First Prime Care Ltd

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 20 and 28 October 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available. The service provides personal care and support to people in their own homes. At the time of our inspection the service was supporting 15 people.

There was a registered manager in place who was also one of two directors of the provider company. 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.

The service quality monitoring and quality assurance processes were not embedded into the management of the service. They were not used to identify problems and drive improvement.

We have made a recommendation about quality assurance.

There were procedures and processes in place to ensure the safety of the people who used the service. Staff were provided with training and guidance in how to keep people safe and what they should do if they were concerned that a person was at risk or was being abused. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used
the service.

Care plans were person centred and reflected what was important to the person. They provided detailed information for care staff to enable them to provide care and support as the person wanted it. Staff received

People told us that they had good relationships with the staff that supported them. People and their relatives, where appropriate, were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs and people's consent was sought before they were provided with care and support. The service was up to date with the Mental Capacity Act 2015.

There were sufficient trained staff to meet the service commitments with the management team also providing hands on care. People were supported by staff that arrived on time and treated them with dignity and respect.

People using the service and their relatives knew what to do if they were unhappy with the service they received. They knew who to speak with if they had a concern and were confident that any concerns would be dealt with properly.

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.

Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were enough staff to cover calls and ensure people received a reliable service.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who knew how to meet their needs.

Staff received the support and training they needed to provide effective care for people.

People received support from staff who respected people's rights to make their own decisions, where possible.

People were supported to maintain good health.

Is the service caring?

Good

The service was caring.

People valued the relationships they had with care workers and were positive about the care they received.

People felt care workers always treated them with kindness and respect.

People felt listened to and involved in their care.

Is the service responsive?

Good

The service was responsive.

Staff understood how to support people and responded to any changes in their health.

Staff knew people well and understood their wishes.

People knew how to make a complaint and were confident that any concerns would be addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality monitoring and assurance process were not effective.

The culture of the service was open and friendly. People and staff felt able to share ideas or concerns with the management.

First Prime Care 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 was planned to check 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.

The inspection took place on 20 and 28 October 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone was available to speak with us.

The inspection was carried out by one inspector.

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 also looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

During our inspection we visited the offices of First Prime Care Ltd where we looked at the care records of five people, training and recruitment records of staff members, and records relating to the management of the service. We visited three people in their own home accompanied by a senior member of care staff. We spoke with four people receiving care and support from the service and one family member. We also spoke with the registered manager and four members of care staff.

Good

Is the service safe?

Our findings

People told us that they felt safe. When asked if they felt safe when receiving support one person said, "Yes, yes I do," Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Staff told us that they felt able to approach the manager if they had concerns. They also knew where to access up-to-date contact information for the local authority safeguarding team.

Risks to people's safety were assessed. People's care plans described each risk that had been identified and instructed staff on how support should be delivered to minimise the risk. This guidance was specific to the individual they were supporting. We saw guidance in areas including moving and handling, and the home environment. The assessment on moving and handling considered the person's health, their mobility, the equipment they used and their ability to communicate. It then detailed how many staff and which equipment would be needed to assist the person safely. Where assessments had identified risks that could be resolved, action had been taken. For example, where access to a person's bathroom was restricted by furniture the risk assessment advised the table should be moved. The registered manager also gave us an example of where the service had declined to provide care and support to a person where it had been assessed as being dangerous to the person and staff. They had made appropriate referrals regarding the person's safety. We did however note that one premises risk assessment recorded that a person's house smelt very damp, this could be a risk to the person's health, but the service had not taken any action. We discussed this with the registered manager who told us they would speak with the person and their family.

People received consistent support from a regular staff team. They told us that staff arrived on time and that there was flexibility in when they had their calls if needed. One person told us, "They changed the time they come in the morning so I can have a bit of a lie in." Care workers were happy with how the rotas were arranged and told us they were given adequate time to travel between clients. The registered manager and management team also provided care and support which contributed to the service being flexible as to when care was provided. Staff worked as a team to cover sickness and leave.

We looked at staff recruitment practices and found that safe recruitment practices were followed.
Files that we checked were in order and records confirmed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safe recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work in this role.

