

Pramacare

Pramacare

Inspection report

Moran House
1 Holes Bay Park, Sterte Avenue West
Poole
Dorset
BH15 2AA

Tel: 01202207300

Website: www.pramacare.co.uk

Date of inspection visit:

10 August 2016

11 August 2016

16 August 2016

Date of publication:

21 November 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 10, 11 and 16 August 2016. We told the provider one day before our visit that we would be coming to ensure that the people we needed to talk to would be available. At the last inspection in November 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Pramacare has 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.

Pramacare provides personal care and support to people who live in their own homes. The service is a registered charity and their stated aim is, "To help older people and vulnerable adults to enjoy their independence while staying where they feel happiest, at home. We also do our best to encourage support from family, friends and the local community. Every client is an individual, that's why we pride ourselves on providing everyone with an individual programme of care."

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received and gave us excellent feedback about their care and support.

People said they felt safe and had confidence in the staff that worked for the service. There were systems in place to protect people from harm and abuse. Staff knew how to recognise and report concerns. However, we found that the management of people's medicines was not always safe and we could not be certain that people always received their medicines as they had been prescribed.

People received personalised support from staff who were motivated, kind and caring. All of the people we spoke with told us they appreciated the service they received and the little extra's that staff did for them that made a big difference. Where possible, people were matched with staff who shared similar interests in order that common ground could promote working in partnership to provide a person centred focus.

There was a strong and visible person centred culture. The service had created a client forum where people were encouraged to attend quarterly meetings to discuss the service and to represent "the voice" of people who used the service. Transport was arranged by the service for those people who needed assistance to get to the meetings. The client forum was also used to gather feedback from people about how they would like the service to be organised and managed in the future.

An innovative project had been created as part of the work of the client forum, which was called the Smile project. It allowed staff to identify vulnerable and isolated people and offer them two free hours per month, in addition to their day to day care visits, to spend time with staff doing something to make them smile.

Examples that we heard about included arranging transport and coordinating with a professional dog walker to take someone who was usually housebound on a walk at a local beauty spot with their dogs. This was something they had not thought they would be able to do and had given them great pleasure. Staff had also organised shopping trips for some people who were unable to go shopping on their own, completing crosswords with someone who was being cared for in bed and no longer able to do this themselves and spending time making arts and crafts with people who had previously had an interest in this area but no longer had the equipment and materials to do this. The registered manager advised that the project had been very successful.

Staff were exceptionally knowledgeable about the people they supported and respected their choices and preferences. Care plans were detailed and regularly reviewed. This meant that there was always information for staff to refer to when providing care and support for people.

The provider had implemented satisfactory systems to recruit and train care workers in a way that ensured relevant checks and references were carried out and staff were competent to undertake the tasks required of them. The number of staff employed by Pramacare and the skills they had were sufficient to meet the needs of the people they supported and keep them safe.

People knew how to raise concerns and complaints and records showed that these were investigated and responded to.

There was a clear management structure in place. People and staff said the managers were approachable and supportive. There were systems in place to monitor the safety and quality of 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?

The service was not always safe.

Systems for the management of medicines were not robust and we could not be certain that people received their medicines as they had been prescribed.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Requires Improvement 

Is the service effective?

The service was very effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received and gave us excellent feedback about their care and support.

Staff received induction, ongoing training and supervision to ensure that they were competent and could meet people's needs effectively.

People were supported with their health and dietary needs.

Good 

Is the service caring?

The service provided outstanding levels of caring.

People received excellent personalised care and support from staff who were motivated, kind and caring.

All of the people we spoke with told us they appreciated the service they received and the little extra's that staff did for them that made a big difference.

There was a strong and visible person centred culture. All of the staff we spoke with referred to their purpose as one of making a difference to people through the service that Pramacare

Outstanding 

provided.

Where possible, people were matched with staff who shared similar interests in order that common ground could promote working in partnership to provide a person centred focus.

Staff understood how to support people in a person centred way and treated people with respect. They had a good knowledge of the services provided by Pramacare and other community links to enable people to be well supported and cared for in their own homes as well as remaining part of the wider community.

Is the service responsive?

Good ●

The service was responsive.

People felt the service was flexible and responsive to their needs and wishes.

