

Primary Carers 24/7 Limited

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Inspection report

38 Lodge Street
Preston
PR1 8XE

Tel: 01772737392

Website: www.primarycarers247.co.uk

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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

About the service

Primary Carers 24/7 Limited is a domiciliary care service, providing personal care to nine people at the time of the inspection. 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

Although the service had identified risk and staff were aware of risks to people, we have made a recommendation about the recording of risks in people's care records.

People using Primary Carers 24/7 Limited benefitted from a service that provided safe and person-centred care. People and their relatives told us they were happy with the care being provided and valued the staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training to enable them to effectively meet the needs of the people they supported.

The service had a registered manager in place who was supported by the provider. Both people and staff spoke positively about the manager.

Staff used PPE appropriately and followed infection control practices which helped protect people from the risk of transmitting COVID-19.

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

Rating at last inspection

This service was registered with us on 13 February 2020 and this is the first inspection.

Why we inspected

This was a planned first inspection of the service.

We looked at infection prevention and control measures under the Safe key question. We look at some domiciliary care services even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our

reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Primary Carers 24/7 Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 7 June 2021 and ended on 16 June 2021. We visited the office location on 7 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with two members of staff including the provider and the registered manager.

We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three members of staff by telephone. We also spoke with one person and two relatives about their views of the care provided.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Although people's care records identified risk to people, further detail was required to guide staff on how to manage and mitigate any identified risks to people.

We recommend the provider reviews care records to ensure risk to people is documented effectively.

- The registered manager had already begun to address this at the time of our inspection, demonstrating their commitment to the delivery of safe and high-quality care.
- Staff spoken with were aware of the risks to people and to how to care for them in a safe manner.
- People and their relatives told us they felt Primary Carers 27/7 Limited provided a safe service. One person told us, "It's staff that make me feel safe."
- Although no accidents or incidents had been recorded, a system was in place to ensure they were documented appropriately. The registered manager told us this information would be reviewed and shared with staff to help ensure risk to people was effectively managed and mitigated.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed.
- Regular audits ensured medicines were administered correctly and any issues found were addressed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people. Although the service had not yet had to report any safeguarding concerns, systems were in place to ensure that any incidents which exposed people to potential or actual harm were identified and reported appropriately to the relevant external agencies.
- The registered manager told us that in the event of a safeguarding incident, information would be shared with staff to help prevent the risk of recurrence.
- Staff had received training in safeguarding and were familiar with the service's own safeguarding policy. They told us they felt able to recognise and report on a safeguarding incident and that they would not hesitate to raise anything of concern.

Staffing and recruitment

- Recruitment of staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.
- Staff rotas showed there were sufficient numbers of suitably qualified and skilled staff deployed.
- The service allocated the same staff team to people wherever possible to ensure that people were supported by staff who were familiar with their needs.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and accessing regular testing for staff.
- Staff had received formal training in infection, prevention and control. Staff told us they had sufficient supplies of appropriate PPE.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes.
- Staff were able to tell us about the needs of the people they supported. A relative confirmed this, "We see the same staff and they know [Name] well."
- People's care records reflected their current care and support requirements and contained any guidance or advice which had been provided by external health care professionals.

Staff support; induction, training, skills and experience

- Staff were provided with training to help equip them with the necessary skills and knowledge. A relative told us, "Staff are trained and have the knowledge to do their job."
- Where a person had a specialist need, specific training was put in place for staff to meet that need.
- Staff told us both the induction programme and training supported them with their role and responsibilities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was sought in line with legislation and guidance. People and their relatives told us staff asked them for their consent before any intervention.
- People's care records demonstrated that care and treatment had been provided with the consent of the relevant person.

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

- People were supported to eat and drink enough to maintain a balanced diet, in line with their needs.
- Information regarding people's nutrition and hydration needs, such as a diabetic diet, was recorded in their care records.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Appropriate inter-partnership working took place. Staff worked alongside external health care professionals (such as district nurses) where required to ensure people's needs were met in a timely way.
- People's care records reflected their current care and support requirements.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated in a person-centred way which respected their dignity and independence. We received positive feedback from people and their relatives about the care and support they received, one person told us, "Staff are just brilliant, they deserve every penny they get." A relative commented, "The care is safe and staff are very caring."
- Staff told us they respected the people they supported, one commented, "I know my clients well and so they receive person centred care, I think of the people I support as family."
- People's care records contained information about their preferences with input from their relatives. This information helped staff deliver individualised and dignified care.

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

- Quality assurance records showed people were encouraged to feedback their views.
- The registered manager and provider encouraged people and their relatives to provide their feedback and raise issues or concerns at any time.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We received positive feedback from people's relatives in relation to the way staff supported and cared for people and maintained relationships, one relative told us, "Staff know [Name's] needs well and we have the same staff team."
- People received personalised care that was responsive to their needs. People's care records showed that support was tailored as far as possible, to the person's preferences. The provider told us, "We tailor care to the individual."

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.

- People's care records showed assessment of their communication needs had been undertaken. The service were also familiar with the standard about how to make information more accessible for people.

End of life care and support

- People's end of life wishes, and needs were considered. Advanced care planning was in place for people.
- Staff had received specific training in how to deliver individualised and dignified end of life care. Staff worked in conjunction with other health care professionals to ensure people's end of life needs were met.
- There was an end of life policy and procedure in place which provided staff with guidance when a person required end of life care and support.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. People and their relative's complaints were listened to and acted on. Relatives told us they would not hesitate to raise any concerns and had faith that issues would be dealt with.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The registered manager demonstrated a good understanding of their roles and responsibilities. The manager was supported by the provider who adopted a hands-on approach, meaning there was increased oversight at both provider and management level.
- The registered manager sent us statutory notifications to inform us of any significant events that placed people at risk, meaning that CQC were alerted to the current level of risk at the service.
- The registered manager and provider demonstrated a commitment to high quality and person-centred care. Care records were in the process of being moved from paper records onto an electronic system. The service had trialled a few systems to ensure that they adopted a system which best met people's needs.
- The electronic system helped improve the quality of care. It enabled the most up to date information about the person to be shared with professionals and people central to the person's care such as the GP, district nurse, ambulance service and relative, subject to the person's consent.

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

- Both the registered manager and provider promoted an open and inclusive culture within the service. Staff spoke positively about the management team, comments included, "[Manager] is very good on a personal and professional level. The office are very supportive" and "The managers are very accommodating and open."
- Systems for supporting staff including inductions, supervision and appraisals were implemented to help support the delivery of safe and high-quality care.
- Staff told us communication by the management team was good and that their views were listened to.
- The registered manager worked effectively with external agencies to help achieve positive outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from people and staff and relatives was welcomed by the provider. They used any feedback to help make further improvements.
- Regular staff meetings were held which enabled the registered manager and provider to continuously monitor and improve people's experiences of the care and support provided.
- The service worked effectively with others such as commissioners, safeguarding teams and health and

other social care professionals.