

Prime Care Associates

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Prime Care Associates is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of the inspection, 76 people were receiving a service from the agency.

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 were happy with their support, but the timing of their visits did not always meet their needs. Some staff did not always stay the full amount of time allocated. People had a care plan, but some of the information was not completed and a person-centred approach was not evident. People's daily records were also task orientated, and contained little information about the person's wellbeing.

There was a risk management format in place, but this did not always identify and mitigate the individualised risks people faced. Lack of guidance for staff to manage risks safely was also identified at the last three inspections in 2019, 2018 and 2017.

People's medicines were not always safely managed. Staff had not documented the time they had assisted a person with their pain relief. This increased the risk of it being given again before the required four hour gap between doses. Some medicine administration records showed handwritten changes to the dosage and timing of the prescription details, without the staff's signature or countersignature.

There was a quality auditing system in place, but it was not fully effective, as shortfalls found during this inspection had not been identified. This included shortfalls in risk management, care planning and the inconsistency in timing and duration of people's visits.

Systems were in place to minimise the risk of people experiencing abuse. Staff told us they completed safeguarding training and would report any concerns about people's wellbeing to the care manager.

People told us they felt safe with staff supporting them. They said staff wore the required personal protective equipment, to minimise the risk of transmitting COVID-19. The care manager gained regular updated government guidance about working safely within the pandemic. This was disseminated to the staff team as required. Staff took part in a regular testing regime to detect if they had the virus at an early stage. This minimised the risk of transmission.

There were enough staff to support existing care packages. The care manager was not accepting any new care packages to avoid staff being spread too thinly. People were supported by a stable staff team, who knew them well. New staff were recruited safely to ensure they were appropriate to work with vulnerable

people.

The agency provided end of life care, if needed, to those already being supported.

People and their relatives knew how to make a formal complaint but had not needed to or done so. Two concerns had been raised with CQC just before and at the time of the inspection. The care manager had not substantiated the first concern, and we found there was no evidence to support the second.

The service had a supportive ethos and a clear desire to provide good quality care. Systems were in place to enable people, their relatives and staff to give their views about the service. The care manager told us they worked closely with other agencies such as the GP and community nurses.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 August 2019).

Why we inspected

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology for gathering information, and phone calls to engage with people using the service as part of this performance review and assessment.

The inspection was prompted in part due to concerns received about people's support being at an inappropriate time, and staff leaving visits early. There were also concerns about lack of supervision, spot checks and manual handling training for staff. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, responsive and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prime Care Associates on our website at www.cqc.org.uk.

We have identified breaches in relation to safe care and treatment, person centred care and the management of the service.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will 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 responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Prime Care Associates

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and phone calls to engage with people using the service and staff.

Inspection team

This inspection was undertaken 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.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 December 2021 and ended on 7 January 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used phone calls to enable us to engage with people using the service and staff. We reviewed documentation which was sent to us on request.

We spoke with seven people who used the service and nine relatives about their experience of the care provided. We spoke with 12 members of staff including the care manager.

We reviewed a range of records. This included five people's care records and medicine records. We looked at staff training data, quality assurance records and a variety of records relating to the management of the service, including policies and procedures. We received feedback from two professionals who have contact with the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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; Learning lessons when things go wrong

- Lack of guidance for staff to manage risks safely was identified at the last three inspections in July 2019, May 2018 and February 2017.
- Not all risks people faced were sufficiently considered or addressed to minimise the risk of harm. For example, one person had dry and fragile skin, which was at risk of breaking down. The risk assessment framework in place for skin integrity only covered pressure sores, not the vulnerability of people's skin. There was no detailed guidance in the person's risk assessment or care plan about minimising pressure damage, other than 'carers to apply creams.' This increased the risk of the person's skin deteriorating.
- A medicine administration record showed another person was prescribed a blood thinning medication. The risks associated with this, such as heavy bleeding from an injury were not stated. The lack of guidance about this, increased the risk of the person not receiving timely support.
- During feedback about the inspection, the care manager told us staff were aware of the risks associated with each person. They said if they were concerned in any way, they would call the office for advice. This was reliant however, on staff responsibility, and would not ensure a consistent approach.

We found no evidence that people had been harmed. However, risks people faced were not sufficiently considered or addressed to minimise the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The risk management framework, which formed part of the care plan format, covered aspects such as the person's environment and medicines. There was a contingency plan to address emergencies such as heavy snowfall. This showed the need to prioritise people due to their circumstances, and to liaise with family members to assist if needed.

Using medicines safely

- People's medicines were not always safely managed.
- People had a printed medicine administration record (MAR). However, some showed handwritten changes to the medicine's prescription, without explanation or the staff member's signature. This included changing the recorded dose of a medicine and the timing of an antibiotic. One record was handwritten, without the staff's signature or a countersignature. The instruction did not state where the topical cream was to be applied.
- One person was prescribed paracetamol, but staff had not documented the time they had given it. This increased the risk of the medicine being given before the four hour gap between doses. When providing feedback about the inspection, the care manager told us they had addressed this with staff. They said the

medicine would not be given too close together, as staff would identify the risk and call the office for advice. They would then be told they needed to return to the person to give the medicine later. This was not evidenced within the records we saw.