The service had a complaints policy and complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

There was a clear management structure in place. People and staff told us that the registered manager and management team were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided

Pramacare

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 inspection took place on 10, 11 and 16 August 2016. One inspector and an expert by experience undertook the inspection. Experts by Experience are people who have personal experience of using or caring for someone who uses social care services that we regulate.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 reviewed the PIR and other information we held about the service; this included incidents they had notified us about. Additionally, we contacted various health and social care professionals who had contact with the agency. We also contacted the local authority safeguarding and commissioning teams to obtain their views of the service.

We spoke with 13 people and two relatives on the telephone. We visited four people and two relatives. We also talked to seven members of staff either during meetings at the provider's office or on the telephone. We spoke with the registered manager and office-based staff who were involved in supporting people who used the service. We looked at nine people's care and medicine records. We saw records about how the service was managed. This included four staff recruitment and monitoring records, staff schedules, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Is the service safe?

Our findings

One person told us, "I think I have fallen on my feet! Their care is excellent. I never have to fear that they aren't coming and they are on time every day". People who received care and support from the service told us that they felt safe with the staff who supported them.

A member of staff told us, "I can truly say that I have never visited a client and had cause to question the competence or work ethic of the carer who's been in before me. I always find my clients clean, comfortable and safe".

There were systems in place for the management and administration of medicines but we found that these had not always been followed. All of the people whose care records we examined had skin conditions and had been prescribed creams to treat this. We found that people did not have assessments or plans of care relating to the skin condition. There was no guidance in place to ensure that creams were applied in accordance with the prescriber's instructions.

MAR (Medicines Administration Record) charts were created from care records held in the office which were printed and sent to each person's home in time for staff to use from the beginning of each month. Office staff checked and signed the MAR's before they were sent. Some of the records we checked showed that people had been prescribed additional medicines part way through the month. In this situation, staff had handwritten the new medicine onto the MAR chart. We found that they had not fully recorded the names of the medicines, strength of the medicines or the times it should be administered and that entries had not been checked and signed by a second member of staff to ensure that the correct instructions were being followed. We found that one medicine had not been added to the MAR. Staff were recording in daily records that it had been given. Nobody had recognised that it was not on the MAR and that they were giving a medicine without clear instruction to do so.

There were occasions where staff took medicines out of the original container and left them in a container for the person to take at a time when staff were not there. This had not been risk assessed or documented in a care plan. In some instances, staff were signing the MAR to say that all medicines had been taken when they had not witnessed this to be the case.

Staff had been trained in the administration of medicines and records showed that their competency to administer medicines safely had been checked regularly. They were regularly "spot checked" whilst providing care to ensure that they were following the correct instructions for medicines and keeping suitable records. However, during their spot checks none of the shortfalls identified during this inspection had been highlighted.

Completed MAR's were returned to the office at the end of each month and all of them were audited. We found that the person carrying out the audit was often also the person who had created the record. The audit checked that staff had signed for any medicines given, had used the correct codes when medicines were not given and whether there were any omissions. Where issues were identified there was a record of

contact with staff to explore the issue. There was not always a record of the outcome of the investigation. The system of checking the MAR did not ensure that handwritten additions to the MAR were properly recorded, signed and counter signed. Where items were prescribed in variable quantities, the actual amount administered was not clearly recorded. We found MAR charts with incorrect medicine names and incomplete instructions for administration. In addition, where some medicines had been prescribed in a variable dosage, there was no information about the maximum amount to be given within a period of time and it was not always possible to tell how much had been administered at each visit.

This meant that people may not have received some of their medicines as prescribed.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected against the risks associated with the unsafe management and use of medicines.

People were protected against the potential risks of abuse. The provider had a comprehensive policy and procedure in place that reflected current national and local guidance. There was a training programme to ensure staff were aware of the different types of abuse, possible signs of abuse and the action they should take. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents and concerns.

There were systems in place to identify risks and hazards in order to support and protect people. Assessments were carried out and plans were in place to minimise these risks.

There were systems in place to enable the service to respond to emergencies, for example, if staff arrived at a visit and found someone was unwell or if staff were unable to complete their shift meaning that people would not receive their care. This usually involved managers and senior staff providing additional support, contacting health professionals, arranging extra staff or providing additional care themselves.