Medicines were managed safely. People we spoke with confirmed that they received their medicines appropriately. One person said, "They get my medicine out for me and get me a drink of water." There was guidance for staff on the level of support people needed, such as a prompt, physical assistance or for staff to administer the medicines. The Medication Administration Records (MAR) in place were clear and had been completed by staff, including for topical creams. Medicines prescribed on a variable dose, such as

paracetamol for pain relief, were clearly recorded. The guidance for staff on how people took their medicines included where they were stored and the arrangements for supply of medicines, such as delivery by the pharmacy. Staff training records demonstrated they had received training relevant to the administration of medicines.

Good

Is the service effective?

Our findings

Everybody we spoke with told us they had confidence in the ability of those providing care. One person, said, "They do it how I want it done."

When new staff joined the service they were supported. They completed an induction run by the provider's trainer, followed by a series of shadow shifts where they could learn from experienced staff. During the first three months of employment, new staff completed the Care Certificate, a nationally recognised qualification covering 15 standards of health and social care. Where staff required training to support people with particular needs, such as a catheter, they received training to do this. The registered manager told us that with support of this type a member of senior staff would supervise and support the staff member the first time they carried out the procedure.

Staff training was recorded on a computer spreadsheet which meant that the service was aware of when staff required refresher training. Staff were encouraged to undertake further training and develop in their role. We saw an example of a member of staff being promoted to a more senior role within the service. The management team were undertaking further training to develop their skills.

Care staff were positive about the support they received from the service. One staff member explained that there was always a member of the management team available on the telephone if they required help or support. They also told us that as the management team worked regularly with care staff, this facilitated a two way flow of information regarding best practice. The registered manager told us that working regularly with staff meant that they could demonstrate best practice and regularly monitor the practice of staff. Staff also received more formal supervision three monthly.

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 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.

We checked whether the service was working within the principles of the MCA. We found that people had been involved in determining how they wished to be supported. People had signed their care plans to demonstrate their agreement.

People were satisfied with the support they received with their nutrition. A relative told us how the service supported a person with their breakfast. There was information included in people's care plans so that the food they received was to their preference. One person we visited expressed a wish to have a different breakfast and this was immediately addressed by the registered manager. Where appropriate, details of people's dietary needs and eating and drinking needs were recorded in their care plan.

Care plans demonstrated that where appropriate the service had made referrals to health care professionals such as occupation health, dietician and GP's. The registered manager gave us an example of a referral the service had made to the occupation health service where a person was having problems getting in and out of bed. This had resulted in the person receiving a more appropriate bed.

Good

Is the service caring?

Our findings

People told us they felt respected, listened to and supported appropriately. One person said, "They are a good team. If I want anything they would be there to do it for me." Another person said, "They are a joy to see."

Care staff told us that because they saw the same people regularly this enabled them to build up a relationship with them and get to know their needs. A member of staff also told us that as they knew the people they supported well they were able to recognise small changes which may indicate that the person was unwell and gave us an example of a medicines issue they had recognised. However, care staff were aware of professional boundaries and responsibilities. This showed us care workers knew people well and showed understanding and compassion.

People were involved in planning their care. They had been asked how they would wish to be supported and this was documented in their care plan. One person said, "They are very helpful, anything I want doing they do for me."

Staff supported people to make their own decisions about their daily lives. One person said, "I like to be as independent as I can and do as much as I can for myself." They went on to tell us how they were supported with their care and enabled to do as much as they could manage.

People told us they knew about their care records and had been involved in meetings to create the record. They told us that their wishes and been listened to and care designed to meet their needs. We visited people with the registered manager and saw that they were listened to and involved in making decisions about their care and support. A copy of people's care plans was kept in their home. This meant that it was available for staff to refer to when providing care and that the person could read the contents at any time they wished.

People told us that staff treated them with dignity and respect. One person said, "They are very respectful and polite." Respectful and compassionate behaviour was promoted within the staff team. The registered manager told us about an occasion where a member of staff had visited a person in their home to provide care and support. On arrival they found the person's partner was in need of urgent medical attention. They immediately dealt with this and the person spent some time in hospital. The service is now providing support to the person and their partner. We visited this person in their home and they told us how pleased they were with on-going care and support they and their partner were receiving.

