

Apex Prime Care Ltd

Prime Care Community Services Limited - Worthing

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

The inspection took place on 29 September 2016 and was announced.

Prime Care Community Services Limited – Worthing is domiciliary care service that provides support to people in Worthing and the immediate local area. At the time of our visit the service was supporting 24 people with personal care.

The service had a registered manager. 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.

When there were changes in people's care and support needs, these were communicated quickly and effectively to staff. We found, however, that records had not always been updated to reflect the care being delivered. This, along with incomplete information in some staff records, was an area requiring improvement.

People spoke highly of the service. They told us that they enjoyed good relationships with the staff who visited them and that they would recommend the service. When we visited people in their homes, we observed that they enjoyed warm and friendly relationships with staff.

People received a safe service. Staff understood local safeguarding procedures. Risks to people's safety were assessed and reviewed. People received their medicines safely and at the right time.

There were enough staff to meet people's needs and to offer flexibility if a person needed to change their call time. People appreciated the continuity in the staff who visited them and staff understood how people wished to be supported.

People had confidence in the staff who supported them. Staff received training to enable them to deliver effective care.

Staff understood how consent should be considered in line with the Mental Capacity Act 2005. Staff supported people to prepare meals and to eat and drink if required. Where people could benefit from additional support, referrals were made to other healthcare professionals such as the GP or community nurses.

People were involved in planning their care and determining how they wished to receive support. Staff supported people to be as independent as they were able and were mindful of their privacy. People told us that staff treated them respectfully.

People felt able to contact the deputy manager if they had concerns and said that they received a quick response. People knew how to make a complaint.

The deputy and registered managers monitored the quality of the service and used feedback from people and staff to identify improvements and act on them. Senior staff carried out spot checks on care workers to monitor the delivery of care.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were enough staff to cover calls and ensure people received a reliable service.

Medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about people's care needs. They had received all necessary training to carry out their roles.

Staff understood how consent should be considered and people were consulted on the care they received.

People were offered a choice of food and drink and given appropriate support if required.

The provider liaised with health care professionals to support people in maintaining good health.

Is the service caring?

Good ●

The service was caring.

People received person-centred care from staff who knew them well and cared about them.

People were involved in making decisions relating to their care. They were encouraged to pursue their independence.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Staff understood how to support people and responded quickly to any changes in their health.

Staff knew people well and understood their wishes.

People were able to share their experiences and were confident they would receive a prompt response to any concerns.

Is the service well-led?

Requires Improvement ●

The service was not well-led in all areas.

Records relating to people's care and some staff records were not always accurate or complete.

The deputy manager ran the service, with oversight from the registered manager.

In addition to people's feedback, the deputy and registered managers used a series of checks on care records and unannounced visits to monitor the delivery of care and ensure that it was consistently of a good standard.

The culture of the service was open and friendly. People and staff felt able to share ideas or concerns with the management.

Prime Care Community Services Limited - Worthing

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 29 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

One inspector undertook this inspection.

Before the inspection, we reviewed the provider's website and registration information. We used this information to decide which areas to focus on during our inspection.

We visited the office where we met with the deputy manager. We looked at care records for four people, medication administration records (MAR) and visit record sheets. We also reviewed four staff training, supervision records and recruitment files, minutes of meetings, staff rotas and compliments received by the service.

We visited three people in their homes and met with three care workers. We telephoned four people and two care workers after the visit to ask for their views and experiences. We also contacted a social worker to ask for their views and spoke with the registered manager and provider's trainer by telephone.

Prime Care Community Services Limited – Worthing was registered on 22 August 2016 after the service was taken over by a new provider. This was the first inspection of the service.

Is the service safe?

Our findings

People told us that they felt safe. One person said, "It's been brilliant, I have no worries". Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Staff told us that they felt able to approach the deputy manager if they had concerns. They also knew where to access up-to-date contact information for the local authority safeguarding team.

Risks to people's safety were assessed. People's care plans described each risk that had been identified and instructed staff on how support should be delivered to minimise the risk. This guidance was specific to the individual they were supporting. We saw guidance in areas including moving and handling, nutrition, hydration and the home environment. The assessment on moving and handling considered the person's health, their mobility, the equipment they used and their ability to communicate. It then detailed how many staff and which equipment would be needed to assist the person safely. Where assessments had identified risks that could be resolved, action had been taken. For example, one person's home was felt to be unsafe as clutter posed a trip hazard and a fire risk. The deputy manager had contacted the local authority and the person's family to make arrangements to clean and de-clutter the home.