There was an out of hour's on-call system in place so that people who used the service and staff could contact the service for advice and support or in emergencies. Staff and the people we spoke with all confirmed that they had received help and support when they had had occasion to call the out of hours service.

The registered manager told us that there were enough staff employed to provide care for everyone they supported. Rotas for people who used the service during the week of our inspection showed that everyone had a named carer allocated for all calls.

People confirmed that staff arrived on time and mostly stayed for the allocated length of the call. People told us they never felt rushed. Staff told us that there was mostly sufficient time to travel between allocated calls. Rotas for the week of the inspection showed that staff were always allocated a minimum of five minutes travel time between calls and sometimes more if a longer distance was involved.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Recruitment records were checked. Satisfactory procedures had been followed; each person's file contained proof of identity including a recent photograph, a Disclosure and Barring Service check and evidence of people's good character and satisfactory conduct in previous employment. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

Is the service effective?

Our findings

Everyone we spoke with about Pramacare gave us excellent feedback about either receiving care from the company or working for the company. There was good training and support in place which enabled staff to feel effective and motivated in their roles. This in turn meant that people receiving support from the staff felt confident in the service received and the staff that looked after them.

People said that they had confidence in the staff because they were knowledgeable, kind, caring and understood their needs. One person commented, "They are always polite and pleasant and take care of the things I can no longer manage on my own". Another told us, "[they are] Friendly, helpful and reliable. They go the extra mile when necessary".

Staff were proud to work for Pramacare. Staff told us that the provider was caring and supportive to both clients and staff and provided a high standard of training. One member of staff said, "Pramacare has been a consistently excellent employer for me and I have always felt the staff are as interested in my well-being as they are in that of the clients. I have found that any issues I have raised concerning clients have been listened to and addressed and therefore feel very supported in my role."

People were supported by staff who had the knowledge and skills required to meet their needs. Staff confirmed that they received the training they needed in order to carry out their roles. Records showed that all staff had completed induction training in accordance with national standards as well as completing training in the Skills for Care code of conduct. New staff were allocated a mentor and undertook shadow shifts with experienced staff before they began working on their own. All staff undertook regular training updates in essential areas such as health and safety, moving and handling, infection control, fire prevention and first aid. Staff also had access to specialist areas of training depending on the needs of the people they were caring for. These included understanding dementia, Parkinson's disease and multiple sclerosis and caring for people with diabetes, pressure sores, sensory loss, and end of life care. Some staff had also been appointed as subject champions which meant they were able to promote their topic with staff and provide additional support and information. There were champions in dignity, moving and handling, dementia, infection prevention and control and the Mental Capacity Act.

There were a number of different roles within the organisation with a clear structure in place and clear lines of responsibility and accountability. Where roles had higher levels of responsibility, there were specific levels of experience and qualifications required. This meant staff would know who they should contact and knew that they would have the required skills and knowledge to assist them.

Staff received regular supervision either through spot checks, one to one meetings and staff meetings in the office, as well as an annual appraisal. Staff told us that they always felt able to request additional support and training. Spot check and supervision records showed that these checks highlighted where additional training and support was required for staff and the registered manager confirmed that this support was provided. Supervision and staff meeting records showed that staff were listened to and their suggestions and requests acted upon.

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 make decisions for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when required. 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.

Staff received regular training about the MCA and the need to gain consent from people before providing care and assistance. People and relatives confirmed that staff always checked with the person before providing care and gained their consent to provide the care needed. Care plans contained consent forms and these had been signed by the people receiving care. Where people lacked capacity to make decisions there were comprehensive records evidencing that detailed assessments had been carried out and meetings had been held to ensure that any decision made was in the person's best interests.

People were supported to maintain good health. People gave us examples of health professionals such as occupational therapists, GPs and district nurses being contacted by staff on their behalf when they requested it or when their staff identified a concern. One person told us, "All clients are treated equally and Prama go out of their way to meet individual needs no matter how big or small they might be. Staff are very good at spotting and reporting any concerns or issues, then these are addressed to enable care to continue at an optimum level." Staff took care to obtain detailed information about people, their previous medical history and information that was important to them. This meant that staff were more able to understand people, their needs, how they wanted their needs met and any issues which may affect them either physically or emotionally.

