Prime Way Care Ltd

Prime Way Care Ltd London

Inspection report

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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

The inspection took place on 16 January 2019. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

This was the first inspection of the service since it was registered on 6 February 2018.

Prime Way Care Ltd London is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. At the time of the inspection four people were using the service. Two were adults under 65 years with physical disabilities and two were older adults. All four people were Somalian and spoke Somali as a first language. The staff were also from the same cultural background and spoke Somali. The registered manager explained that they would also provide a service to people from other cultural backgrounds in the future if needed.

Prime Way Care Ltd London was a branch of Prime Way Care Ltd, a private organisation who ran one other branch in Bristol.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People using the service were happy with the care they received. They were pleased that staff from the same ethnic background and who spoke the same language as them, provided their care. They found the staff were kind, caring and supportive. People's needs were being met, they had support with personal care, to eat the food they wanted and to be as independent as they could be. There was an emphasis supporting people to make choices about their care, and this was reflected in the attitude of the staff and registered manager.

Everyone using the service at the time of the inspection had the mental capacity to make decisions about their care. There was evidence they had been involved in planning their care and had been consulted about this to make sure they were happy.

The staff enjoyed their work and felt supported. The provider had procedures to ensure that only suitable staff were recruited, and the staff received the training, information and support they needed to care for people. There were enough staff to meet people's needs and keep them safe. They arrived on time for care visits and stayed the agreed length of time.

The provider had effective systems for assessing and improving the quality of the service. They had assessed risks for people and provided plans about how these should be mitigated. There was an appropriate

complaints procedure, and the provider had responded to concerns and learnt from these. They had systems to monitor how people felt about the service and to check that the staff were providing effective care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems, processes and practices were designed to safeguard people from abuse.

Risks to people had been assessed and planned for.

There were sufficient numbers of suitable staff.

No one at the service was supported to take medicines at the time of our inspection, but there were systems developed so that medicines would be managed safely.

People were protected by the prevention and control if infection.

Lessons were learnt and improvement made when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed so that care could be planned to meet these needs.

The staff had the skills, information and support needed to provide effective care.

People had consented to their care and treatment.

The staff had information about people's healthcare needs so they could support them to access healthcare services if needed.

People had enough to eat and drink and made choices about these.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion.

People were supported to express their views and be involved in making decisions about their care.

People's privacy, dignity and independence were respected and promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their needs.

People's complaints and concerns were listened to and responded to so that the services could improve.

No one using the service at the time of our inspection was being cared for at the end of their lives. However, the provider had procedures in place to ensure they followed best practice guidance for supporting people at this time if this was needed in the future.

Is the service well-led?

Good

The service was well-led.

There was a clear vision and strategy to provide a person centred and positive culture where people using the service and other stakeholders were invited to share their views.

There were effective systems for assessing, monitoring and improving the quality of the service.

The provider worked in partnership with others to provide an effective service which met people's needs.

Prime Way Care Ltd London

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 January 2019. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

The inspection visit was conducted by one inspector. We contacted people who used the service, their representatives and staff by telephone to ask for feedback. Some of these phone calls were made by 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. We spoke with the relatives of two of the people who used the service. We were not able to speak with any of the staff, but we asked them for feedback, which three staff provided by email. All four people paid privately for their care, and there were no external professionals who could give us feedback about the service.

Before the inspection visit we looked at all the information we held about the service. This included information we gathered when the service was registered. We also looked at public information about the provider, which included their website.

During the inspection we met the registered manager and deputy manager. We looked at the care records for all four people and for the four members of care staff who worked at the service. We also looked at other records and systems used by the provider for managing the service.

At the end of our visit we gave feedback about our findings to the registered manager and deputy manager.

Good

Is the service safe?

Our findings

The relatives of people who used the service told us they felt it was a safe service. One relative said, ''One of the good things is that the carers speak [my relative's] first language and this makes us feel safe.'' The other relative said, ''We feel very safe, the staff are from the same community.''

The provider had a policy on safeguarding people from abuse. People using the service lived in different London boroughs and the provider had copies of the different local authorities and pan London procedures regarding safeguarding adults. The staff were able to explain what they would do if they felt someone was being abused. They had received training in this area. The registered and deputy managers had discussed safeguarding at a recent meeting and agreed that the registered manager would contact each of the carers to discuss their understanding of the procedures. The registered manager demonstrated a good awareness of how they would respond to allegations of abuse. There had not been any such allegations since the service started operating.

The provider had developed assessments of the risks each person was exposed to and how these should be mitigated. For example, how people should be supported to move safely. These plans stated the number of staff needed to support a person, equipment the staff should use, making sure the environment was safe and supporting the person to make choices and participate in the activity where they were able.