People received consistent support from a regular staff team. They told us that staff arrived on time and that there was flexibility in when they had their calls if needed. One person told us, "I've never had a problem switching call times. They've changed the times around me". Another said, "They're pretty good at sticking to time". A third person explained, "They come when expected. They let me know if they are going to be very late". Care workers were happy with how the rotas were arranged and told us they were given adequate time to travel between clients. When staff found that a call was taking longer than the planned time, they shared this with the office. The deputy manager then reviewed the person's care and contacted the funding authority to request an extension to the call. Staff worked as a team to cover sickness and leave. The deputy manager told us, "We all just muck in. We've never had to let anyone down".

We looked at staff recruitment practices and found that one staff member who joined in September 2015 had just one reference on file. We discussed this with the registered manager. She explained that there had been a problem with record keeping in relation to recruitment but the staff member responsible was no longer employed. She explained that there had been an audit of staff files to ensure that all required documentation was present. All other files that we checked were in order and records confirmed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

Medicines were managed safely. There was guidance for staff on the level of support people needed, such as a prompt, physical assistance or for staff to administer the medicines. The Medication Administration Records (MAR) in place were clear and had been completed by staff, including for topical creams. Medicines prescribed on a variable dose, such as paracetamol for pain relief, were clearly recorded. The guidance for

staff on how people took their medicines included where they were stored and the arrangements for supply of medicines, such as delivery by the pharmacy. The deputy manager had liaised with the GP and pharmacy over any concerns, such as the timing of doses for specific medicines and to ensure that a medication which had been out of stock was on a repeat prescription.

We observed as a care worker administered medicines to one person. This was done safely and the care worker made sure the medicines were taken before signing the records. MAR were returned to the office monthly and reviewed. Any discrepancies were followed up with staff and shared as general reminders in weekly staff newsletters, sent out with the rotas. Staff told us that system for managing medicines worked well. One care assistant told us, "It's very clear".

Is the service effective?

Our findings

People had confidence in the staff who supported them. One person told us, "Whoever taught them, they know what they are doing". Another had commented in their review that staff were, 'Always kind and gentle'. Staff spoke positively about the training they received. One care assistant said, "I've really benefitted from the training".

When new staff joined the service they were supported. They completed a four day programme of induction run by the provider's trainer, followed by a series of shadow shifts where they could learn from experienced staff. During the first three months of employment, new staff completed the Care Certificate, a nationally recognised qualification covering 15 standards of health and social care. Before working independently, new staff were assessed. The assessment considered their competence, how they communicated with the person and how they carried out tasks.

Refresher training was provided annually. This included updates in medicines, moving and handling, infection control, safeguarding, continence care, first aid, food hygiene, fire safety and dementia care. The office was equipped with a training room, which included a bed, hoist, armchair, wheelchair and rotary stand.

Staff felt supported. They told us that they could contact the deputy manager at any time. One care worker said, "(Deputy manager) is lovely. You can actually talk to her". Another told us, "I'm happy. They have been really good and flexible". Records demonstrated that staff received supervision, but not always at the frequency of two per year intended in the provider's policy. Supervision meetings included a discussion of what was working well and where changes were needed. It also considered any training needs or wishes. The deputy manager told us, "Staff come in regularly. I need to get in the habit of writing down what we talk about". In addition to supervision meetings, senior staff carried out spot checks on performance. This looked at the care worker's appearance, time keeping, how they greeted the person, if they encouraged independence and the support provided with personal care and medication. At the time of our inspection, just one staff member had received an annual appraisal in the last 12 months. The registered manager had plans to complete staff appraisals within the year.

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 so that they can 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. We found that people had been involved in determining how they wished to be supported. People had signed their care plans to demonstrate their agreement. Where people lacked capacity to consent to the planned care, the records included a section asking, 'Who is supporting best interest decision making on behalf of (name of person)'.

This demonstrated that, where necessary, relatives and friends had been involved in care planning. This would help to promote understanding of the person and how they would have chosen to be supported.

Staff understood the requirements MCA and put this into practice. During our visits to people's homes, we observed that staff asked people's permission before delivering care and involved them in decisions on how they wished to be supported. Where important decisions needed to be made, such as if it was safer for a person to move into residential care, staff had been involved in best interest decision meetings. One such meeting had involved representatives of the person, staff from the service who had been supporting them and a person appointed as an independent advocate. Advocates work with people to support them in important decisions and to provide an independent voice.

Some people were supported to prepare meals and drinks and to ensure that they ate and drank enough. One person who received support with meal preparation told us, "I don't go hungry, that's one thing". People's care plans included details on their dietary preferences. We accompanied a staff member on a lunchtime visit. We observed that they offered the person a choice of meal and encouraged them to eat it. On each of the visits, staff ensured that people had a drink and enough fluids in reach until the next call. Staff recorded what people had been given to eat and drink in the daily notes.

People were supported to maintain good health. People had been referred to the GP and community nurses when required. For example, it was reported that one person was struggling to swallow a tablet so staff had contacted the GP to see if an alternative format was available. The care plans included information on other healthcare professionals involved in the person's care. For example we read, '(Name of person's) legs are swollen and being dressed by community nurse'.

