I have clear passageways to the fire door."

- Staff spoken with were clearly able to demonstrate their understanding of the fire safety procedures in place, particularly for those people who required a higher level of support.
- Managers continued to provide out of hours 'on-call' support for people who used the service and staff in the event of an emergency or issue arising. One staff member said calls were infrequent however this was always available if needed.
- Individual risk assessments were also completed and outlined how staff were to support people so that potential risks were reduced. Assessments explored specific areas relevant to the person and their individual support needs, such as, falls, pressure care, choking, bedrails, personal care support as well as community activities.
- Before staff commenced working in people's homes an environmental risk assessment was carried out exploring the internal and external environment, control of hazardous substances, equipment and fire safety. These assessments helped to address potential hazards around people's homes so that it was safe.

Systems and processes to safeguard people from the risk of abuse

- The service has maintained systems to guide and support staff in safeguarding people from abuse. Policies and procedures were available and kept under review; staff continued to receive training updates to develop their knowledge of procedures to follow.
- Staff we spoke with confirmed they had completed training and were able to demonstrate their knowledge and understanding of the safeguarding and whistle blowing procedures (reporting of poor practice).
- Other systems in place to ensure the safety and protection of people and their belongings had also been maintained or improved. Financial transaction sheets were now completed to evidence staff handling of people's money as well as receipts for items purchased. These records were monitored to check transactions were accurate and complete.
- Where people were unable to open the door themselves, permission for staff to access people's homes with their keys continued to be sought as part of the care plan agreement. Keys continued to be kept in a secure locked box outside the person's home and could only be accessed using a code, which was only shared with those staff who needed access. People we spoke with confirmed what we were told, "They let themselves in" and "The keylock is in the porch."

Preventing and controlling infection

- Systems continued to be maintained with regards to the management and control of cross infection. Up to date guidance was provided along with a programme of staff training. Staff spoken with told us they had completed training and that personal protective equipment (PPE) such as gloves and aprons was readily available. This helped to ensure staff were appropriately equipped to carry out their duties.

Learning lessons when things go wrong

- The introduction of the field supervisor had made a positive impact, improving communication as well as providing better monitoring and oversight of the service provided.
- Care staff told us they felt able to raise concerns with management and that any concerns would be investigated thoroughly.

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

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; 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.

- We found the provider continued to work within the principles of the MCA so that people's rights were protected. Information was available to guide staff with regards to capacity and consent.
- People's care records continued to evidence that they had been involved and consulted in planning their care and support. People said staff sought their permission before carrying out tasks and asked them what they wanted. One person commented, "The girls are really smashing. I often start whatever I am going to have, and they finish it. I choose what I want every day."
- The service continued to liaise with relevant parties where decisions needed to be made in a person's 'best interest'. This had involved the person, their representatives, the local authority and relevant others so that a decision could be made.

Staff support: induction, training, skills and experience

- People and their relatives felt staff had the knowledge and skills to support them in a safe way. We were told, "Yes, definitely. I feel there is an awful lot of compassion from them." One person's relative also told us, "Yes, we are very happy with all of them, very nice, Mum likes them all."
- The service had a programme of training, development and support. Staff completed a comprehensive induction and period of shadowing prior to working alone. Individual supervision sessions which provided staff with an opportunity to talk about their work and development needs were also provided.
- On-going spot checks and assessments of competency were completed to check staff were following people's care plans in a safe and effective way. Staff spoke about there being "Good teamwork", the service being "reliable and caring" and "Going beyond for people."
- The registered manager and a second director had completed 'Train the trainer' courses in several areas. This enabled them to facilitate areas of training to staff in a timely manner.

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

- People told us they received consistent support from staff who knew them. People told us, "I'm looking forward to seeing [carer] at 3.30", "It is nice when you feel like [carers] are interested. They do know me well" and "Yes, it is the same person every time."

- Not everyone required support to meet their healthcare needs. However, where necessary staff would liaise with healthcare professionals or call for assistance if there was an emergency. One person told us, "Yes, they tend to call the doctor or contact the chemist if needed."
- People's care records continued to show the service worked in partnership with other professionals so that their health care needs were effectively met, these included, GPs, district nurses, opticians, psychiatrists, social workers, speech and language therapists and wheelchair services.
- Staff spoken with knew people's health needs and how to access additional support if this was needed. Staff told us, "Any issues are always fed back" and "Good communication, information passed on."

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

- Staff helped people to maintain a balanced diet in line with their assessed needs and preferences. Where this support was provided information was recorded in people's care records.
- The service monitored those people at risk of poor nutrition and hydration. Where necessary referrals were made to the persons GP or speech and language therapists (SALT's) so that additional advice and support could be sought.