Good

Is the service responsive?

Our findings

People told us care workers and management knew them well and were responsive to their needs. One relative said, "Care plan, we did it together." They went on to tell us that staff and management knew people well and provided personalised support. Care staff told us that the management team were responsive to changes in people's needs and responded promptly if they were contacted for support. Care plans were regularly updated and contained detailed personalised information regarding people's support needs. We did note that some care plans did not contain up to date information for example what a person liked for breakfast. However, when we spoke with care staff they were aware of the person's preferences.

People were assessed prior to using the service and these assessments were used to write people's care records. Care records were detailed and contained information relating to people's social, personal and health care needs. For example, how to care for specific medical conditions such as diabetes. The registered manager told us that because they and other senior staff regularly provided care this supported them to recognise changes in people's needs and make the necessary amendments to the care plan.

People received care that was centred on them and gave them choice and control. One person said, "They are very good. They always leave me with a drink and my inhaler handy." We observed that this person had a drink and their inhaler on a table next to them.

People and relatives gave us examples of where people's care needs had changed and the service had responded or where they simply needed to change a visit time and the service accommodated them. We observed the registered manager speaking with a relative to re-organise the time of care visits for the following week as a person was receiving visitors. A relative said, "If things change things always get sorted out."

The service told us in their PIR that three senior members of staff delivered an average of 10 hours of care each week. They told us that this allowed them to monitor the quality of care practice as they would work with staff when providing double up calls and also seek verbal feedback on the quality of the service from people and relatives when providing care and support. When visiting people in their homes we observed that they knew the registered manager and were comfortable speaking with them about their care and support needs. This demonstrated that people needs were reviewed and they were able to feedback their experiences and any concerns to a member of the management team.

People knew how to complain and would do so if necessary. However, everybody we spoke with told us that they had not had the need to make a complaint. The service had a complaints policy which was available to people in their care plan documentation left in their home. The service had had one complaint since registration, this had dealt with in accordance with the complaints policy and been resolved to the satisfaction of the complainant.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well-led. Quality assurance systems were not always effective. For example, the registered manager told us that that care plans were reviewed regularly and this was supported by care visits made by the management team. However, some care plans in people's homes did not contain up to date information. For example, one person's care plan referred to the use of a key safe. However, when we visited this person with the registered manager this person's door was found unlocked. Discussion with the person and the registered manager demonstrated that this was what they wanted but was not reflected in the care plan.

Quality assurance processes were not fully embedded into the service's way of working. The registered manager and senior staff told us that they sought feedback regarding the quality of the service provided when delivering care. They also told us that they had sent out some quality questionnaires. However the results of these had not been analysed. During visits to people we found that there were some issues with the quality of service people received that had not been picked up by this informal method of gathering feedback. Neither could we see that feedback gathered by this method had been used to drive improvement.

We recommend that the service seek advice and support regarding quality monitoring of the service provided.

There was an open culture at the service. People and staff felt able to approach the management team and felt valued by them. All staff we spoke with clearly articulated their understanding of person-centred care and empowering independence, in line with the induction provided and the ethos of the organisation as set out in the Statement of Purpose. All staff we spoke with were motivated to provide high quality care and to achieve positive outcomes for the people they cared for. One member of care staff said, "I really enjoy it [working for First Prime Care], I like working as part of a close team where I feel valued."

We spoke with the management team about how they communicated with staff. They told us that staff visited the office regularly and that they were available to speak with staff at any time. This method worked well for this small staff team and staff were satisfied with the support they received from the service.

The registered manager was one of two directors of the provider company. We saw that the whole management team were enthusiastic about providing a high quality of care to the people they supported. They shared with us their plans for the development along with how they were addressing the challenges of operating this type of service in a rural area. This included the difficulty of recruiting suitable staff.

The registered manager understood their responsibilities. We had not received any statutory notifications from the service since it had been operating. We discussed this with the registered manager and found that they were aware of their responsibilities in this regard but, possibly due to the size of the service, no notifications had been required.