- Staff had appropriately signed the medicine administration record when they had supported a person with their medicines.
- Records, updated by the care manager during the inspection, showed staff had completed training in the safe administration of medicines. Staff confirmed they had completed such training.

Staffing and recruitment

- There were enough staff to complete people's support safely.
- Accepting new care packages had been kept to a minimum, to reduce the risk of staff being deployed too thinly. The care manager told us additional visits due to staff sickness were easily absorbed, as staff were good at doing extra when needed.
- Staff told us there were enough staff to support people and their schedule of visits were manageable. They said weekends were sometimes more difficult, particularly at times of staff sickness, but this was not a regular occurrence.
- People and their relatives told us there were enough staff and they were supported by staff who knew them well. This ensured consistency, and trusting relationships to be built.
- We did not look at any staff recruitment records, as there had not been any new staff at the service. The care manager told us safe recruitment practice would be followed if new staff were required. They said they always gained information about the applicant's performance, general health and proof of identity. They said they also required a clear Disclosure and Barring disclosure (DBS), to ensure the applicant was suitable to work within social care.

Preventing and controlling infection

- Systems were in place to prevent and minimise the risk of infection.
- Staff were provided with regular, updated government guidance about working safely within the pandemic.
- Regular staff testing for COVID-19 was undertaken, to keep people safe and minimise the risk of transmission.
- There were ample supplies of personal protective equipment (PPE) which staff could collect or have delivered to them as needed.
- People told us staff wore their PPE when supporting them, which made them feel safe. One person said, "They are well kitted out with PPE. They are good about hygiene." A health and social care professional told us, "They were extremely careful to ensure [the person's] safety and that of others during the lockdown."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse.
- Records, updated by the care manager during the inspection, showed staff had completed training in safeguarding.
- Staff told us they would notify the office if they had any suspicions of abuse, or concerns about people's welfare. They told us they had completed safeguarding training but not all were aware of when they had done it.
- The agency's safeguarding policy and procedure was dated November 2016. The care manager told us the information had been updated since then, but we had been sent the wrong version. They then sent an updated policy dated March 2020.
- People told us they felt safe when staff carried out their support. Specific comments were, "They're reliable and trustworthy" and "The girls are dependable. Without exception they're good."

Learning lessons when things go wrong

- The care manager told us they were always looking at ways to improve the service. This included regularly reviewing the support people received.
- A record of accidents and incidents was maintained. These generally related to staff or accidents people sustained, when staff were not with them. The records showed appropriate action was taken following the accident. This included notifying family members or other agencies, such as the GP, as needed.
- An electronic system for people's care plans, daily records and medicine administration records was being introduced in the new year. The care manager said it was hoped this would enable better live recording, which would further improve record keeping.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Although people were being supported by staff who knew them well, there were inconsistencies in the timing of some people's visits. People told us staff generally arrived on time, but two people told us there were issues with timeliness. Three relatives confirmed this. One relative said their family member's visits could be too close together. Others said staff sometimes arrived too early. This included a teatime visit at 3.30pm and a bedtime visit at 6.30pm. Inconsistent timings and early visits were detailed within people's daily records.
- Records showed the duration of people's visits sometimes varied, with many being less than what had been contractually allocated. This included one person who had a 30 minute allocation, but their visit was recorded as '17.00 – 17.16'. Their daily record stated, "hoisted undressed commode, bed." Two relatives told us shortened visits was a regular occurrence. They said some staff were "in and out" as quickly as possible, rather than maximising the experience for people. The care manager told us staff only left the person early when they had been told to do so. They agreed staff needed to document this, and the situation needed to be kept under review.
- Care planning information did not always reflect people's individual needs. For example, one person had a catheter but there was no guidance for staff, regarding its management. This included complications such as it blocking. Another person had a history of anxiety and depression, but there was no information about how this presented. Their care plan stated, 'I have several conditions that cause me difficulties', yet these were not expanded upon. The impact of other health conditions was not shown in care planning documentation. This included the pain linked with arthritis and the risks associated with diabetes.
- Care planning did not demonstrate a person centred approach. Sections such as people's likes and dislikes, and what contributed to a good and bad day were not fully completed. Care interventions were listed as tasks, without further detail about the person's individual wishes and preferences.
- Daily records were task orientated and not person centred. Staff had written entries such as, "Showered, dried and dressed" and, "Night shirt on, clean pad, on to commode, legs creamed, into bed, lamp on, lifeline on." There was very little information about how the person felt, their involvement or overall wellbeing.
- Staff had not always ensured consistent recording of care interventions or concerns. For example, one staff member had written they had identified a sore area of skin and had applied a topical cream. Staff in subsequent visits, did not mention the soreness but it was raised again a few days later. This did not enable effective monitoring of the area in terms of deterioration or healing.

