

Primecare Support Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced inspection on 9 May 2016. Between this date and 14 June 2016, we spoke with people who used the service, relatives and staff by telephone.

The service provides personal care to over 200 adults in their own homes. Some of the people being supported by the service were living with a variety of care needs including dementia. The service also supported seven children and young people.

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 2008 and associated Regulations about how the service is run.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm. When required, suitable equipment was in place so that people were supported safely.

The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely. Staff had received regular supervision and had been effectively trained to meet people's individual needs. However, the provider needed to improve how they supported staff, particularly those from other countries.

Staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. However, newer staff needed more training to understand the principles of the Mental Capacity Act 2005 (MCA).

People were supported by caring, friendly and respectful staff. They were enabled to make choices about how they wanted to be supported.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They were supported to eat and drink well, and to access other health and social care services when required.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continuously improve the quality of the service.

The provider had effective quality monitoring processes in place and these had been used effectively to drive continuous improvements. Most people described the service as 'very good'. They had no concerns about how care was provided and how the service was managed, but some felt that communication between office staff and care staff needed to be improved.

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.

There were systems in place to safeguard people from avoidable risks that could cause them harm.

The provider had effective recruitment processes and they had sufficient staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided. Some of the new staff needed training to understand the principles of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

Staff were caring, friendly and passionate about people they supported.

Staff understood people's individual needs and they respected their choices.

Staff protected people's privacy and dignity, and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

Staff understood people's needs and supported them well.

The provider had an effective system to handle complaints.

Is the service well-led?

The service was not always well-led.

Some people said that communication needed improving. They also did not feel that staff were always valued.

People who used the service, their relatives and staff had been enabled to routinely share their experiences of the service and their comments had been acted on.

Quality monitoring audits had been completed regularly and these were used effectively to drive continuous improvements.

Requires Improvement 

Prime Care Support Limited

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 was planned to check 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 9 May 2016 and it was carried out by two inspectors. We contacted the service on the morning of the inspection because we needed to be sure that there would be someone in the office when we arrived. Between the date of the office visit and 27 May 2016, two experts by experience spoke with 14 people who used the service and relatives of three others by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager, the assistant manager, the coordinator/planner, and one member of the care staff. Following the office visit, we spoke with a further six care staff by telephone between 3 and 14 June 2016.

We reviewed the care records for 13 people who used the service, the recruitment and supervision records for eight staff, and the training records for all staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe with staff who supported them and their care was provided safely. One person said, "I feel very safe with [named care staff], she really looks after me." Another person said, "Yes, I do feel safe." A relative of another person said, "My [relative] is safe in the hands of the carers." Most people had no concerns about staff accessing their homes using key safe codes. However, one person was worried that this information could fall in the wrong hands and therefore, they preferred to open the door for staff even though they had limited mobility. We advised them to discuss their concerns with the provider so that they could get the assurance that their information was safe.

The provider had safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Information about safeguarding was displayed in the provider's office and this included contact details of the relevant agencies to whom concerns could be reported. We saw that staff had received training in safeguarding people and staff we spoke with confirmed this. They demonstrated good understanding of safeguarding processes and were aware of their responsibilities to report any concerns to their manager and the relevant authorities. A member of staff said, "The clients I support are safe and I have not been concerned about anything. I can report to the office if I was worried about anything." Another member of staff said, "They are definitely safe. I have not seen anything I would be worried about." A third member of staff said, "Clients are safe and they are always happy with me and other staff."

People's care and support had been planned and delivered in a way that ensured their safety and welfare. The care records showed that assessments of potential risks to people's health and wellbeing had been completed and there were personalised risk assessments in place for each person. These gave guidance to staff on how specific risks to people could be minimised. The risks identified included those associated with people being supported to move, pressure area damage to the skin, not eating and drinking enough, medicines, and falling. These had been reviewed and updated regularly or when people's needs changed. We also saw that environmental risk assessments of each person's home had been completed as part of the initial assessment process. These identified and minimised any potential risks to people and staff who supported them. The service also had systems to record and review accidents and incidents so that they minimised the risk of them happening again.