There were also assessments regarding people's physical and mental health, risk of falling, skin integrity, self-care, eating and drinking, medicines and home environment. These assessments included information about what could happen, how likely and how severe the risk was and how this should be reduced. The risk assessments were clearly laid out and easy to understand. Allergies were clearly recorded on care plans, so the staff were aware of these.

Care plans included reference to important information for the staff to be aware of alongside the information about care tasks. For example, referring the staff to safe lone working procedures, reminding the staff about maintaining security at the person's property, reminders for the safe use and disposal of protective equipment and information about good practice following a person-centred approach.

The relatives of people told us that the care workers arrived on time and they were informed if one was running late. One relative said, ''They arrive on time absolutely, they are very prompt and do everything very well.''

There were enough staff employed to keep people safe and meet their needs. There were four care workers and four people who used the service at the time of the inspection. People had the same familiar care workers. The provider had systems for monitoring that visits took place on time and as planned. These systems included an electronic call monitoring (ECM) system which gave the provider live information. The registered manager told us that they were alerted if a care worker was 20 minutes later than planned. The deputy manager showed us the analysis of information from the ECM. This showed that the majority of visits took place on time and care workers stayed for the agreed length of time.

The provider ensured that the staff were suitable to work with people. They carried out a range of recruitment checks. These included checking staff identity, eligibility to work in the United Kingdom, checks on any criminal records by the Disclosure and Barring System and a formal interview. These were documented, and we saw that the provider had requested details of a full employment history for all staff, including any gaps in employment. They had obtained written references from the two most recent employers for all the staff. All of the recruitment checks, along with relevant training, took place before the staff started to work at the service. There was evidence they had undertaken an induction and that their competency when caring for people had been assessed by the registered manager. The staff all spoke the same language as the people who they were caring for and came from the same cultural background. This meant they could communicate with people in their preferred language and they understood how to meet people's cultural needs.

At the time of the inspection, none of the people using the service were being supported to take medicines. However, there was a procedure in place for managing medicines, should people need this support in the future. The registered manager had developed systems such as administration charts, audits and how errors would be recorded and dealt with. The registered manager was aware of the National Institute of Care Excellence (NICE) guidance for the safe management of medicines.

The staff had been trained to safely administer medicines. Care plans included details about people's prescribed medicines and important information connected to these, such as adverse effects. One person was prescribed a medicine which needed to be taken before or with food. The care plan specifically stated that the staff should remind the person and work in ''close partnership'' with them to make sure they remembered to take this at the right time and when the staff were preparing meals.

The provider had a procedure for the prevention and control of infections. The staff had undertaken relevant training. The staff were supplied with personal protective equipment, such as gloves, aprons, shoe covers and hand gel. People confirmed the staff used these and that they followed safe hygiene practices, such as washing their hands. The staff said that they always had access to supplies of these when needed. The spot checks on staff, carried out by the registered manager, included checks on whether they followed safe hygienic practices.

The registered manager discussed with us how they had learnt from concerns which had been raised. They told us they were always learning and wanted to improve the service. We saw that they had responded to people who had raised the concerns. The responses explained how they had taken action so these did not happen again.

The provider had policies and procedures regarding how they would respond to accidents, emergencies and complaints. These polices included reference to relevant legislation and good practice guidance. Individual care plans also referenced how staff should respond to specific emergency situations and who should be contacted.

Individual care files included a section for logging any incidents or accidents and how these had been responded to. There had not been any accidents or incidents at the time of our inspection.

Good

Is the service effective?

Our findings

The registered manager undertook an assessment of people's needs with the person and their representatives. These assessments included details about their faith, ethnicity, personal care, safety, health and other needs. The provider also assessed the person's home environment to make sure they could deliver safe care within this. The assessments asked a range of questions which helped to develop a picture of people's needs and included specific details about their preferences and the needs which the care staff would be supporting the person with. People had signed an agreement with their assessments and these had been used to develop a care plan.

The staff had the skills, information and support needed to provide effective care. All four members of staff undertook a four day training course before they started working with people who used the service. These covered areas outlined in the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The staff already had vocational qualifications in care from previous work they had undertaken. We saw certificates to evidence the training and qualifications.

The staff completed an induction session with the registered manager to learn about the service. They then completed two days shadowing the registered manager to familiarise themselves with the needs of the people who they would be caring for.

The staff confirmed that they had an induction session with the registered manager and then completed training with an external provider. They also said that they had shadowed the registered manager before they started working at the service. One staff member commented, ''I appreciated having this as I felt more confident to carry out the care.''

