Primecare Support Limited

Aylesbury Prime Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Primecare Support is registered to provide domiciliary care to people who require support and assistance in their in their own home in the Buckinghamshire area. On the day of our visit there were 209 people using the service.

The registered manager has been in post since 2010. 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.

People we spoke with told us staff were caring and considerate and promoted their independence. One person told us, "They come in and do a bit of tidying and help me prepare my food. I look forward to seeing them".

Comments from staff included, "This is a great place to work" and "They are like a big family, you can talk to all of them they are always at the end of the phone".

Staff received training in safeguarding and told us they would not hesitate to report anything of concern. Staff we spoke with told us, "I would report concerns to the office, and document this in the person's care plan".

Policies and procedures for the safe management of medicines were in place and being followed. Regular audits were carried out and any discrepancies were dealt with. We inspected the service's medicine charts and found where staff had not signed for a medicine; an action plan was put in place by the registered manager. Staff were asked to sign the chart and where necessary further training was arranged.

Safe recruitment procedures were carried out. Recruitment files we saw contained relevant documentation required to ensure only suitable staff were appointed. Staff received appropriate induction, training and supervision. One member of staff told us, "We have got a good name out there, I have seen some changes. I do believe Primecare are the best at training". Staff received a quick reference guide to outline basic principles of community care and some basic company procedures in a pocket sized book. One member of staff said, "It goes with me everywhere".

People said they knew how to make a complaint and were given the information to do so when they first received a care service. Staff were aware of the process to follow if someone made a complaint. This was in line with the service's complaints procedure. One person told us, "I have contacted the office and they have always been very pleasant".

People had access to healthcare services to maintain good health. We spoke with one person, who told us, they had nursing needs and saw the community nurse on a regular basis. One member of staff told us, "I work alongside the district nurse occasionally. We have built up a good rapport."

The service had effective quality monitoring systems in place to drive improvements and ensure the safety of people who use the service.

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 and knew what to do if they had concerns.

Safe recruitment checks were in place to ensure only suitable staff were appointed.

There were sufficient numbers of staff to meet people's needs

Is the service effective?

Good

The service was effective.

Staff had knowledge and training to carry out their role effectively.

Staff acted in accordance with the Mental Capacity Act 2005.

People had access to healthcare services to maintain good health.

Is the service caring?

Good

The service was effective.

Staff had knowledge and training to carry out their role effectively.

Staff acted in accordance with the Mental Capacity Act 2005.

People had access to healthcare services to maintain good health.

Is the service responsive?

Good

The service was responsive.

People received care and support in the way they preferred.

People knew how to make a complaint if necessary and had the information required to do this.

Care plans were reviewed when needs changed to ensure people's needs were met.

Is the service well-led?

Good

The service was well led.

The management team inspired staff to provide high quality care.

Effective monitoring systems were in place to improve the quality of the service.

People and staff told us the service was well managed

Aylesbury Prime Care

Detailed findings

Background to this inspection

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

This was an announced inspection which was carried out by one inspector and took place on the 14 and 15 November 2016.The provider was given 48 hours' notice that the inspection was going to take place. We gave notice to ensure senior staff would be available at the service's office to assist with accessing information we required to carry out the inspection effectively.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect the service or the people using it.

The provider had submitted a Provider Information Return (PIR). A PIR 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 spoke with15 people who used the service by telephone, six members of staff, the company director, the registered manager, the training manager, the business manager and the care coordinator. We had contact from two health care professionals' who have contracts with the service. We looked at eight care records, medication charts, four staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People said they felt safe and knew who to speak to if they felt unsafe. When people had their initial assessment they were informed how to contact the office if they wished to raise concerns about any aspect of care delivery. Relevant local authority contact details were in the service user guide for people if they needed to raise concerns. Comments from people we spoke with were, "Very pleased, they come at the same time every morning," and "better than before." This comment was in relation to support from another provider prior to receiving support from Primecare.

All staff received safeguarding training during induction and received regular updates thereafter. Staff knew how to protect people from abuse and how to respond if they had any concerns. For example, one member of staff told us, "When I visited one person, I knew something was not quite right. Something was different, I knew the person well and this was not their normal behaviour. It's best to 'err on the side of caution'". Other comments were, "I always read what the previous carer has written, if there was something different and I was not happy I would report it."

Staff told us they had sufficient time to attend to people's care needs. People told us, they do not feel rushed and that staff spend adequate time with them to attend to their needs. One person said, "They do an awful lot in the time they get."

Many of the staff who worked at the service had worked there for many years. However, the registered manager told us recruitment of permanent staff was proving difficult and the company used agency staff when necessary. There were plans to source additional staff from colleges which will be 'placements' for students completing their social care courses. The business manager said this was a 'positive and exciting time' for the service.

Safe recruitment procedures ensured only suitable staff were appointed. We looked at staff recruitment files and saw that all the relevant checks were carried out prior to staff being appointed. For example, references, employment histories and Disclosure and Barring Service (DBS) checks. The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially if that involved children or vulnerable adults.

