Prime Care Associates

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Inspection report

Suite 1, Unit 10
High Post Business Park, High Post
Salisbury
SP4 6AT

Tel: 01980652526
Website: www.primcareagency.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Prime Care Associates provide personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People told us they felt safe when staff were delivering personal care. The staff had attended training in safeguarding adults and had access to the procedures for reference. This ensured appropriate action was taken where there were concerns of abuse. There were no open safeguarding referrals at this time.

Systems were in place to manage risk. Some risk assessments needed more detail on how staff were to monitor and assess potential harm. While environmental risk assessments were in place, more information was needed for people who smoked in their home and for people with a key safe entry.

Where people needs had changed identified risks were reviewed and risk assessments updated accordingly. The management team had an overview of the people at greatest risk of potential harm.

Medicine systems had improved. Medicines were audited regularly and where there were persistent errors action was taken which ensured the number of errors had reduced. We recommend the provider follows that NICE guidance in relation to paraffin-based emollients.

Staffing levels for people whose care was commissioned was determined by the local authority. People told us staff did not rush their personal care, arrived on time and stayed for the allocated time agreed.

People needs were assessed before the agency agreed to deliver personal care.

The training set by the provider ensured people's needs were met. New staff had an induction when they started work at the agency. The induction training was in line with skills for care standards.

The staff were supported with their performance and development. Performance was monitored through one to one supervision, spot checks and annual appraisals.

The manager told us how they ensured the staff were kind and caring towards people. People told us the staff were caring and compassionate.

There were aspects of the care plans that were person centred and the quality of the care plans had improved since the last inspection. Daily notes showed people were supported with their meals. Where health and social care visits had taken place, staff recorded the nature of the visits and their outcome.

Complaints were investigated and resolved to a satisfactory level.

The manager had a good oversight of the agency. There was a wide range of audits undertaken and action taken where there were shortfalls.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had capacity to consent to their care and treatment. Where people agreed for staff to administer medicines, using sensors and key safe access their consent must be documented.

Rating at last inspection
The last rating for this service was Requires Improvement (published 17 July 2018) and we found a breach of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective. Details are in our effective findings below	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Prime Care Associates

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 Care Act 2014.

Inspection team
This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A general manager was in day to day management of the agency.

Notice of inspection
We gave the service 48 hours' notice of the inspection. Inspection activity started on 17 July 2019 and ended on 23 July 2019. We visited the office location on 17 July 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people and five relatives. We contacted health and social care professionals, one responded. We spoke with four staff and two care coordinators. We spoke to the office and general manager.

We looked at records about the management of the agency. These included audits of the service, and the care records of six people. Other records looked at included recruitment files, staff duty rosters, policies and procedures and quality monitoring documents.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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

● Risks were assessed, and action was taken to minimise the risk. The measures in place on how to reduce risk needed more guidance. The risk assessment for two people stated their skin integrity was compromised at times. The actions to take were brief and descriptions on the signs of skin breakdown needed more detail. This meant staff had little information on how to assess and monitor when people's skin was at greater risk of breakdown.

● When the level of risk changed the risk assessment was reviewed and updated. Reports for one person indicated there was involvement from the community nurse on the management of the pressure sore. The manager said the visits from the Occupations Therapist (OT) and district nurse were daily for some people. While the electronic records detailed the outcome of visits the involvement of these health care professionals were not detailed in the risk assessment.

●There were people who at times showed feelings of frustration and anxiety through behaviours which staff found difficult to support. Care plans gave staff guidance on how to manage situations when people expressed these emotions. For example, the care plans for one person was to allow time and if these behaviours persisted the staff were to leave and contact the office for guidance.

●Processes were in place to ensure people's environment and their equipment was safe. Risk assessments included safe use of hoists and for people that smoked. Although the risk assessment stated one person was aware of the risks associated with smoking there was little detail on the agreements and safety precautions. Where people smoked and had paraffin based topical creams risk assessments did not include the measures in place to reduce the potential of fire. The manager said the person had agreed not to smoke when the staff were present and fire safety visits were arranged to discuss prevention. The office manager told us the action taken to reduce the risk since the inspection visit.

