

Primary Access Limited

Primary Access Ltd

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

Primary Access Ltd is a domiciliary care service providing care and support to 16 people living in their own home and to two people who live in supported housing.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff understood their role and responsibilities to keep them safe from harm.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs.

People were supported by staff who received regular training, support and supervision to help them provide effective care.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People had good relationships with the staff and were treated with dignity and respect.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly.

There was an effective complaints system in place. People and relatives told us they were confident to raise any issues about their care and that they would be listened to and their concerns addressed.

People, relatives and staff told us the service was well-led and managed by an effective and organised management team.

People had confidence in the provider and staff were clear about their roles and responsibilities.

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. There were systems in place to ensure the safety of people. Staff were aware of their responsibilities should they suspect abuse was taking place.

The provider had a system of checks to recruit only safe and suitable staff.

Risk assessments had been carried out to minimise the risk to people receiving care and the staff supporting them.

Is the service effective?

Good ●

The service was effective. People were supported by competent staff who understood their needs.

Staff had access to the training and support they needed.

People were supported by staff who understood the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring. Staff were kind and caring and had developed positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that maintained their dignity.

Is the service responsive?

Good ●

The service was responsive. Care plans reflected people's individual needs and preferences.

Care plans were regularly reviewed to ensure that they continued to reflect people's needs.

The provider had a complaints policy which set out the process and timescales for dealing with complaints.

Is the service well-led?

Good 

The service was well-led. The provider sought people's views about their care and support and responded to their feedback.

Staff felt supported by management.

Records relating to people's care were accurate, up to date and stored appropriately.

Primary Access Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 3 October 2016 and was announced.

One inspector carried out the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, the operations director, the finance director and a director. After our visit we obtained feedback from six support workers and one team leader. We also spoke with four relatives and two healthcare professionals. People were not able to speak with us.

We pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, reviewed the provider's recruitment process and checked the providers safeguarding policy, the provider's staff induction process and looked at their quality assurance systems.

We last inspected the home on 22 April 2014 where no concerns were identified.

Is the service safe?

Our findings

People, relatives and healthcare professionals told us the service provided safe care. One healthcare professional said, "Each time I have had contact from Primary Access Ltd they sound sensible in their approach and I have confidence people are looked after safely".

The registered manager regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty to be able to meet people's individual needs. The registered manager told us the amount of staff on duty was dictated by the care needs of people. Relatives and healthcare professionals consistently told us the service had employed suitably skilled staff to meet people's needs. A member of staff confirmed staffing levels were adjusted to meet the needs of one person during a time where their mobility had deteriorated and said, "A support worker told us the time allocated to the person for personal care was not enough so we reviewed their care, met with the family and increased the time to make sure she could have a bath". We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed.

The provider had good arrangements in place to mitigate any risks associated with people's care. Management meetings took place on a regular basis which provided them with the opportunity to share information, discuss any safety issues and ensure people were being supported with consistency. A member of staff said: "The managers meet in the office and we can go and talk to them about any concerns we have anytime we want". Detailed risk assessments were in place which were created and developed with the support of a multi-disciplinary team which included involvement from community psychiatric nurses. Assessments were reviewed on a regular basis and any changes or concerns identified were quickly reported to the appropriate professional for further review.

People were protected from risks associated with employing staff who were not suited to their role, as there were robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment references were reviewed as part of the pre-employment checks. Staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults. A new member of staff said: "I had to go through a lot of checks".

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. They accurately described the services safeguarding policy which documented the different forms of abuse that could take place. It provided guidance about how to raise a safeguarding concern and detailed contact information about the Care Quality Commission (CQC), the local authority, the Police and advocacy agencies. Staff said they would not hesitate to contact CQC or the local authority if they felt abuse had taken place. Staff had received training in safeguarding people from abuse. Each member of staff was provided with an ID badge which contained contact information should they need to raise any concerns.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside

agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included "I would report any issue that I was concerned about" and "We don't have any abuse taking place here".

Is the service effective?

Our findings

All new staff employed by the service had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training included for example, moving and handling, infection control, food hygiene, medicines management, safeguarding of adults at risk and the Mental Capacity Act 2005 (MCA 2005). A member of staff said: "We shadow each client before lone working, therefore we over see everything that needs to be done" and "I have monthly supervision with my manager. We discuss client's needs, my personal needs and all areas of care. There are also goals set out for me which I aim to achieve". A relative said: "The manager came out with the support worker before they gave any care to meet me and my mum which I thought was really nice".

Staff benefitted from an annual performance management cycle and regular training opportunities. This included annual performance reviews and regular supervision sessions. Minutes of these meetings demonstrated they were carried out robustly and professionally. Any performance deficits were identified and discussed, with learning and development opportunities made available. Positive feedback was given, to confirm good practice. Staff told us they felt they were well supported by the management of the service.

Senior staff also provided hands on care. The registered manager had arranged to support one person with their gardening on the day of the inspection. They told us how it supported them in striving to improve the service through direct feedback and observation of the people's needs. Spot checks of staff practice were undertaken. This was confirmed by the people we spoke with. The registered manager told us if any shortfalls were identified, that they would address it through one to one supervision and training. This further demonstrated how the management of the service worked to deliver effective quality care to the people they supported.

Consent was sought before staff carried out any care or support. Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

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. Documentation showed decisions made for one person had been appropriately assessed with input from the relevant professionals.

People were supported to maintain good health and have access to healthcare services. A relative told us how the service kept them updated on any issues about their family member's health. They told us, "The manager is brilliant at keeping me updated, he is always available and has been a great help in sorting out extra care". Another relative said: "They remind (Person) it's important to go to the dentist and the GP".