The staff told us they had the information they needed to care for people. They were issued with a handbook, which outlined the policies and procedures as well as good principles of care and the provider's aims and objectives. There were clear care plans about each person's needs which were available at the office and in people's homes, so the staff could use these to find out information about the care they would be providing.

The registered manager regularly spoke with and met the staff to discuss their work. They had carried out a formal recorded 'spot check' where they observed the staff member during the visits to people who used the service. They were in the process of arranging formal supervision meetings with each staff member.

The staff told us they regularly met with the registered manager and found them supportive and these meetings helpful. One member of staff said, ''I go to the office often and they are very approachable, I do feel that I can let them know of any concerns that I have.''

The registered manager had developed quality monitoring systems to check when staff training,

supervisions and spot check were due, so that they could arrange these as needed.

The registered manager and deputy manager worked in close partnership to develop systems and review the service. They also had formal, recorded meetings each month to discuss the service and any changes needed. The meetings included a reflective discussion about how the service was working.

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

Everyone using the service at the time of the inspection had the mental capacity to consent to their care and treatment. They had signed consent to their care plans and assessments. They had also signed documents consenting to information being shared with other professionals if needed and permission for the provider to carry out assessments and reviews.

At the time of our inspection, people using the service paid for their own care. The provider had developed contracts which outlined the terms and conditions of their care and people had signed these. People were also provided with a handbook which gave information about the services they should expect.

The provider had a policy regarding consent which described what informed consent was, the process for obtaining consent and the action to be taken in event that someone lacked the mental capacity to consent. There were also policies regarding accessible communication, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

The staff were able to describe what they understood about the MCA and confirmed they had received training in this.

The provider had recorded information about each person's GP and other relevant professionals who worked with the person. The care plans included information about people's health care needs and any support they required with these.

Where risk assessments and care plans referred to a specific healthcare need, there was information about the symptoms the staff should look out for in event of the person becoming unwell and the action they should take if they had concerns about the person's health.

People were supported to eat and drink enough to maintain a balanced diet. The relatives of people who used the service confirmed they were happy with the arrangements and that people were offered choices. One relative said, ''The staff have a very good understanding and do everything we ask and need.''

The care plans and assessments included information about people's dietary needs. At the time of the inspection, people using the service had cultural dietary needs. The staff employed by the agency also came from the same cultural background and understood these needs.

Where people were regularly supported by care staff preparing their meals, their preferences and food choices were recorded in their care plans.

Good

Is the service caring?

Our findings

People using the service were happy with the care and support their received. They had good relationships with the care workers and felt that they were treated with respect. Some of the comments we received included, ''The staff are kind and caring, they are absolutely respectful'', ''Because they are also Somalian, this is very helpful in terms of care and respect'', ''[My relative] is very happy'', ''[Person] is now very confident with the carers'' and ''They respect elderly people, the staff are very kind and listen well, they play close attention.''

People's relatives told us their privacy was respected. One relative commented, ''The staff always cover [person] when in the shower, this is very important for our community.'' Another relative told us, ''They are very good, very helpful with personal care and have a good character and are respectful.''

People's choices and preferences were recorded in their care plans. The care plans included reminders for staff to maintain privacy for people and offering them choices when providing care. The relatives of people confirmed that the person had been involved in planning their care and that the agency was willing to discuss and listen to their preferences.

The care plans included information about people's culture, faith, ethnicity, needs and wishes; as well as recording the person's first (or main) language. At the time of the inspection all the people using the service were from a Somalian background and spoke Somali. The provider had employed staff with the same ethnic background and who could speak the same language. One relative told us, ''[Person] likes to go out for festival days and the staff support [them] with this.''

We discussed with the registered manager whether care plans and other documents were being made available in Somali for people. They said that they had explained and discussed the care plans to make sure people understood them, but were happy to provide translated copies for people who requested this.

At the time of the inspection, none of the people using the service identified as LGBT+ (Lesbian, Gay, Bisexual or Transgender). The registered manager said that they were hoping to access training to have a better understanding about how to provide an inclusive environment when carrying out assessments and planning care for people identifying as LGBT+.

The staff understood about respecting people's privacy and dignity. Their comments included, ''As a carer it is important for me to carry out the care in a way the service user feels respected and listen to their preferences'' and ''When I am providing personal care, I always make sure that the service user's privacy is key and that they feel respected.''

People were supported to be independent where they wanted and were able. This was reflected in care plans where people's strengths and abilities were recorded so the staff could support them with these.

Good

Is the service responsive?

Our findings

People received care which met their needs and reflected their preferences. They confirmed that the agency was meeting their needs. They said that they were supported by the same familiar staff who knew their routines and how they liked to be cared for. The staff also spoke about this and how they had developed positive relationships with people and their families.