●Moving and handling risk assessments gave staff guidance on when to use specific equipment and the number of staff needed for each movement.

●The staff were knowledgeable about people's individual risk and the actions needed to minimise the risk. Although staff told us risks were assessed and action plans were followed on how to reduce the risk we found risk assessments needed more detail. These staff told us where people expressed their anxiety and frustrations using behaviours staff found difficult to manage the policy was to remain calm. A member of staff said, "we try and establish the triggers."

Systems and processes to safeguard people from the risk of abuse

● Safeguarding processes were in place and followed by the staff. The staff we spoke with told us they had attended safeguarding training. They told us they had access to safeguarding procedures which they used for reference.

● Staff told they reported concerns to their line manager and where there were concerns of abuse about other staff these too were reported.
●People told us they felt safe when staff were in their home and three people described how the staff gave them a sense of security. A relative told us "I sleep well at night knowing that he has carers going in four times a day and providing him with a first-rate service which is making sure that he is safe."

Staffing and recruitment
● Staffing levels were based on the individual agreements made with commissioners on the number of staff needed for each care package. Care coordinators told us their role was to ensure "runs" (staffing schedules) operated efficiently and supported the staff. They said the rotas were planned from the assessments of needs. A care coordinator stated, "we try and keep continuity of staff but there were occasions such as sickness and holidays when it was not possible for people to have the same staff."
● Daily notes confirmed the date and length of visits. People told us the staff arrived "approximately" on time and never rushed. They said their care delivery was from a small group of regular staff. They told us only staff known to them covered for regular carers when there were absences.
●The staff felt staffing rotas were well managed and ensured there were sufficient staff on duty to meet people's personal care needs. However, some staff said the staffing levels were "tight during holiday season".
● The manager told us there were two missed visits and both related to staff errors and misunderstandings.The manager said because the staff had not read the rota properly they had missed the visits.
●Recruitment of staff was well managed. Appropriate recruitment checks were undertaken before a new member of staff was appointed to work at the agency. Checks included a Disclosure and Barring Service (DBS) check, references from previous employer and proof of identity. A DBS check allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.

Using medicines safely
●Medicine systems were well managed. Risk assessments were completed when staff administered medicines and detailed the support needed from staff. For example, re-ordering of medicines, storage, the person's understanding and their abilities to administer their medicines as prescribed. ●The level of risk depended on the support needed from staff with medicine management. For example, where staff administered medicines the level of risk was assessed as higher.
●People told us the assistance they had from staff with medicine systems . One person said the staff "will usually get them out for me and put them on my table with a drink. If I haven't taken them by the time they're ready to leave, they will remind me to do so. Another person told us the staff recorded the medicines administered.
●Medicine administration records (MAR) detailed the purpose of the medicines and the directions which staff signed when they were administered.
●Staff told us they had attended medicine competency training. They told us there was refresher training and updated on changes in medicine policies. The staff also told us the manager had introduced strict audits of medicines systems to address the number of recording errors.

Preventing and controlling infection
● Staff told us risk assessments for the environment were completed. Staff told us hazards were assessed and action taken to protect people and staff.

Learning lessons when things go wrong

● There were no recorded accidents or incidents since 2017. The accident and emergency procedure were updated in 2017.
● Staff told us accidents and incidents were reported. They described the process which ensured there was learning and prevented reoccurrences. Staff told us reports went to the agency office for analysis and copies were also kept in care records for information to all staff. A member of staff said there were opportunities to make suggestions on how to "manage situations". Another member of staff said the cause of the accident or incident was investigated to develop action plans on how to prevent or minimise potential reoccurrences.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Comprehensive needs assessments were provided for people whose personal care was commissioned by the local authority. Where people funded their own care delivery the agency staff carried out assessments of need.
- People told us there were discussions with senior managers about their needs before receiving support from the agency. One person told us there was a discussion with the manager about their preferences. A relative told us, "I remember being involved from the first meeting with [manager] from the agency when we talked about her care needs and what help she needed from their carers."
- Assessment visits were undertaken and for some people the Occupational Therapists (OT) was present to ensure agency staff were able to meet people's personal care needs.
- A member of staff told us "we go out and meet the person with their relative. [We] go through the care plan and gather details about their needs and medical history. We try and make the [care plan] person centred as if they are instructing us."