Risk assessments were carried out on the initial care plan which included moving and handling, environmental, and a general risk assessment. Where additional activities were specified these would be completed on a separate risk assessment together with the person using the service.
Care plans demonstrated where people had identified risks, these were addressed and appropriate measures put in place. For example, one person identified with breathing problems and 'gets breathless' had a support plan to address this.

The service encouraged people to administer their own medicine where possible. However, for people who required staff to administer their medicine a support plan identified how the person required support. One member of staff told us how one person continually refused to take their medicines. They [staff] contacted

the office who asked the G.P to review the person's medicines. The outcome was the majority of medicines were discontinued by the G.P. This demonstrated the service responded to people's changing needs.

People were safe from infection because staff ensured they followed the correct procedures for infection control. One member of staff told us how the company responded to a person's recent infection by providing staff with extra protective equipment such as long sleeved covers for their arms.

Good

Is the service effective?

Our findings

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us they felt suitable trained and skilled to do their job. We looked at the training matrix and saw staff had up to date training in areas such as safeguarding, mental capacity assessment, manual handling, medication, dementia, infection control, health and safety, food hygiene and first aid. New staff shadowed experienced staff, staff told us, "Shadowing can go on for as long as needed." The business manager commented, "Training is key".

There was an induction programme in place that had six classroom based days and a minimum of one week community based training. The induction covered all mandatory training including mental capacity. Staff told us, "We have got a good name out there; I do believe Primecare are the best at training. I can go and ask for specific training if I want to". The business manager we spoke with told us the company were in the process of having a team of community trainers. We spoke with the company trainer who said, "I observe practice in people's homes. I can't fault the company they are excellent with training". We observed the trainer carrying out manual handling training with staff during our inspection. Staff received a quick reference guide to outline basic principles of community care and some basic company procedures in a pocket sized book. One member of staff said, "It goes with me everywhere".

The service sourced specific training in relation to people's health conditions. For example, staff were trained in providing care for people who were fed via a percutaneous endoscopic gastrostomy (PEG). A PEG is a tube passed into a person's stomach through the abdominal wall most commonly to provide a means of feeding when oral intake is not adequate.

Staff told us they had regular supervision. We confirmed this when we looked at the supervision matrix. Comments from staff were, "I feel supported" and "I've got no complaints, supervisions are regular. Sometimes we have a telephone conversation they are always at the end of the phone".

Systems were in place to promote communication within the team. Staff had use of a work mobile phone to ensure any events such as a person's changing needs or if staff were running late for a visit could be communicated to the relevant party. People we spoke with told us, "They will always phone me if they are going to be late." Staff meetings took place which included any updates on care delivery or changes to people's conditions so these could be discussed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires 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 it is in their best interest and legally authorised under the MCA.

Staff were aware of the implication for their care practice of the Mental Capacity Act 2005. Staff demonstrated a good understanding of the Act and knew whether people had the capacity to make informed decisions and if not, what procedure they should follow. Staff told us, "If there were capacity issues we would always ask a representative for the person to be present during the assessment".

People and their relatives said staff sought consent and involved them in decisions. Care records demonstrated people gave consent in agreement to care packages delivered. When people first joined the service an agreement contract was signed for services being delivered.

People told us staff supported them with their meals. Care plans contained people's dietary requirements. Any concerns raised by staff in relation to people's dietary intake were shared with the G.P and community nurses.

People were supported to maintain good health and have access to healthcare services. The registered manager said the service worked closely with healthcare professionals.

Good

Is the service caring?

Our findings

People told us staff were caring. One comment was, "I am very lucky, I have the same carer, they are very good". Another person told us, "They [staff] are caring and friendly my relative responds to friendliness." The service encouraged continuity of staff to enable relationships to be built. One person told us, "They send three or four regular staff. My relative is used to them; if they send one they do not know they [relative] become confused". Other comments were, "I am more than pleased".

Staff had established good working relationships with the people they supported and had a good understanding of their care needs. For example, we spoke with one relative who told us, "[My son] has specific needs, if they [staff] can't communicate well, then I don't have them back." Another relative said, "[X] would not allow one particular member of staff to attend to them. I phoned the office and it was sorted out immediately".

People said staff promoted their independence and supported them to exercise choice. One relative told us, "They help with things [X] can no longer do". Staff told us they always encourage people to be as independent as possible.

People said staff involved them in planning and making decisions about their care. Staff told us, "If anything changes I will phone the office to let them know. The service had a six week telephone survey for people or their representatives to comment on care received. This enabled adjustments to be made if necessary. This was confirmed when we spoke with people who told us the office contacted them to see if everything was going well and they were happy with the support they received.