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

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 and their relatives said that staff treated them with kindness and compassion. One person told us, "When I was poorly, one of them [carer] came and brought me some daffodils. They said they might help me to feel better." Another person said, "My social worker really searched for a company that could do the hours I needed. I am so glad that they found this company. They provide it (care) in the happiest and easiest way possible." Other comments from people included, "They are very caring. [Carer] is a very kind man", "100% happy", "They are very caring and understanding", "They are very good at their job. They are caring people", "I think they are damn good to be honest. They laugh and joke with me. I look forward to seeing [carer]. I think they are the best there is."
- Staff said they usually worked with the same people offering continuity in care. Staff had a good understanding of the individual needs of those people they supported.
- Policies, staff training, and people's records explored areas of equality and diversity helping to promote anti-discriminatory practice. The staff knew it was important to uphold the rights of people they supported. One person spoke about the staff member visited them, commenting, I can't praise anyone better. [Carer] has turned my life around. We laugh a lot now instead of crying. I am well pleased with the service they provide."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People said staff considered their privacy and dignity when offering support. We were told, "Definitely, I never feel uncomfortable with them" and "Can't fault them at all, very respectful."
- Information about the service, a service user guide, was available. This advised people of what they could and should expect as well as how they would be involved in expressing their views and feelings.
- Aids and adaptations were provided where people needed assistance to help keep them safe as well as enabling them to maintain some independence.
- Staff told us they would support people to maintain their independence by encouraging them to take part in their care, and to do what they could themselves. One person who had recently been unwell commented, "They have encouraged me to go out and start doing the things I was doing before."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People told us they were supported to do the things they wanted and needed, which enabled them to access the local community maintaining some control over their daily lives. People told us, "If I am struggling to go out, [carer] will come out with me", "[Carer] takes me to the cinema or to Asda, a nice drive out into the town", "[Carer] goes shopping with me. He is a cracking lad and does care" and "They are very good actually, will muck in and help. It is very supportive."
- Care records were individualised and provided lots of information about the person, their wishes, preferences and routines. Plans were kept under review so that information reflected people's current and changing needs.
- When asked people and their relatives said they had been involved in the development of the plans. The relative of one person said, "Yes we are involved in the care plan, [registered manager] types it up, sends it and we check it." Another person added, "Yes, it is in the file. I have read it. [Registered manager] came here and sat with me and the social worker, two hours talking about what we thought we needed. I felt comfortable with what they came up with. It was more than I expected."
- People's care records included an assessment of their needs, which took into consideration areas of equality and diversity. The staff were able to demonstrate how they maintained people's privacy and the importance of upholding people's human rights.
- Information was not currently provided in different formats. However, we were told the service had previously used different methods, such as a pictorial communication board or electronic methods to help better communicate with people.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise any issues or concerns with both managers and staff. We were told people were confident any issues raised would be responded to appropriately. Comments included, "I would think so yes" and "I would just vocalise it." One person we spoke expressed their satisfaction following an issue they had raised, adding "Very much so, dealt with straight away and it hasn't been a problem since." A person relative also said, they had been happy their concerns had been listened to, acted on and that they had received feedback.
- The service continued to include information about how to make a complaint in the information pack given to people when they started to receive a service from Prime Support.
- We saw that any issues or concerns brought to managers attention was clearly recorded and responded to. This demonstrated people's comments were taken seriously and acted upon.

End of life care and support

- We were told the service did not provide care and support for anyone at the end of their life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection published in May 2018 we rated this question as requires improvement. This was because effective quality monitoring systems were not in place to develop and improve the service for people. During this inspection we found the regulation was now being met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Since the last inspection one of the directors had also registered as the manager for the service. This had provided a better management structure with clearer defined roles and responsibilities across the management team. Staff spoken with commented about how this had, "Got better over the last year" and "Management roles clearer, better defined and more support."
- People we spoke with and their relatives felt able to approach managers. We were told, "I have done but not recently", "Yes they're alright" and "I have done yes. I have got her [registered manager] phone number. I can contact her [registered manager] anytime."
- The service had worked hard to address the shortfalls identified at the last inspection and had taken appropriate steps to meet the regulations.
- The service had introduced a field supervisor role. Their role was to monitor and support staff as well as liaise with manager so that any issues were quickly communicated and acted upon. Managers and staff felt this provided better oversight of the day to day work and had improved communication between the team.
- Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. Managers had informed CQC of significant events, where necessary and understood their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Annual satisfaction surveys were distributed to people, their relative and staff seeking feedback about their experiences. We were shown the results collated in December 2018 showed that people's overall satisfaction was good.
- People and their relatives said their views were sought. One person commented, "I think I was asked the other week [to complete a survey]." Other people said, "We meet up with [registered manager] regularly and chat about the service. She is very easy to talk to" and "Yes, I did do a questionnaire a while ago."
- Staff spoken with said occasional team meetings were held which provided them with an opportunity to share their views and ideas. One staff member told us, "There's regular advice and support if we need anything." Other comments included, "Feel able to voice our opinions" and "I feel listened to."

- Positive feedback about the agency was received from the local authority commissioning and quality improvement teams who told us; "We have found Prime Support very proactive to engage with. They have worked hard on the area's identified and they feel ready for re-inspection."

Continuous learning and improving care

- Systems to monitor and review the quality of the service had been improved. The management team were now carrying out regular monitoring and checks in relation to medication, staff recruitment and training and development, care plan reviews and health and safety. These checks evidenced better management and oversight of the service. It was acknowledged these needed to be embedded further and any identified areas of improvement would inform the development of the service business plan.
- As part of the programme of improvement we were told the service was looking at several projects to enhance the service further. These included participation in the local authority 'Ethical framework', which looks at better terms and conditions for staff; the Daisy accreditation, promoting dignity in care as well as further learning and development opportunities in specific areas of support including learning disabilities, mental health, addictions, Parkinson's disease and brain injury.