Staff support: induction, training, skills and experience

- New staff completed the Skills for Care Certificate, this is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. A new member of staff told us about their induction which included the Care Certificate standards and shadowing more experienced staff.
- Staff attended training set by the provider as mandatory to meet the needs of people that used the agency. Mandatory training included moving and handling, first aid, dementia and health and safety. Continence and infection control were recent additions to the mandatory requirements. Staff told us the training was mainly at the agency office where they watched videos followed by knowledge checks.
- Systems were in place to support staff with their performance and with developing their skills which included spot checks and one to one supervision. The manager told us one to one supervision meetings were based on specific areas of the staff's roles. The matrix showed the type of meeting and the dates. Over 12 months each member of staff would have eight meetings and currently each staff have had two spot checks and a one to one meeting.
- The comments from staff on the arrangements for spot checks and one to one supervision were variable. One member of staff said they had one spot check and an annual appraisal. Another member of staff said there were spot checks, an annual appraisal but one to one supervision had not occurred. A senior explained the staff were supervised by them six times over 12 months. They said one to one supervisions were pre-arranged, based on specific topic areas and feedback was given to staff on their observations. For

example, effective communication. Spot checks were unannounced and were to observe staff practice.

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

●For some people their support included assistance with preparing meals. Care plans had some information on the meals to be served. For example, support plans gave staff guidance when the main meal were to be served. Daily reports detailed the meals and refreshments prepared during visits.

● People told us the support they had from staff with maintaining a balanced diet. One person told us the staff helped them with their main meal. They stated the staff "tell me what I've got in the fridge and sometimes which I need to use first. She always checks to make sure it's piping hot but then warns me not to burn myself"

●Another person told us "As I have a carer here in the morning, they will usually help me with my breakfast and it's quite nice because it means that if I do fancy something like an egg on toast, they will do it for me because I'd be a bit wary trying to do that myself these days."

●Staff told us people were supported to heat ready-made meals.

Supporting people to live healthier lives, access healthcare services and support

● People told us about their healthcare appointments. One person told us their GP visited when they were unwell. Another person told us medical appointments were made by their relative.

● The staff told us people or their relatives mainly arranged their healthcare appointments. They said relatives or the staff at the agency office were contacted to request GP visits where there were concerns. A member of staff gave us an example when one person was observed to be "chesty and wheezy" the relative was contacted and a visit from the community nurse was organised.

The staff told us they were kept informed about people's ongoing healthcare. They said professionals reported on their visits and the office staff also made them aware of visit outcomes.

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 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 told us they made their own day to day decisions. One person told us "I make my own decisions about things because these days most of my friends and relatives are not with us anymore and my daughter lives up in Scotland". Another person told us their relative supported them with making decisions.

● The manager told us the people using the agency had capacity to make decisions. One person was assessed as "confused" at times and sensory equipment was being used. Daily notes confirmed when staff used the sensory equipment.

●Mental capacity assessments were not completed before some best interest decisions such as for people who had a sensor in place. Where key safes were used mental capacity assessments were not completed to ensure the least restrictive measures were in place.

●The staff we spoke with told us they had attended MCA training. They told us people were offered choices and their decisions respected. Comments from staff included "[People] still have their rights I will not force people". "I ask what would you like for breakfast [for example or do you want to take your tabs [medicine]. We can't force people."

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.

● The manager told us there were people with court of protection orders in place for finance and for care and treatment. The manager told us all orders had been checked but none were activated.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People told us the staff were "professional, well trained and caring". One person told us the staff genuinely seemed interested in making sure that they were comfortable and had everything they needed before they left. Another person said staff checked with them before they left and stated, "they always want to know that I've got everything I need so that I haven't got to struggle with anything once they've gone."

