

Prime4 Care Ltd

Prime 4 Care Ltd

Inspection report

12 Station Road
Kenilworth
Warwickshire
CV8 1JJ

Tel: 01926257802
Website: www.prime4care.com

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Prime for Care Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 7 people using the service.

People's experience of using the service and what we found

Although risks to people's health and safety were identified, those risks were not routinely assessed or reviewed following changes to people's health. Medicine administration records (MARs) were not always clear and or follow best practice guidance. All staff who worked at Prime 4 Care Ltd were agency. The provider was recruiting permanent staff which included some of the agency staff who currently worked at the service. Staff recognised the importance of keeping people safe from the risk of abuse and avoidable harm. Staff were provided with Personal Protective Equipment (PPE) to promote good infection control. The provider was committed to improving the service at Prime 4 Care Ltd and learning from the inspection.

Improvements were needed to ensure that people's assessments were reviewed following changes in their health, to ensure they remained relevant and up to date. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The manager recognised when people's ability to make decisions for themselves was compromised. However, improvements were needed to ensure statements regarding people's mental capacity were supported by mental capacity assessments. The provider was committed to ensuring staff were well trained and had invested in a new training provider, and system to monitor when staff training was completed, or due. When people needed help with their eating and drinking, or assistance to prepare meals, this information was recorded in their care plan. The provider, manager and staff worked in partnership with other healthcare professionals to meet people's needs and in response to changes or concerns about people's health.

Audits and governance processes to maintain oversight of the safety and quality of care were either not in place or operating effectively. We received positive feedback about the care provided, and staff felt happy and well supported working at Prime 4 Care Ltd. The provider and manager had an understanding of some of the types of events and incidents that needed to be reported to CQC. Since joining Prime 4 Care Ltd, the new manager had visited people in their homes to check they were happy with their care and whether any changes were needed. Both the provider and the registered manager were committed to improving the service, and recognised that further work was needed to develop and embed good governance systems. The provider and staff worked closely with other health professionals to improve outcomes for people's health and social care needs.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 June 2022). The provider completed

an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an announced inspection of this service on 3 May 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Good Governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has remained requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prime 4 Care Ltd on our website at www.cqc.org.uk

Enforcement

We have identified breaches in relation to Safe Care and Treatment and Good Governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Prime 4 Care Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

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 service manager would be in the office to support the inspection.

Inspection activity started on 26 April 2023 and ended on 4 May 2023. We visited the location's office on 26 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback

from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 staff including the Nominated Individual, the service manager and agency care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 4 relatives for feedback on their experiences of the care provided. We reviewed 3 people's care records, medication records and recruitment checks. We also reviewed a range of documents relating to the management of the service including policies, procedures and the provider's new training programme.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Although risks to people's health and safety were identified, those risks were not routinely assessed or reviewed following changes to people's health. Risk management plans were not always accurate.
- On the first day of our inspection, there were no risk assessments for people with catheters. These were implemented in response to our feedback.
- Two people had a diagnosis of epilepsy. Their epilepsy action plans guided staff to contact 111 in the event of a seizure and to administer 'as required' epilepsy medicine. The manager confirmed neither of these instructions were accurate and in the event of a seizure, staff should immediately contact 999. Neither person was prescribed 'as required' medicine to be administered in the event of a seizure.
- One person's health had declined as they had become more frail. They had a diagnosis of epilepsy and their mobility had deteriorated. Risks to this person had not been reviewed or re-assessed to ensure their care remained up to date and relevant to their needs.
- Medicine administration records (MARs) were not always clear and did not always follow best practice guidance. There were unexplained gaps and crossings out in records, so we could not be assured people always received their medicines as prescribed.
- One person was prescribed two medicines to manage epilepsy. There were gaps in the MAR charts and no record to explain why the medicine was not administered.
- Some people had medicines in blister packs. MAR charts for these medicines did not include the name of the medicine, the dosage or any special instructions for administering the medicine. The MAR only listed the number of tablets the person should be given. Some of these records had been crossed out or written over, so did not provide a clear record of the medicines people had received.
- The manager advised us that spot checks of staff competencies to administer people's medicines were carried out. However, there were no records of these checks.

Risks relating to the health safety and welfare of people were not always robustly assessed or mitigated. Systems to ensure people received their medicines safely and as prescribed were not effective. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately, during and after the inspection. Risk assessments were implemented and action taken to review record keeping for people's medicines.

Staffing and recruitment

- All staff who worked at Prime 4 Care Ltd were agency staff. The provider was recruiting permanent staff which included some of the agency staff who currently worked at the service.

- The provider had not requested agency profiles for staff. Profiles provide information about training completed by agency staff and recruitment checks that have taken place. They also include a photograph for identification purposes. In response to feedback, profiles were requested during the site inspection and provided shortly after.
- We received positive feedback that people received consistency in the care staff who supported them. Staff had enough travel time in between calls and to support people safely.

Systems and processes to safeguard people from the risk of abuse

- Staff recognised the importance of keeping people safe from the risk of abuse and avoidable harm.
- When safeguarding concerns were raised, these were reported to the local authority, and us CQC.

Preventing and controlling infection

- Staff were provided with Personal Protective Equipment (PPE) to promote good infection control.
- Care plans included reminders on hand hygiene and the steps to take to minimise the risk of people catching infections.