People told us that they were supported to have enough to eat and drink. They said that, where preparing food and drinks was part of their care package, staff would offer them choices and ensure that they had any necessary support to eat their meals. The registered manager had recently been involved with a local university project looking at innovative ways to identify people who were living in the community and were at risk of malnutrition. They were involved in developing better ways to assess people and ensure they received appropriate support. When completed, the service was going to incorporate this work into their assessments and care planning.

Is the service caring?

Our findings

Pramacare is a registered charity whose mission statement is "As a Christian charity, we support those living with vulnerability or isolation to enjoy their independence, lead fulfilling lives and contribute to society." In addition to the domiciliary support service, the charity have a number of other services to support people in the community and their carers. These include memory groups, pop-in groups and carer support groups as well as various social activities such as dementia friendly church services and celebrations for special birthdays and anniversaries. Staff told us how they were able to make use of these services for the people they supported. They said they had been able to help people to begin or maintain involvement with their local community. This had improved people's opportunities for social interaction and to take part in activities. Staff felt that this often improved people's overall wellbeing as well as improving the support they received in their own homes and to feel part of a wider community.

One member of staff told us, "We, as staff, go out of our way to so that little extra for clients to make us different from other care agencies. We provide two clubs for people with memory problems, only a voluntary donation required. We are involved in lots of local churches and other support groups. We have a few charity shops in the area which raise a little extra monies to help with support of groups and clubs".

There was a strong and visible person centred culture. All of the staff we spoke with referred to their purpose as one of making a difference to people through the service that Pramacare provided. The service had created a client forum where people were encouraged to attend quarterly meetings to discuss the service and to represent "the voice" of people who used the service. Transport was arranged by the service for those people who needed assistance to get to the meetings. The client forum was also used to gather feedback from people about how they would like the service to be organised and managed in the future. The group had recently been consulted about the drafting of a new complaints leaflet. Their comments had been included in the finished leaflet and it was minuted that the group felt that an improvement had been made on the previous document and the new one was more user friendly.

An innovative project had been created as part of the work of the client forum, which was called the Smile project. It allowed staff to identify vulnerable and isolated people and offer them two free hours per month, in addition to their day to day care visits, to spend time with staff doing something to make them smile. Examples that we heard about included arranging transport and coordinating with a professional dog walker to take someone who was usually housebound on a walk at a local beauty spot with their dogs. This was something they had not thought they would be able to do and had given them great pleasure. Staff had also organised shopping trips for some people who were unable to go shopping on their own, completing crosswords with someone who was being cared for in bed and no longer able to do this themselves and spending time making arts and crafts with people who had previously had an interest in this area but no longer had the equipment and materials to do this. The registered manager advised that the project had been very successful. Both people and staff said how much pleasure that had gained from the events and that they had also enjoyed the planning and anticipation. There were plans to increase the number of people this service was provided to. People told us they felt that the provider cared for them and carers saw their role as more than a job.

People were treated with kindness, compassion and dignity in their day to day care. One person had recently written to the provider with feedback about the service and this had been shared with staff. The person had said, "I would like to record how much I benefitted from [carers] visits. Their tact, concern and practical skills did more for me than anyone else did at a most difficult time in my life. They showed endless patience and care."

Staff were motivated and inspired to offer care that was kind and compassionate. People said that they were able to develop a relationship with regular carers which made them feel comfortable and cared for especially when receiving personal care.

Staff were exceptionally knowledgeable about the people they supported and respected their choices and preferences. Staff told us they were given information about people before they visited them and said this was particularly helpful when meeting a person for the first time and getting to know their needs and how to support them. Managers tried to match staff with people who used the service; during assessments information about people's interests and hobbies was obtained and where possible staff with common interests were allocated to support the person. One person was making a patchwork quilt and told us how they enjoyed chatting with their carer about the project and making plans together. A staff member told us, "Care is taken, as far as possible, to match carer to client. E.g. if a client does not like "ready meals" and prefers home cooked food then they are given a carer who enjoys cooking.

The registered manager sought to continually develop and improve the service that was provided and support staff to learn. They had identified that many more people were making informed choices and decisions about what they wished to happen at the end of their life. They told us that, during assessments, staff approached this subject with people and added information to a care plan should they wish to do so. The registered manager had introduced training for staff in this area and had registered to become accredited to the Gold Standards Framework for end of life care. The Gold Standards Framework (GSF) is a nationally recognised system for identifying and ensuring the right support is given to people who may be in their last year of life. This was originally aimed at care homes and nursing homes and Pramacare will be one of the first domiciliary care services in Dorset to become accredited.