Is the service caring?

Our findings

People spoke very positively about the staff. They told us that a small group of staff visited them and that they knew them well. One person said, "They are all so friendly". Another told us, "They are all extremely nice girls". Cards of thanks received by the service spoke of the good relationships with staff. In one we read, 'To (deputy manager) and all the wonderful carers. Thank you so much to you all for your continuous care, support and patience you gave (name of person) which enabled her to stay at home for so long. You have all been wonderful. A special thanks to (name of staff member) whom (name of person) regarded more as a friend than a carer'. When we visited one person with their regular care worker they told us, "She is the one I really love". Everyone that we spoke with said that they would recommend the service.

Staff told us that they enjoyed continuity in their calls and that they had developed good relationships with people. One care worker said, "It's very regular. I see the same people each week. They get to know us and we get to know them". Another told us, "You feel you know them so well when you go to see them". People and staff told us that when other staff needed to cover calls, they were also known to them. One person said, "If the usual staff are on holiday others come out but I've had them before". A care worker confirmed, "They send me to people I'm familiar with if I'm needed to cover".

People were involved in planning their care. They had been asked how they would wish to be supported and this was documented in their care plan. We observed that when staff asked people if there were any additional tasks they would like completed. One person told us, "I tell them what I'd like them to do and they do it". Another told us, "It's excellent. They are lovely girls. You just ask them what you need and they'll do it for you. I look forward to them coming".

People were encouraged to be as independent as they were able. Care plans directed staff to promote independence by detailing the tasks people could manage and those where they required support. We observed as a care worker prepared a person's medicines for them and then watched as they took them. The person was able to do this by themselves, once everything was prepared.

People told us that staff treated them respectfully. In care reviews, there was a section on the 'Wellbeing of the service user' which asked people if they were treated with the respect and dignity they would expect. People had confirmed that they were. As examples one person said, 'By being polite'. Another wrote, 'They leave me in peace on commode and covered when going to shower'. A third said, 'They ask if I'm alright and do I need any help'. People also confirmed that they were informed of any changes in the schedule of care, such as if staff were running late. One person said, "They let me know if there is a change". They told us that they were able to plan their day because they could rely on the times of their care calls.

Confidentiality was discussed as part of the induction for new staff, along with the list of client rights. These included privacy, dignity, independence and security. For privacy we read, 'We will not enter a client's property without being invited to do so'. Under dignity was the ethos of providing regular staff and ensuring that people were addressed in their preferred manner.

Is the service responsive?

Our findings

People were involved in determining the support they wished to receive and were able to make adjustments to suit their preferences and lifestyle. Each person's needs were assessed and the support they wished to receive described in a care plan. This included personal preferences, such as where a person wished to be washed. From this a 'system of work' was put in place, detailing the agreed support on each visit, for example, 'Give medication' 'Make cup of tea' 'Assist with wash' or 'Empty commode'. Staff told us that they were kept up to date with changes in people's needs. They said that they received phone calls or text messages and that any changes were summarised for them in a weekly update received with their rotas. One care worker said, "We get a customer update with things we need to do with the rota. That keeps us informed of any new things with the clients. Normally we know of those changes anyway". We found that staff had a good understanding of people's needs and knew how they liked to be supported.

People told us that the service was flexible and adapted to meet their needs. One person said, "They change the times for me if I do go out socially". Another told us, "Because things have deteriorated (with their health), they've worked at my pace. They've adapted with me". We noted examples of additional tasks that staff had completed for people. For one person they had contacted an engineer to fix a missing screw on a bedrail, for another staff had dealt with an ant problem. When we visited one person they had run out of fruit juice. The care worker offered to contact their colleague who was coming in the evening to see if they could bring some. One person told us, "They even feed my birds for me as I can't get down into the garden". A social worker said, 'Prime Care regularly go above and beyond for (name of person), taking him to the doctors as needed and co-ordinating with myself for issues such as a broken boiler. (Name of person's) life is far more enriched because of Prime Care, in particular, his most regular carer. The communication with the office staff for this particular customer is exemplary and I can honestly say that without their input, (name of person) would probably need to be in residential care'.

People had been involved in reviewing their support. As part of the review, people were asked about the dependability of staff (did they arrive on time and stay for the allocated time), the continuity of service (if they were satisfied with the number of staff who visited them), the attitude of staff, their competence and whether tasks were completed to their satisfaction. They were then asked if there was anything they would like to be changed. Any changes or action required were noted to be followed up. In the reviews that we looked at, people had expressed satisfaction with the care they received.

People felt able to raise concerns. One person said, "I had a little problem at the beginning but it got sorted straight away". Another told us that they had not particularly hit it off with one care worker and asked that they didn't visit again. This had been arranged. A social worker told us, 'My main points of contact within the office are (deputy manager and administrator) and both are responsive and proactive in their care approach'.

