Prime4 Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This inspection took place on 31 August 2018. The inspection was announced. We gave the provider 48 hours' notice of our inspection to ensure we could meet with the provider of the service and the registered manager. There was one person using the service at the time of this inspection and they were primarily supported by another care provider. Prime 4 Care supported this person with a limited care package and we only looked at this aspect of care during this inspection.

Prime 4 Care is a domiciliary care agency which is registered to provide personal care support to people in their own homes. The service was registered in September 2017 and had not previously been inspected. Due to the limited service being provided at the time of our inspection, we could not answer all the key lines of enquiry (KLOEs) against the regulated activity. We have therefore not been able to award a rating for the service.

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.

The provider and registered manager understood their responsibility to keep people safe by minimising risks associated with people's support needs and reporting any safeguarding concerns to the local safeguarding authority and to CQC.

People's needs were assessed when they started using the service to ensure they could be met effectively. People and those closest to them were involved in the assessments which were used to develop a care plan. People's support needs were met in accordance with their care plan and care workers arrived when expected and stayed for the time arranged with them.

The provider's vision was for a domiciliary care service where care workers had time to build trusting relationships with people. Care was delivered in accordance with this vision and care workers gave people time to understand information and communicate their choices for how they wanted their care to be delivered. People were given information about how to raise any concerns or complaints and felt confident the service was responsive if any changes were required.

The provider had plans to recruit new staff as the service developed and grew. They had arranged an external provider to deliver training and intended that staff new to care completed the Care Certificate.

As the service had only recently started supporting people, checks as to the quality of the service had been limited. The provider told us they planned to develop their quality assurance system so they could remain responsive to people's needs and identify any areas that required improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

The service had policies and procedures in place to help ensure people's safety. Records showed care visits were at regular times and for the length of time agreed with people. Improvements were needed in the information retained within recruitment files.

Is the service effective?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

The provider had arrangements to ensure staff had the appropriate skills and knowledge and people were given maximum choice over their care. People's needs were assessed before they used the service to ensure those needs could be met.

Is the service caring?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

The provider planned a service that gave staff time to form relationships with people so their emotional and social needs were met. The provider ensured personal information about people was treated confidentially.

Is the service responsive?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

People's needs were assessed and information gathered from people and those important to them. The information was used to develop a care plan which reflected people's individual needs. The provider had an appropriate complaints policy in place.

Is the service well-led?

Inspected but not rated

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

There was a clear management structure and policies and procedures relevant to providing a personal care service. The provider planned to develop their quality assurance system as the service grew so they could identify where improvements were required. The provider understood their responsibilities to notify us of important events within the service.

Prime 4 Care Ltd

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 comprehensive inspection took place on 31 August 2018 and was announced. We gave the provider 48 hours notice of our visit to ensure the registered manager was available to talk with us when we visited. The inspection was undertaken by one inspector.

Prior to our inspection visit, we reviewed the information we held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We had not received any statutory notifications because no events had occurred that the provider needed to tell us about.

The provider had completed a Provider Information Return (PIR). This is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We checked the accuracy of the PIR during our inspection visit.

During our visit to the office we spoke with the provider's nominated individual, the registered manager and the care co-ordinator. We have referred to the nominated individual as the provider in our report. After our visit we sought feedback from a relative of the person receiving care.

We reviewed one person's care plan and daily records so we could see how their care and support was planned and delivered. We looked at the provider's policies and procedures for running the service and quality assuring the quality of care provided.

Inspected but not rated

Is the service safe?

Our findings

We did not have sufficient evidence to rate the safety of the service. The provider had measures in place to help ensure people's safety, but as only one person used the service, there was not enough evidence to demonstrate the effectiveness of these measures.

The provider and registered manager understood their responsibility to safeguard people they were caring for. There had been no safeguarding incidents, but they understood their obligation to report any concerns to the local safeguarding authority and to the CQC.

Care was being delivered by the provider, registered manager and care co-ordinator. A new member of staff had recently been recruited to provide extra cover and support. Records showed visits were at regular times and for the length of time agreed with people. There had been no missed calls and a relative confirmed there had been no problems with timekeeping. Identity badges meant people could be assured care workers were employed by the service.

The provider had a recruitment process to check the suitability of staff to work with people. This included Disclosure and Barring Service checks and evidencing staff had the right to work in this country. However, we found improvements were needed in the record of recruitment checks. For example, the provider had not obtained a full work history for one care worker which meant we could be clear as to the source of the reference on the file. The provider assured us the checks had been made, but not recorded.

Another agency was the primary care provider for the person's care needs, and Prime 4 Care provided a second care worker to support transferring this person with a hoist. There was no risk assessment tool in place, but the care plan clearly set out the equipment needed and the number of staff to facilitate a safe transfer. A relative told us, "I have no concerns about [name's] safety in the hoist. They have told me they are very happy with the hoist as it enables them to get up out of bed." There were measures in place to manage the risk of skin damage, including checking skin integrity and that pressure relieving equipment was in working order.

The provider carried out environmental risk assessments before they started supporting people to make sure their home was safe for people to live in and staff to work at.

At the time of our visit, nobody was being supported to take their medicines. The provider had policies in place for safe medicines management if they needed to support anyone in the future. The provider and registered manager understood any training to support people with their medicines would need to be updated regularly and they told us they would assess the competency of staff to give medicines safely.

The provider had a procedure to record any accidents and incidents. Staff were required to fill in an incident form and contact the registered manager for advice if they saw that a person had sustained an injury or had an accident. Blank accident forms were accessible at the back of people's care plans. The registered manager told us learning from any such accidents/incidents would be shared with staff to prevent the risk of

similar events happening again. There had been no accidents or incidents since the provider had been registered so we could not assess the effectiveness of these systems.