Is the service caring?

Our findings

There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. People told us that they were always given choices and that they were treated with dignity and respect. A person told us, "They are very respectful; I am always treated like I matter to them, like I am part of their family". Staff explained to us how they made sure people received support with their personal care in a way which promoted their dignity and privacy by closing doors and covering people whilst providing personal care. On staff member said, "I maintain their dignity by communicating with them at all times to ensure this happens for example I would cover up private areas with a towel".

Staff spoke about the importance of developing a good relationship with the people they supported. They spoke about people respectfully and described the importance of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. A member of staff said: "This is built up through trust over time with the client. Providing them with the correct support to meet their needs, this builds up the trust and a positive relationship". Another member of staff said: "Each client has a choice and this is key. This is put in place with every session of support, by asking them and identifying their needs. I have learnt this through training on the Mental Capacity Act".

People's independence was promoted. They told us that staff encouraged them to do things for themselves. They had been involved in developing their care plans and identified what support they required from the service and how this was to be carried out. Care plans we looked at showed that people had been involved in planning their own care. Care plans were updated when people's needs changed. One person told us, "I get the care I need when I need it and am involved because I make all the decisions like what I am having for lunch and what they need to do to help with personal care". A member of staff said: "Through my training of the mental capacity act I support people to express their views and support them to make the right decisions about care and treatment".

Staff had received guidance about how to correctly manage confidential information. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis and with people's consent. One member of staff said: "This is people's private business so it is important I keep things confidential unless I felt someone had broken the law or were in danger".

People and relatives all confirmed the staff listened to them and included them in decisions about their care and lives. The management team were knowledgeable about the needs of people and their family members. A relative said: "I have met with (member of staff) and he was wonderful. He was clear from the start very honest and to this day I am happy with the care that is given". A relative said, "The staff are very caring, they go the extra mile and really encourage (Person) to go out and do things to have fun and I think the staff enjoy it too".

Is the service responsive?

Our findings

The care people received was responsive to their needs and reviewed when needed. A member of staff told us they met people's needs, "By making sure that the care plan is up to date and passed on making sure risk assessments are reviewed and any meetings with staff or family if required". A relative told us they were pleased with how the staff met the care needs of their family member. They said: "I am so delighted with how they look after (Person). They support her to stay as independent as possible and encourage her to go bowling, take up hobbies, keep her room tidy and to be honest they are pretty much like friends to (Person)".

Records showed the provider had not received any formal complaints in the last 12 months. Relatives and staff told us the managers were approachable and if they had any concerns, they would speak with them or their support worker. The complaints procedure contained information for staff, relatives and healthcare professionals to follow should they need to raise any concerns. It detailed information about the Care Quality Commission (CQC) and the local authority. Feedback from relatives included: "I have never had any reason to complain and if I did I am sure it would be dealt with pretty quickly". Another relative said: "There are a lot of poor agencies out there at the moment and I can honestly say this is not one of them, I am very satisfied with what they do".

The management team assessed people's needs before they began to receive a service to ensure the agency could provide the care and support they needed. Assessments identified any needs people had in relation to mobility, communication, medical conditions, nutrition and hydration, medicines and personal care. Assessments also recorded what people wanted to achieve from the service and their preferences about their care. Each person had an individual care plan drawn up from their initial assessment. Care plans reflected people's individual needs and preferences. For example they specified how people preferred their meals and drinks to be prepared. Care plans also provided clear information for staff about how to provide care and support in the way the person preferred.

Staff told us that they read people's care plans regularly to ensure that they were familiar with any changes. Relatives confirmed that copies of care plans were kept in people's own home and staff could read the information either there or at the office. One member of staff said: "The care plans and risk assessments are good because they tell us what we need to be doing and we know they are correct". Management took active steps to ensure staff had all the information they needed to deliver appropriate and personalised care.

Is the service well-led?

Our findings

When describing management a member of staff said: "Good continuous feedback, goal setting, regular supervision, I can always call my manager with any problems as I have built up a good trust and a good relationship with my manager". A member of staff said management reviewed the quality of the service with, "Regular team meetings, assessing the client's needs on a regular basis and always reviewing risk assessments" and "My manager deals with this having regular meetings and performing good relationships with other agencies to make sure clients are receiving the appropriate care". Another member of staff said management were: "Always there for support, and to listen and they take any concerns seriously through regular supervisions, we can express ourselves in a positive way.

Staff were enthusiastic and positive about their work. They described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. They said they had been provided with contracts of employment and job descriptions, which outlined their roles, responsibilities and duty of care. A member of staff said: "I am really clear on what my responsibilities are and I have a good relationship with my manager so we are all singing from the same book".

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. People were supported to have their say about the care they received and relatives were encouraged to contribute their views. People said they were happy with the frequency with which the agency contacted them to seek their views. People were asked whether their care workers arrived on time, stayed for the correct length of time and whether the visit length was sufficient for staff to provide all the care and support they needed. Spot checks were conducted regularly to assess the competency of support staff to obtain feedback from people.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. Care records were checked and monitored by management to ensure that the quality of recording was appropriate.

The management team held regular meetings with the staff to deal with any problems or issues that may arise. Staff meetings were held with minutes made available for staff who were unable to attend. Team meeting minutes demonstrated staff were provided with the opportunity to discuss any issues that may have arisen as well as updating management with any ideas they had on how to develop the service, such as an early care review due to a change in someone's needs or a change in medication.