Staff confirmed that they knew about requirements to keep people's personal information confidential. People confirmed that staff did not share private information about other people with them.

Is the service responsive?

Our findings

A health care professional told us, "I am always happy and relieved to find out that Pramacare are the agency involved with the adults I am working with. Pramacare are responsive, responsible and reliable. Their carers use their initiative and have suggested positive changes for adults they work with. They are easy to get hold of and listen to what we request."

People told us that they received schedules once a week telling them when staff would arrive and who they could expect. People said that they were mostly informed in advance of any changes to the rota or if staff were delayed.

People, or their relatives, were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. Staff confirmed that there was enough information in care plans to enable them to meet people's needs and added that, if they had any queries, there was always support available from senior staff and the registered manager.

People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. One person told us how the staff that visited them had identified that they would benefit from the help of an occupational therapist. The service had arranged this and the person had received special equipment to help with their recovery from an illness.

Where people required support with their personal care they were able to make choices and be as independent as possible. This was clearly reflected in the care plans and in the feedback we received from people.

There was a complaints policy and procedure that was given to people when they began receiving a service from the agency. The registered manager explained that this had recently been reviewed by members of the client forum with a focus of making the leaflet that was given to people more person centred and user friendly rather than business like. Their suggestions were included in an amended leaflet. People told us they knew how to complain and were confident that they would be listened to should the need to complain arise. There was a clear system for receiving, investigating and responding to complaints. We looked at two recent complaints and found that they had been investigated and responded to appropriately. A member of staff told us, "Any concerns or complaints from clients and staff are dealt with promptly and our service is improved by acting on these as appropriate."

Is the service well-led?

Our findings

Feedback from people, relatives and staff showed us that the service had an open, positive and caring culture. People were consulted about the service they received and there were regular opportunities for staff to contribute to the day to day running of the service through informal discussions and staff meetings.

A health care professional told us, "They are clearly in the business to provide quality care and not in the business to make a profit. If things go wrong, they deal with it effectively and quickly and report issues to us. I would fully trust them in caring for my relations should they need care."

A member of staff told us, "Working for Pramacare feels like being part of a family and I feel respected and valued for what I do. Pramacare's values of compassion, respect, integrity, sensitivity and trust are truly reflected in the service they provide."

There was a clear management structure in place. People and staff told us that the registered manager and management team were approachable and supportive and they felt they were listened to.

There were satisfactory arrangements in place to monitor the quality and safety of the service provided. There were audits of various areas including infection prevention and control, accidents and incidents, safeguarding concerns, complaints and health and safety. The registered manager had examples of audits where they had identified issues and addressed these with the staff concerned. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

People told us that they felt valued and involved with the service. People were actively encouraged to give their views about the service, either through regular reviews of their needs, surveys or by becoming involved in specific meetings held for people who used the service. Systems were in place to ensure that all responses were analysed, actions were identified and checks that the actions had been completed were made. The provider also undertook an overall analysis of all satisfaction surveys to identify common issues and an action plan had been developed. Recent surveys by Pramacare and CQC had identified some concerns regarding the telephone system, general communications and continuity of staff. Discussions with the registered manager and meeting records showed that a new telephone system had been purchased and installed and action was being taken to increase staff recruitment levels. This meant that regular teams and rotas could be developed to improve staff continuity and reduce the number of different staff visiting a person.

Staff knew how to whistle blow and felt able to raise any issues or concerns either directly with the registered manager or with other senior staff at Pramacare. They told us that they had regular reminders in meetings and training about the whistleblowing policy and their rights under it. They were confident that any issues they raised would be addressed. One member of staff told us, "I feel very supported in my job role and encouraged to share concerns if and where applicable."

The registered manager had notified the Commission about significant events. We used this information to

monitor the service and ensure they responded appropriately to keep people safe.

The registered manager told us they kept up to date with current guidance, good practice and legislation. They said they kept up to date by attending provider forums, external workshops, conferences, local authority meetings and were members of various relevant groups including Skills for Care and the Dorset Homecare providers association.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risk associated with the unsafe management and use of medicines.