The provider had developed individual care plans with the person who was being cared for and their representatives. These plans included information about the person's life and what was important to them. The tasks the staff needed to undertake had been recorded in detail and included reference to good practice as well as information about individual choices of the person being cared for. The plans empathised that the staff should offer people choices, even if they knew their usual preferences for care.

Care plans included a record of the 'positive outcomes' for people when care was provided. These included, ''I would like to remain in my own home and be able to carry out daily living activities myself'' and ''I would like to regain my independence and be able to eat and drink to maintain health.''

The staff recorded logs about how they had supported people at each visit. At the time of our inspection, people had been using the service for two months and the log books were still in use at people's homes. However, the provider had carried out audits of these each month. Their records confirmed that care had been provided as planned.

People using the service and their representatives told us they knew how to make a complaint and felt happy that these would be responded to appropriately. Their comments included, ''We have two numbers for the supervisor and manager and they listen carefully to us, no problems'' and ''The management listen to us and they are very respectful.''

The provider had a complaints procedure which was outlined in the service user handbook, which people had a copy of. This included the timescales for response and investigation of any complaints. The provider had not received any formal complaints but had received two concerns regarding staff not arriving at planned times and one person stating they were not happy when a different care worker was sent to them. The provider had investigated both of these concerns and had written to the complainant to apologise and explain the action they had taken to ensure the incidents were not repeated.

Individual care files had a section for logging any complaints or concerns and how these had been responded to.

No one was receiving support at the end of their lives at the time of our inspection. However, the provider had a policy describing how people should be supported at the end of their lives. This references the National Institute of Care Excellence (NICE) quality standards relating to the care of people who were dying.

Good

Is the service well-led?

Our findings

People using the service and their relatives were happy with the agency. Some of the comments we received from relatives included, ''The way the agency is doing the work is very good, very respectful, kind and helpful'', ''It is absolutely a good service, they are good at time keeping, they have very good support workers, they try to keep [person] calm, they explain everything to [them] and give [them] assurances'' and ''They are very good at cleaning and helping, they give [person] whatever [they] need.''

We asked the staff what they liked best about working for the agency. Their comments included, ''It is a very rewarding job. The idea of understanding that each person is an individual and helping to make a difference (even if it is small) in their lives'', ''I like helping people and working as a team'' and ''I enjoy that I am supporting somebody to live their everyday life whilst also encouraging them to regain or maintain their independence.''

The provider had received a letter from another relative of a person using the service on 4 January 2019. It included the comments, ''I would like to thank Prime Way care and their staff for the good work they are doing with [my relative], [they] are very happy about the service. [Person] says [their] care worker is friendly, she is always smiling, and she makes [them] happy. I really do enjoy the time [care worker] is around. They [care workers] never rush and take their time, they ask [person] if there is anything else before they leave.''

People using the service were provided with a handbook which outlined the details about the service and key procedures. The principles and values of the organisation were recorded within this. They included, ''supporting vulnerable people so that they can continue their lives with dignity and independence and be participating members of their own community'', to promote privacy, confidentiality, fulfilment of aspirations, to consult with people about their care, to ensure people were offered choices and to review care regularly.

People using the service and others were asked for their feedback to help develop the service. The registered manager told us they had sent surveys to people using the service, staff and other stakeholders, asking people about their experiences. We saw evidence of this in people's files. At the time of our inspection, they had not received any responses.

The registered manager told us that they contacted people using their services and their families about once a week. They also recorded monthly telephone monitoring calls with people. These indicated that people were happy with the service being provided. The registered manager asked people about whether care workers arrived on time, if they were happy with their care workers, if their language, culture and religious needs were being met and whether the staff had the necessary skills to care for them. One person had commented, ''I really like my carers, they are kind.''

There were effective systems for monitoring the quality of the service and making improvements. The registered manager carried out audits of the care files held at people's homes, including the logs of care provided. The template for these included space to record any actions and how these were addressed.

However, the audits we viewed indicated that there had not been any concerns identified with these records.

The registered manager had also developed tools to monitor whether the service was meeting the key lines of enquiry set out by the Care Quality Commission to measure compliance with the relevant legislation. The registered manager carried out their own audits in line with these. There were systems for monitoring whether care visits took place on time and lasted the correct amount of time.

Records help at the agency offices were neatly organised and information was clear and easily accessible.

The provider had a file of policies and procedures covering the service. These were dated and had a review date scheduled annually.

The registered manager told us they had started to make links with the local authority so that they could attend forums with other registered managers to share good practice ideas. The registered manager also worked closely with the manager of the provider's other branch and had carried out on-line research about best practice.