We looked at the recruitment records for eight members of staff and we found the provider had effective recruitment systems in place. This enabled them to complete relevant pre-employment checks, including obtaining references from previous employers, checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Most people told us that there was enough staff to support them safely at their preferred times and that they were supported by a consistent group of staff. One person said, "It's got better now they have more staff, the girls don't rush so much." Another person said, "Yes they are usually on time and they ring if they are going

to be very late." A third person said, "The service is quite good and I get regular carers. Sometimes they have to change things if someone is sick." A fourth person told us, "At the minute I get the same carer and I am very happy about that." Although some people told us that staff were not always on time, they said that this rarely happened with their regular staff. One person said, "Sometimes their organisation is shambles. Once, no one had arrived for the 08:30am call and the carer's rota showed 11am. They arranged for someone to come in earlier." Another person told us that they had not always been informed when staff were going to arrive late to support them.

However, we saw that there was a system to plan staff rotas and these showed that enough staff were available to support people at their preferred times. Staff told us that there was enough of them to support the number of people who used the service, but delays were sometimes unavoidable due to traffic when travelling between care visits. They said that when they were short of staff, others did extra shifts or cover was provided by senior staff. The manager told us that they had an ongoing recruitment plan so that they covered staff vacancies as they occurred.

Some of the people who used the service were being supported to take their medicines by trained and competent staff, and they told us that they were happy with how this was managed. One person said, "They give me my tablets and sign for them in my care plan." Another person said, "Carers give me my medicines and I'm happy with that. We looked at some of the medicine administration records (MAR) that had been returned to the office for auditing and safe keeping, and we noted that they had been mainly completed correctly with no unexplained gaps. This showed that people's medicines had been managed safely and administered as prescribed. However, where recording errors had been identified, these had been addressed with staff concerned to minimise the risk of recurrence.

Is the service effective?

Our findings

People told us that most staff had the right skills and experience to support them appropriately and in a way that met their individual needs. However, some said that the newer members of staff needed some prompting to provide care the way they wanted, but they seemed to learn quickly. One person told us, "I am very happy with my carers." Another person said, "Some are very thorough and some of them not so much." They added that this was mainly to do with staff not tidying up after supporting them with personal care or meals and not always putting the bins out. A third person said, "Very good service. The morning carer who does my bath is absolutely fantastic. The lunch carer is good too and I'm very happy with everything." A fourth person said, "They are very good and I have no worries with them at all, without exception."

Staff told us that they had received effective training so that they had the right skills and knowledge to support people appropriately. None of the staff we spoke with said that they had training needs that had not been met. A member of staff said, "They are very good at offering training." Another member of staff said, "Training is good and enough to know how to help clients. I don't need more training at the moment." We saw that staff had been provided with training in a range of subjects relevant to their role and this was monitored by the manager so that they could update their skills in a timely manner. Some of the staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) diplomas.

Staff told us that they were effectively supported by the manager and other senior staff. Staff records showed that they had regular supervision and appraisals. This was confirmed by staff we spoke with and one member of staff said, "I am still new and I have had one supervision so far. I find everyone quite helpful." Another member of staff said, "I have had regular supervision and it's good. I am able to discuss any issues about clients and ask for training if I need it."

Where possible, some people had signed forms to show that they consented to their care and support, including being supported with their medicines and personal care. Staff told us that they asked people for their consent before any care was provided, and for those unable to provide verbal consent, they assumed that people were happy to be supported if they did not show any signs of distress or objection. Where people did not have mental capacity, assessments had been completed and decisions to provide care were made on their behalf. These processes ensured that any decisions made to provide support were in the person's best interest and in line with the requirements of the Mental Capacity Act 2015 (MCA). The 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.

A fairly new member of staff did not know what MCA was and the manager told us that they had done further work to improve on this following shortfalls in staff knowledge and processes being identified during a review by the local authority. However, they acknowledged that more work would be necessary to ensure that all staff fully understood and adhered to MCA principles. They had booked training in early June 2016

for all senior staff, with training for all staff being planned for a later date.