Inspected but not rated

Is the service effective?

Our findings

We did not have sufficient evidence to rate the effectiveness of the service. The provider had policies and procedures to ensure staff had the appropriate skills and knowledge and people were given maximum choice over their care. However, there was not enough evidence to demonstrate the effectiveness of these measures.

Prior to using the service, people were assessed to ensure the service could meet their needs. We saw assessments involved people and their relatives and included discussions on each person's individual requirements for care.

The provider said that it was their intention that Care Certificate training, which is a nationally recognised induction training, would be introduced for all new staff who did not have relevant care experience. There were plans in place to train staff through an external training provider as and when required.

The managers providing care had worked in the healthcare sector for a number of years. They had attended regular training to keep their skills and knowledge up to date and we were told more training was planned for the week following our visit. A relative felt confident in the knowledge of the care workers who supported their family member and told us, "They are all very skilled both with dealing with physical aspects of [name's] care and their needs relating to their dementia."

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. Nobody needed support to make their own day to day decisions and we were therefore unable to assess whether the provider's systems to support people who lacked capacity were effective.

We saw information in care plans that directed staff to communicate with people and gain their consent with regard to the care being provided. The registered manager understood their responsibilities around consent and enabled people to make their own choices about how they wanted to be cared for. A relative told us, "[Name] has dementia and I have witnessed the time they give [name] to allow them to process what they say and don't rush them."

The service was not supporting people with meal preparation or eating and drinking at the time of our inspection. The provider told us staff would receive training in food hygiene if nutritional support was identified as a need in any new care package.

The service worked with care staff from another service provider. A relative told us, "They (care workers) all work well with [name's] regular live in carer." People managed their own healthcare appointments or relatives supported them with this. The care co-ordinator told us if they had any concerns about a person's health, they would refer it to the other healthcare professionals involved in the person's care.

Inspected but not rated

Is the service caring?

Our findings

The provider's vision was for a domiciliary care service where care workers had time to build trusting relationships with people. However, we were unable to rate this key question as the service had only recently started supporting one person.

The care co-ordinator told us they planned to do a minimum of 30 minute calls because they wanted to have time with people without rushing them. They explained, "It is important to build a relationship with the person because then they know you care. Talking to them lets you know what they like." The care co-ordinator told us that an important aspect of their role was to meet people's emotional and social needs because, "Some people need somebody to talk to because they may only see the carer." This approach was echoed by the registered manager who spoke of the importance of respecting people's individuality and diverse needs.

We received positive feedback from a relative about the caring service their family member received. They told us, "They (care workers) all treat [name] in a sensitive and encouraging way. [Name's] privacy is always respected and they ask permission before doing anything."

The provider ensured personal information about people was treated confidentially. We saw people's records were stored in a lockable cabinet and could only be accessed by authorised staff. People had a copy of their care plan which meant they had access to information about them at any time they needed it.

Inspected but not rated

Is the service responsive?

Our findings

The provider's vision was for Prime 4 Care to be a responsive service, but we did not have enough evidence to provide a rating.

The provider carried out an assessment of people's needs prior to them starting to use the service. The provider met with the person, their relative and any other providers involved in the person's care to discuss the person's daily routines and their expectations of the service. This information was then used to develop the care plan.

We looked at one care plan and found it contained sufficient information to guide staff on how the person needed to be supported. Daily records confirmed care was being delivered in accordance with the care plan. A relative told us they were fully involved in developing and reviewing the care plan and described the service as, "Responsive to [Name's] changing needs."

The provider had a policy in place in respect of the new accessible information standard (AIS). The AIS is law which aims to ensure that people with a disability or sensory loss are provided with information they can understand. It requires services to identify, record, and meet the information communication support needs of people with a disability or sensory loss. There was information in the care plan we looked at about how the person communicated and how staff's actions could facilitate that communication.

The provider had a complaints policy to ensure complaints were dealt with appropriately. People were provided with information about who to contact if they had any concerns in the service user guide. However, as no complaints had been received, we were not able to judge the effectiveness of the policy.

Inspected but not rated

Is the service well-led?

Our findings

A relative described a 'responsive' and 'well-led service'. However, as only one person was receiving care at the time of our inspection, we were unable to provide the service with a rating in this area.

There was a clear management structure in place with the registered manager being supported by a care co-ordinator. The provider's nominated individual also had a 'hands on' approach to supporting the service. Each member of the management team had a delegated responsibility for different areas of service delivery.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included management of medicines, safeguarding and the management of accidents and incidents. At the time of our inspection we were unable to assess fully the effectiveness of the policies and procedures due to the limited service being provided.

The care co-ordinator told us they carried out monthly reviews of people's daily records to check they had been completed properly. The reviews enabled them to identify whether the person's care needs had changed and the current provision of care was adequate.

However, no other audits had been carried out to review the service's performance because the provider had only recently secured a care package. The provider told us they planned to develop their quality assurance systems and procedures as the service grew and they took on more staff and care packages. They explained this would include regular care reviews, checking medicines administration records, seeking feedback from people and their relatives and supervising and observing staff. As these systems had not been implemented, we could not test their effectiveness during our inspection visit.

The provider told us they had found the development of the service a challenge because although they had a 'pool' of potential new staff, they were not able to progress their appointment, induction and training until they had more care packages. As a result, potential new staff were unwilling to wait and sought full time employment elsewhere.

The service was a member of a local 'care association' which provided up to date information and guidance about the health and care sector.

The provider and registered manager were aware of their registration requirements with CQC. They knew which statutory notifications they needed to submit to us and had completed a Provider Information Return (PIR) as required by the legislation.