●People felt staff listened to them. One person said "I don't think I can think of any time when they haven't listened to what I've been saying. I know I sometimes have my odd ways of liking things to be done, but on the whole they humour me and do things how I like them."

●The staff told us they showed kindness and compassion towards people. A member of staff said "I show empathy as I may be the only person they see that day. It's a two way thing once they trust me they confide in me. It is really important job we do. I talk to people and when things change I tell the office staff". Another member of staff said "I am caring. I am very loving, I speak softly as you don't know how people feel. We are there for support too, I smile and have a chat before I deliver care. I like to get to know people. We have a bit of a laugh."

● The manager told us how they ensured the staff were caring and compassionate towards people. This manager said "I feel confident the carers would whistleblow. I know because of my visits to people they say about their carers. They will say how caring the staff are. We take complaints seriously. We monitor the quality and I go out on visits they are not always planned."

Supporting people to express their views and be involved in making decisions about their care

●People told us they were involved in making decisions about their care. They told us they were asked about the times of visits. Two people told us there were discussions about the times of their visits.

Respecting and promoting people's privacy, dignity and independence

● People told us their rights were respected and gave us examples on how their dignity and privacy was respected. One person told us the staff closed the curtains and switched the lights on. This person said, "the carer who comes in to help me with some tea always make's sure she pulls the curtains and puts my lights on so that I'm not sitting in the dark on my own."

● Another person told us the staff knocked before entering their house although a key safe was in use. This person stated "they knock on the door before they use it and as soon as they are inside, they will call out to me so I know it's them and I don't have to worry but who might be coming in my front door."

●Staff told us they respected people's rights. They gave us examples on how people's rights to privacy and

dignity were promoted. For example, ensuring people were not left overly exposed during personal care.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● While some people were not able to recall having a care plan they knew records about their care delivered were kept. One person told us "I think there is something in my folder that the carers will occasionally look at which tells them what I need help with." Another person told us "they never leave before they've filled all the records in because I know they get in trouble if they don't." Other people told us they had not looked at their "file" probably since it had been written.

● Profiles listed people's personal details and existing medical conditions along with essential information on their current needs. For example, skin integrity and equipment needed by the person to maintain their independence.

● People's likes and dislikes were documented and mainly listed their preferences for food and drink as well as disliked foods. "Good" and "bad" day forms gave information on how staff were to support the person to have consistently good days. For one person using the "stand aid and sitting in their chair meant they had a good day. For another person a bad day was changes in routine which caused them to become anxious.

● Care plans contained aspects of person-centred care. For example, the person preferences with hair washing and guidance for staff to offer choice of meals. Staff recorded in the daily notes the personal care provided on each visit. The manager said "[we] have come along way in developing person centred care plans".

●Few people could remember having a review meeting although a some told us they had a telephone call from the agency to make sure they were happy and had no problems. A relative told us they attended review meetings. This relative said "I know we had one just before Christmas and I think that may have been over the telephone, but I certainly was able to give my point of view and I felt like I was listened to."

●The staff told us care plans were clear and precise. A senior told us "we go through the care plan with the client and usually there is a family member. Staff tell the agency when there are changes in the care plan. Care plan s are reviewed on every change and they change a lot. It depends on the person and some care plans are less regular.

Improving care quality in response to complaints or concerns

● People and their relatives told us the manager would be contacted with complaints.

● The registered manager investigated one complaint since the last inspection. The complainant received a copy of the investigation with the actions taken to resolve their complaint. The complainant was informed there were other stages to the complaint procedure if they were not satisfied with the outcome.

End of life care and support

●The agency was not supporting people on end of life care.

Good

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The values of the organisation included "quality care delivered through experience, reliability and dedication." The manager told us practice was monitored to ensure the staff were working within the values of the organisation.
- The staff knew the values of the organisation and ensured they were promoted but not all staff felt valued. A member of staff said there was little support from senior managers. They said, "senior managers only cared about the job being done and didn't feel totally supported." The comments from another member of staff contradicted these comments. This member of staff said there was support from senior managers and stated "if I feel unsure I ring [manager] and she talks it through with me. She rings me to check I am doing ok."