People said staff were kind and considerate. Comments included, "They are patient and thoughtful and never rush me, and sometimes they stay beyond their time." Staff told us, "We always have enough time at each visit, if we feel we need more time, we would let the office know and they would look into it. The service used a system that enabled electronic homecare monitoring and scheduling of rotas.

The service promoted dignity in care at every opportunity and positive attitudes were upheld throughout the care team. One relative told us, "When they are washing and dressing [X] they always close the door. This was confirmed by staff we spoke with.

The service had plans in place to source training in end of life care for staff to ensure people could remain in their homes during this time at their request. At the time of our inspection there were no people receiving end of life support.

Good

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their needs. One relative told us, "I won't have anybody here that doesn't know what they are doing. Everything has to be right. The office know me, I tell them if I am not happy".

Information prior to the start of the care package enabled the service to determine the correct staff to support the person. Initial assessments captured identified needs such as medical history, communication needs and support preferences. For example, some people require support with personal care whilst others required support with domestic tasks such as tidying the home or assisting with meal preparation. The service was delivered with flexibility, respecting people's independence, privacy and right to make decisions. Staff encouraged independence wherever possible. Staff told us "We encourage them as much as possible".

The assessment process was carried out with the person and family members where possible. The support plans encouraged the person to be as independent as possible. Care was adapted to ensure people received visits at a time which enabled them to attend and participate in social activities. Where visits were time specific these were recorded on a separate rota system which enabled office staff to make allowances when coordinating.

The service used a system that enabled monitoring of how a care package was progressing. It ensured that the visits were meeting the needs of the person. For example, in terms of the amount of time required to ensure support was effective. From this information the service reassessed visits giving the person control on what change may be required.

Care plans were personalised and each file contained information about the person's wishes dislikes and people important to them. The care plans were updated in response to people's changing needs. One member of staff told us. "We review the care plan when we first attend a visit to see if anything has changed. If we notice the person has changing needs we will call the office and inform them. Daily report sheets included people's well-being that identified if a person was feeling lonely or isolated. If this had been identified, the service would signpost this information to the local authority to consider day centre or provision of an activity based visit.

The service acknowledged and promoted people's individual cultural beliefs. Staff told us one person they visit had five flannels which were all colour coded for a specific part of their body. Staff told us how during personal care the person's water had to be changed each time a different coloured flannel was used. In addition staff had to wear shoe covers when entering the person's house.

People and their relatives knew how to make a complaint. A complaints procedure was contained in the service user guide given to people when they first joined the service. The manager was responsible for overseeing complaints in line with the company's complaints procedure. Complaints we saw were fully

investigated in a timely manner. For example, one relative complained about a member of staff and requested not to have them back to support their relative. This was responded to by the service and a different member of staff attended thereafter.

People we spoke with told us, "If I had a problem I would just tell the member of staff". One person said, "I don't complain because I wouldn't do their job for a pension". Another relative told us, "I would just phone the office if I needed to complain".

The service carried out a six week telephone review with people to see if they were happy with the service provided. An annual survey was also produced and actions taken if any issues were identified. We saw comments of appreciation which included, 'It's all going swimmingly', and 'Absolutely brilliant'.

Good

Is the service well-led?

Our findings

People and staff told us the service was well managed. Management attended 'spot checks' to ensure care was provided to high standards. Senior staff were 'hands-on' and any issues that arose were fully investigated and appropriate meetings held as required. One example we saw was when a person was being hoisted. The person sustained an injury during the procedure. The incident was fully investigated and further training put in place for all staff involved.

People we spoke with told us, "There's the odd glitch, they seem to be overwhelmed at the moment. But on the whole they are good". We asked the person what the 'odd glitch' was and they said they don't always get the same staff. We looked at the service's complaints they received and some were regarding continuity of care. The service aimed to achieve continuity of care for all people using the service. However, the manager pointed out this was not always possible with shift patterns and staff on annual leave. This information had been relayed to people using the service who were understanding and accepted this.

Staff told us senior staff monitored their practice. One senior member of staff told us, "I think it's good for the care staff to see me out there". Other comments from staff were, "The manager is really fair" and "It's like working with your best friend".

The service aimed to deliver high quality care promoting independence and equality with compassion and empathy. The service sought views from people who used the service and acted upon them. This was confirmed with people we spoke with who told us the office contact them after six weeks to see if all is going well. If no concerns or issues were raised yearly reviews were held thereafter.

The service had an open door policy where staff could visit the office at any time for advice or guidance. Where issues were identified they were addressed by the coordinators or management team. During out of hours the service had a blog to record all issues arising which were signed off by the management team, giving a clear picture of the delivery of care during out of hours. If any concerns were identified the service ensured all staff were aware. This was communicated via staff memos, detailing the issue and the resolution.

Effective monitoring systems were in place to improve the quality of the service. For example during spot checks senior staff were able to identify any issues regarding practice relating to the care and support people received. Audits were carried out by management which included auditing medicine management, care plans, risk assessment, incident accidents and any outstanding training.