People knew how to complain. Most people told us that they would speak to any of the care workers who visited them. They also knew the deputy manager well and said that she too visited them to carry out calls from time to time. A copy of the complaints procedure was included in the home files and, during reviews,

staff checked that people understood how to raise any concerns. Most people told us that they had not had cause to complain. One said, "I couldn't fault them". The service had not received any formal complaints since its registration.

We noted that the complaints procedure did not include the contact details of the Local Government Ombudsman (LGO). The LGO are able to investigate individual complaints on behalf of people who use services. We discussed this with the deputy and registered managers. The registered manager informed us that the policy would be updated to include this contact information.

Is the service well-led?

Our findings

The service had been taken over by a new provider in February 2016, and was registered with the Commission in August 2016. The registered manager and deputy manager remained in post. People and staff told us that there had been little impact on the day to day running of the service.

Records relating to people's care did not always reflect their current care needs. As people were supported by regular staff who understood their needs wishes, we did not identify any impact on the care that people received. Nevertheless, this was an area requiring improvement. In two people's care plans the number of visits per day was inaccurate. In one we read that the teatime medicines should be left out for the person to take, whereas staff now visited the person at teatime to administer the medicines. A third person was recorded as requiring the assistance of one staff member to transfer but in fact they were assisted by two staff and used a full body hoist. Maintaining an accurate, complete and contemporaneous record in respect to people's care ensures their needs are understood and will be met consistently.

Records relating to staff were not always complete. In one staff file we found that there was just one reference, instead of the two expected. All of the staff files that we reviewed contained details of car insurance, but all were out of date.

The lack of complete records in relation to people's care and of the staff employed was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the deputy and registered managers about the accuracy of records. They were aware that updates were required and were in the process of addressing this. The registered manager said, "The crux of everything is the paperwork at the moment. The paperwork has suffered, we are very aware of that. We've got to get everything onto our new paperwork, it's a bit of a mammoth task". The deputy added, "We've been tight on our admin time with the changeover (new ownership)".

The registered manager was responsible for two branches of the service run by the provider. She told us that she had not been able to spend as much time as she would have wished at the Worthing branch. She estimated that she visited the service approximately twice a month. When we asked people and staff about the registered manager, they were not familiar with her. One care worker told us that they had met her once. Another said, "I know of (registered manager) but I don't see her".

The deputy manager took control of the day to day running of the service. People told us that she was approachable. One person said, "(Deputy manager) is very competent and helpful". A staff member told us, "(Deputy manager) manages it brilliantly". The deputy manager told us that she was able to contact the registered manager for support and advice. The registered manager had remote access to the computer system. She told us, "I can check to ensure everything is covered and see that things are running smoothly".

We found that some areas had fallen behind. This included ensuring that care reviews and staff supervision were carried out at the intended intervals. This did not appear to have had a significant impact on the

running of the service. People were very satisfied with their care and told us that it met their needs. Staff felt supported and said that they could raise concerns at any time. The registered manager and deputy had plans in place to address the shortfalls.

The deputy manager was not aware of the requirement to notify the Commission of specified incidents, such as allegations or abuse or incidents reported to the police. We found that one person had been reported missing to the police during July 2016. Although the registered manager was aware of her responsibilities this had been missed and was not reported to us under the previous registration. We discussed the requirements with the deputy manager and spoke with the registered manager about ensuring that incidents were notified without delay.

There were systems in place to monitor the quality of the service. People had been asked for their feedback on the service during February 2016. The feedback was positive. Staff performance was checked during spot checks when they visited people in their homes. This helped to identify any areas for improvement and ensure staff were following correct procedures, such as in completing records and wearing personal protective equipment (PPE). The deputy manager worked as a care assistant on a regular basis. This enabled her to monitor the delivery of care, review staff performance and see how the systems in place were operating.

On a monthly basis, MAR charts and daily records of the care people had received were audited. Any gaps in the records were addressed directly with the care worker responsible. Where they could be explained, for example if the call had been cancelled as a relative was visiting, this was detailed. Following an audit during 2015, an improvement plan was in place to develop the service. Many of the actions listed had already been completed. For example, surveys had been sent out, the principles of the Mental Capacity Act had been shared with staff and the audits of the MAR charts and daily notes were in place. We found that the systems in place were delivering improvements but that further work was needed to ensure that all quality measures were in place.

There was an open culture at the service. People and staff felt able to approach the management team and felt valued by them. One care assistant told us, "I never feel worried about asking anything". A person who used the service said, "I'd recommend them to anybody".

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager had failed to maintain an accurate, complete and contemporaneous record in respect of each person. Records relating to persons employed were not always complete. Regulation 17 (2)(c)(d)(i)</p>