We found no evidence that people had been harmed. However, the timing and duration of people's visits and their care records did not demonstrate a person-centred approach. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints effectively.
- People were given a copy of the agency's complaint procedure when they first started to use the service.
- People and their relatives knew how to make a formal complaint or raise a concern, but said they had not needed to, or done so. One person told us, "If I had any concerns, I would phone the office for it to be sorted out, but there's been no need."
- The care manager told us they knew people and their relatives well, so any concerns would be raised with them at an early stage before escalating further.
- An anonymous concern about the timing and duration of people's visits and a lack of staff training and supervision, prompted this inspection. This was investigated by the service and not substantiated. During the inspection, another anonymous concern was raised. This was about the service falsifying records during the inspection and telling staff what to say to us. We did not find any evidence of this. The care manager told us before these two concerns, no complaints had been made for many years. They were surprised and disappointed they had been made.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the AIS.
- Documentation was available in large print or in audio format if needed. The care manager told us if a person needed information in a different language, this could be sourced.
- People's care plans stated if there were any barriers to good communication. This included people wearing hearing aids, and the need for staff to speak to a person clearly.

End of life care and support

- The agency provided end of life care, but only to those people who were already being supported. At the time of the inspection, no end of life care was being provided.
- The care manager told us when providing end of life care, advice and support would be gained from other involved healthcare professionals. This ensured appropriate specialised support would be given, which met the person's needs.
- People's care plans showed if they had a do not attempt resuscitation order (DNACPR) in place. This enabled staff to undertake the correct intervention, if a person's heart stopped suddenly whilst being supported.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- An auditing system was in place, but this was not fully effective, as shortfalls found during this inspection had not been identified. For example, audits of care records had not identified the lack of robust risk management, insufficient detail about people's needs or the inconsistent monitoring of any health concerns. It had also not been identified that the timings of some people's visits were inconsistent or that not all staff were staying for the full allocation.
- Whilst care plans had been reviewed, the lack of a person centred approach within documentation had not been identified. Audits of the medicine administration systems had been undertaken, but these had not identified the Royal Pharmaceutical Society guidelines, had not always been followed.

We found no evidence that people had been harmed however, auditing systems were not always effective in identifying shortfalls and ensuring safety. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received regular text messages from the care manager, to inform them of their role and any changes to practice. The care manager told us staff were very competent. They said whilst information was not always written down, staff would be aware of it and would act accordingly.
- The care manager told us they undertook day to day management of the agency, whilst the registered manager mainly dealt with commissioning and contractual arrangements. They said they both regularly discussed the service, and the registered manager was always 'on the other end of the phone' when needed.

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

- There was a strong supportive ethos within the service and a desire to provide good quality care.
- The care manager told us the motto of the service was, "Quality Care through Experience, Reliability and Dedication." This was also written on people's care records.
- The service benefitted from a very stable staff team, who knew people well. Staff told us they regularly contacted the care manager for advice and general support. They said the care manager always listened, and addressed anything that was raised with them. Staff told us they also received good, timely advice and support from each other and the 'on call' staff.

- People were complimentary about the staff who supported them. Specific comments included, "They're a lovely lot, very obliging, all lovely and do their jobs well" and "They are exceptionally good. I couldn't ask for more. They care with graciousness." One person told us, "They are jewels in prime care's crown. They do their best at all times."

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

- People, their relatives and staff were encouraged to give feedback about the agency. This was within informal conversations, reviews of support or surveys. One person told us, "There was a questionnaire about the company recently. They try to accommodate our requests or suggestions."
- Surveys had recently been sent to people and were in the process of being returned. The results had been coordinated and were shown in a visual format. There were written compliments and some suggestions for improvement. The care manager told us an action plan for these points had not been developed, as they were waiting for more surveys to be returned.
- The care manager said there was a regular exchange of information between everyone within the service and a newsletter had been developed. They said they encouraged anyone to call them if they had a query or needed to talk anything through.

Working in partnership with others

- The agency worked with other agencies, as needed.
- The care manager said they had established good working relationships with health professionals such as GPs, community nurses, occupational therapists and physiotherapists.
- Staff told us health professionals would often inform them how to use new equipment people had been given. They said this was very effective, as it was specific to the person's needs.
- A health and social care professional told us they had good communication from the management team. Another similar professional also confirmed this, saying they were one of the better care agencies they worked with.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The timings of people's support and their care records did not demonstrate a person centred service, which met their needs and preferences. This is a breach of regulation 9(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks people faced were not sufficiently considered or addressed to minimise the risk of harm. This was a breach of regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality auditing systems were not always effective in identifying, assessing or mitigating risks to people's safety or improving the quality of the service. This is a breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>