People who were being supported by staff to prepare and eat their meals said that they were happy with how this had been done. Although sometimes staff cooked people's meal, they mainly warmed already cooked meals for the majority of people, and gave them whatever they wanted to eat for their breakfast. One person said, "My carer always asks what I want for my breakfast." Another person said, "We plan on a morning what I am having for my dinner and [named care staff] gets it out of the freezer, ready to cook when she comes back." A third person said, "[Named care staff] gives me a snack and a jug of water before she leaves." Staff said that they encouraged people to eat and drink enough. A member of staff said, "Sometimes clients say they don't want to eat, so I leave them a picnic. I check whether they have eaten or not when I go back. I also always leave them with a drink of their choice. None of the staff we spoke with had concerns about people not eating or drinking enough. A member of staff told us that they would report to the manager if they had such concerns so that the person could be referred to appropriate health professionals.

People told us that they were mainly supported to access other health services, such as GPs, occupational therapists, dietitians, and community nurses by their family members. They said that when required in urgent situations, staff had contacted their family members, GPs or emergency services. A person told us that a member of staff had contacted a doctor for them when they felt unwell. However, although they understood that staff had pressure of work to leave on time so that they can support other people on time, they were a bit disappointed that the member of staff was not able to stay with them until the doctor had visited. A member of staff told us about a time when they had found a person unwell and they had contacted their GP. This had resulted in the person being taken to hospital for treatment. We also saw that staff shared concerns about people's welfare with other professionals. For example, a person's social worker had been contacted when staff were concerned that they were not wearing appropriate clothes for the weather and they looked cold.

Is the service caring?

Our findings

People told us that staff were kind, caring and friendly. One person said, "My carers have really got to know me very well and they have become good friends." Another person said, "I couldn't ask for any one better than [named care staff] to look after me, we have a real laugh and a joke on a daily basis." A third person said, "She has a heart of gold." Another person said, "They are my guardian angels." A relative said, "My [relative]'s carers are so very kind all the time."

Staff spoke passionately about people they supported and they said that they provided the care people required in a compassionate manner. A member of staff said, "We provide good quality care. I always involve people in whatever I do and offer them a choice of clothes to wear or what they would want to eat." Another member of staff said, "Everyone I have worked with is very nice and caring to the clients." People told us that they had been involved in making decisions about their care and that staff took account of their individual choices and preferences. Staff told us that it was important that they supported people in a way that maintained their independence as much as possible. A member of staff said, "I check every now and again if they preferred to do some things themselves." Another member of staff said, "I encourage clients to do as much as they can for themselves and I help them with things they can't do." A third member of staff said, "A person started by washing their hands themselves and now they can have a full wash by themselves. I'm happy that they have gradually gained their confidence."

People told us that staff treated them with respect and they protected their dignity when supporting them with their personal care. One person said, "I am treated with respect at all times." Another person said, "I am covered with a towel when I am getting washed." Staff demonstrated that they understood the importance of respecting people's privacy, dignity and their rights. A member of staff said, "I close the curtains and doors, ensure the room is not cold and cover people with a towel or dressing gown so that I maintain their dignity." Staff understood the importance of protecting people's personal information by not discussing about their care outside of work or with agencies not directly involved in their care. We also saw that copies of people's care records were held securely within the provider's office.

People had been given information about the service in order for them to make informed choices and decisions. We saw that the file kept in people's homes included a variety of information about the service and where they could find other information, such as the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed.

Is the service responsive?

Our findings

Each person had an assessment of their care needs carried out prior to them using the service, in order to develop detailed care plans that provided information on how staff should support them in meeting their needs. The service took into account people's preferences, wishes and choices when planning their care. For example, during a review meeting one person had stated that they were not happy with a member of staff who supported them and this was changed. Care plans included information about the person, their medical history and conditions, the equipment they used such as a hoist and slings, glasses, hearing aids and the support they needed to leave fairly independent lives. They also included the terms of the agreed care package, such as the time of visits and expected of staff support.

People told us that their care plans identified the support they needed and most people said that they were involved in planning their care, apart from one person who said that their relative dealt with that. People also told us that they received individual care that met their needs and expectations, and that their care plans had been reviewed regularly and updated when necessary. One person said, "I more or less get the right support, but some carers are better than others at doing things well." Another person told us, "I am happy and my care plan is reviewed each year." A third person said, "They're good girls and try their best to look after me." A relative said, "If anything changes with my [relative], it is recorded in the care plan." Although people said that staff were normally busy and only able to provide the agreed support, some said that their regular staff had become friends and they chatted with them whenever they visited to support them. One person said, "My carer helps me do my jigsaw if she has time and we have a bit of a laugh." Another person said, "They are such good girls to me. They would do anything to make sure I would be fine when they are not here."