Learning lessons when things go wrong

- The provider was committed to improving the service at Prime 4 Care Ltd and to take learning from the inspection. They had invested in new electronic systems and made improvements to training and recruitment processes for staff.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed before they started using the service. Some information about people's protected characteristics were included in assessments, such as their ethnic origin and religion. It also included information about people's first language.
- Improvements were needed to ensure people's assessments were reviewed following changes in their health, to ensure they remained relevant and up to date.

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 MCA 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

- The manager recognised when people's ability to make decisions for themselves was compromised. However, improvements were needed to ensure statements regarding people's mental capacity were supported by mental capacity assessments.
- At the time of the inspection, one person was described as having fluctuating mental capacity. There was no assessment to support this statement.
- Staff understood the need for consent and encouraged people to be involved in decisions about their care.

Staff support: induction, training, skills and experience

- At the time of the inspection, all staff were agency and not permanently employed by Prime 4 Care Ltd. This was following a change in provider and manager, and improvements being implemented in the provider's training programme. The provider said, "We are really having to start afresh because the systems weren't right. Staff weren't attending training even though we would book it, and there were gaps in staff training records."

- The provider was committed to ensuring staff were well trained and had invested in a new training provider and system to monitor when staff training was completed, or due. Some agency staff had started the training now offered by the provider, and others were due to start soon.
- Staff were experienced in social care and some had vocational qualifications in health and social care.
- All staff spoken with told us they felt supported in their roles and got to shadow other staff when they started for the provider.

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

- When people needed help with their eating and drinking, or assistance to prepare meals, this information was recorded in their care plan.
- One relative gave positive feedback about the food care staff prepared. They said, "The carer cooks proper food for [person], not just microwave food."

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

- The provider, manager and staff worked in partnership with other healthcare professionals to meet people's needs and in response to changes or concerns about people's health.
- We received positive feedback from relatives about staff support and working with other health professionals. One relative said, "Staff took [person's] BP readings a while ago so I could share these with the G.P when [person] wasn't well." Another person said, "With [person's] catheter, [staff member] was very proactive in dealing with it when there were problems with the catheter. They got [person] into a clinic and got it sorted."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and governance did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, systems to continually assess, monitor and mitigate risks to the health, safety and welfare of people and assess, monitor and improve the quality and safety of people's care were ineffective. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At the last inspection, systems to ensure a consistent and thorough approach to risk assessment, monitoring and review were not effective and some care plans lacked clear guidance on actions to minimise risks to people. At this inspection, we identified similar issues.
- Audits and governance processes of the safety and quality of care were either not in place or operating effectively. Due to a lack of audits, gaps and errors in medicine administration records were not identified.
- Systems had not identified errors in risk management plans, or that when people's needs changed, risks to their health and safety were not always reviewed to ensure care plans remained relevant and up to date.
- Quality assurance checks were not always recorded or available to view during the inspection. The manager told us regular visits were made to people's homes to gather feedback about their care and identify if any changes were needed. These checks had not been documented.
- Records relating to staff employed were not always stored securely. Spot checks of staff practice and their competency were kept in people's homes and not the registered office location. These records were therefore not available during the inspection.
- Records relating to people's care and their needs were not kept at the provider's office to ensure office staff had access to those records and were able to respond effectively to any queries from staff.

Systems were either not in place or operating effectively to assess, monitor and improve the quality and safety of people's care. This placed people at risk of harm. This was a continued breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of the inspection, there was no registered manager in post. However, the current manager planned on submitting their application soon.

- Following the recent changes in management, the provider had identified a number of areas which required improvement and invested in the service to make those improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback about the care provided by staff. One relative said, "I'm very pleased with them, they also helped my husband. They were brilliant." Another comment was, "Excellent, can't fault them. Very helpful, very obliging. Can call them anytime."
- Although the provider currently only used agency staff, we received positive feedback from those staff who told us they wanted to work for the provider permanently. Comments included, "I can say they are really good. Since being with them, any concerns I can talk to [Provider] and he deals with it quickly. They're very concerned about their clients and their staff," and, "Fantastic. Whenever you ask, they do things very quickly. I've worked in different places and you get delays. For them they are very concerned for our safety and our clients."

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 provider and manager had an understanding of some of the types of events and incidents that needed to be reported to CQC, but recognised further learning was needed.

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

- Since joining Prime 4 Care Ltd, the new manager had visited people in their homes to check they were happy with their care and whether any changes were needed.
- Home visits were also used as an opportunity to carry out spot checks on staff practice, ensuring they were meeting the standards expected by the service. However, there were no records of these visits.

Continuous learning and improving care

- Both the provider and the registered manager were committed to improving the service and recognised that further work was needed to develop and embed good governance systems.
- Since the last inspection and recent changes in management, the provider had invested in new technology to support the management and oversight of the service, both in relation to staff and people in receipt of care.
- The manager had recently joined Skills for Care which is a nationally recognised organisation providing education, training and research for those who work in health and social care.

Working in partnership with others

- The provider and staff worked closely with other health professionals to improve outcomes for people's health and social care needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks relating to the health safety and welfare of people were not always robustly assessed or mitigated. Systems to ensure people received their medicines safely and as prescribed were not effective. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or operating effectively to assess, monitor and improve the quality and safety of people's care. This placed people at risk of harm. This was a continued breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Section 29 Warning Notice