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 manager kept us informed of reportable accidents and incidents. The notifications received confirmed that relatives and people were informed of events.

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

- The quality of service delivery was assessed and monitored. There was a rolling programme of audits carried out by the office manager. Audits were weekly and followed specific areas such as HR, missed visits, daily notes and infection control. Care planning, complaints, medicine systems, policies and procedures were the audits for the following week. Action was taken where there were shortfalls. For example, daily events reports were not consistently returned. The office manager told us a care coordinator was assigned to check completed reports were returned. This meant audits of care delivery were monitored.
- The management of risk was monitored by the manager and discussed at senior management meetings. The care records of people assessed at high risk of potential harm were reviewed monthly. For example, people at risk of choking or malnutrition. The people at risk document also included where there were restraint measures such as bed rails and where there were LPA or Court of protection.
- Care coordinators told us the manager was "very supportive and involved. You can go to her about any client (person) and she would give advice. It's really good, it's nice to work with staff that know what is happening."

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

●People told us they had the contact details of the agency.

● Surveys were used to gather people's feedback about the service and the overall feedback was positive. Direct feedback from people about the services related to times of visits, staff not following security procedures and lack of personal protective equipment (PPE) used by the staff. The analysis of the surveys described the actions taken which included responding personally to comments.

● Staff told us the feedback we get from people was used to improve the delivery of care. A member of staff said the feedback from survey was good. This member of staff said, "we do an excellent job and I love it. We are rewarded by the people I visit and [I] have met some wonderful people. There are times when its emotionally draining."

● The manager told us there were opportunities for individual feedback from people and their relatives during reviews. Annual newsletters related mainly to changes in rotas, the delivery of care during periods of bad weather and the holiday arrangements. Where requested people were provided with rotas of the staff that would be visiting.

●The staff received feedback on the actions to take from the management team. There were regular one to one supervision meetings with the line manager to discuss performance and personal development. Staff meeting were four per year and at the most recent meeting occurred in June 2019. The agenda for the meeting covered anticipated inspection, oral hygiene and outcome of audits specifically medicine errors. There was an expectation that staff read and sign the minutes of meetings to demonstrate their awareness and agreement with decisions reached.

● The management team included the registered manager, office and general manager. The general manager told us they "oversee the daily running of the agency and liaised with social and health care professionals." There were weekly office meetings with the registered, general manager and office manager.

Continuous learning and improving care; Working in partnership with others

●Medicines procedures were followed for when there were medicine errors. Where audits identified shortfalls, action was taken by the manager. Disciplinary procedures were followed for medicine errors. The manager said medicine errors had reduced since the introduction of stricter auditing processes.

●The manager told us the processes for continuous monitoring which ensured there were improvements. These processes included spot checks, contact with staff and daily audits.

●The manager said "we attend meetings and I am going on more training. When things have gone wrong we are open about it. We look at the reasons behind complaints and take steps to prevent them from reoccurring."

● Care coordinators told us the manager ensured the staff were able to meet people's needs. They stated the manager "won't take the package if it's not safe. Carers will feedback if they struggle with meeting people's needs. If it's not doable it's not doable."

● The manager told us auditing systems were rigorous to ensure there were improvements in the delivery of care. The manager said "auditing and spot checking" had identified shortfalls that led to the maintained improvements of medicine systems. This manager stated, "we established daily events [reports] were not being returned." The manager said daily reports were used to gain a better overview of the care being delivered by staff.

● A professional said the staff at the agency office were "always helpful and professional."

● There was contact with social and healthcare professionals and the agency met the criteria to be a preferred provider with the local authority. The manager said, "we are proud [we gained] alliance membership with the council".

●The manager told us sustainability was maintained by ensuring there was sufficient members of staff available to provide personal care. The manager said "there was sufficient staff to deliver the expectations of the care package. The staff are trained and there is a good oversight of what needs to happen."