People had been given a copy of the complaints procedure when they started using the service. Some people told us that they had raised some concerns about the quality of their care and that this had been dealt with. Most people said that they would call the office if they had concerns. One person said, "I wouldn't hesitate to complain if I needed to." Another person said, "I told my carer once I was not happy about something and the manager phoned me." We noted that there had been a number of complaints recorded in the 12 months prior to the inspection and appropriate action had been taken to investigate and respond to them. We saw examples of disciplinary action being taken to address complaints about individual staff. For example, a member of staff who had used their mobile phone in a person's home had been sent a written warning.

Is the service well-led?

Our findings

Prior to our inspection, we had received information of concern that the provider had employed a lot of staff from abroad who were not able to communicate clearly in English. The concern was that their limited spoken and written English put people at risk of unsafe care because they were not always able to understand simple instructions. We discussed these concerns with the manager during the inspection and they explained that challenges in getting local staff had led them to recruit a number of staff from other countries in the European Union. They described the recruitment processes they followed to ensure that prospective staff had the right values, skills and a good understanding of English so that they supported people well. The manager also said that some staff had attended extra English lessons on arrival to the UK.

Although some people told us that they found some of the staffs' accents difficult to understand, they had no concerns about how they supported them. One person told us, "I could not understand the person who came last night. Their work is okay, but I cannot understand them. I don't know how they write in the book or read what is there. They say they have passed Prime Care's tests." Another person said, "The carers are brilliant. I have to use simple English with them, but I don't mind. I'm 'peckish' is not easily understood, but they are fine if I use 'I'm hungry'." Some of the staff we spoke with said that they understood how older people would struggle to understand some of the staff's heavy accents, but they said that their colleagues' communication skills had improved the longer they had been in the country. A member of staff said, "They are good workers and I'm sure clients will eventually get used to their accents."

The service's registered manager was supported by a number of office staff, including an assistant manager, a coordinator who planned and managed staff rotas, three branch support workers who dealt with the day to day enquiries from the care staff. Although most people who used the service, relatives and staff were complimentary about the support they received from the manager and other senior staff, others said that communication between the office staff and care staff was not always good. One person said, "I can always get hold of the office staff and they are helpful." Another person told us that care staff had arrived to support them despite them contacting the office to cancel the visit because they were going out with their relative.

Staff said that they were well supported and valued. However, some people told us that some of the staff worked very long hours and they felt pressured to work, even on their days off. One person said, "Quite a lot of staff have left. They kept getting harassed to work more hours and they have lost some good staff." Another person said, "The girls sometimes say they are short staffed and they feel emotionally bullied to work. Some have been told that no one will look after people if they didn't come in. Lots of girls are leaving." The manager told us that they sometimes had high levels of staff absence which meant that they needed to cover visits at short notice. They relied on staff's willingness to do additional work and would never force anyone to work on their days off. They had also improved how they dealt with staff sickness and were exploring more effective ways of supporting staff. The manager showed us an example of a questionnaire that they had recently sent to a selection of staff to gather their views about how the service was managed and whether there were areas that required improvement. The manager was also reviewing the format of the staff meetings so that most of them could attend.

There was evidence that the provider regularly sought feedback from people who used the service and their relatives so that they had the information they needed to continually improve the service. People told us that they had been contacted by telephone to check if they had comments or concerns about the service. A number of people also mentioned that they had annual reviews of their care, where they had an opportunity to give feedback about the quality of care and staff who supported them. One person said, "Once a year someone comes and checks the book." Another person said, "I have a regular review." Additionally, the provider completed an annual survey and the results of that completed in 2015 showed that people were mainly happy with the quality of the service provided. A number of compliments had also been received by the service. Also, most of the people we spoke with described the service provided as being 'very good'.

The provider had effective systems in place to assess and monitor the quality of the service provided. The manager and other senior staff regularly completed various audits and these included checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. Also, medicine administration records (MAR) and staff files were checked regularly to ensure that they had been completed accurately and they contained up to date and relevant information. The manager told us that senior staff always checked the quality of records when they completed 'spot checks'. We saw that action plans were completed following each audit and any issues identified were addressed with the individual or discussed at team meetings.