

Prime Care Services (UK) Ltd

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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 effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Inspection took place on 14 July 2016 and was announced. We told the provider that we were going to visit 48 hours before our inspection. This was because the service provided domiciliary care and we wanted to ensure that staff would be available to talk with us about the service. This was the first inspection of this service since its registration in November 2014.

Prime Care Services (UK) Limited is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to 39 people.

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

Systems were in place to monitor the quality of the service. However, these needed to be more robust to ensure that the service provided was effective and well managed. Some aspects of people's care records needed improving to ensure staff had all the information they needed. We had not always been notified of important events that by law that the provider is required to tell us about. This was a breach in the regulations. You can see what action we asked the provider to take at the back of this report.

Staff knew how to keep people safe from abuse and harm.

People were supported with their medicines and staff had been trained to do this.

People told us that staff were kind and respected their privacy and dignity. However, people's confidentiality was not always maintained and people had experienced some missed and late calls.

People were able to make decisions about their care and most people told us that they were involved in how their care was planned and delivered.

People knew how to raise concerns and complaints. Some people had needed to do this and were generally satisfied with how their concerns had been dealt with.

Staff told us that they felt supported in their role and that they received the training they needed to meet people's care needs. However, staff had not received training on Mental Capacity Act and Deprivation of Liberty Safeguards.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People felt safe with the staff that supported them and staff had the knowledge and skills to keep people safe. However, the provider had failed to notify CQC of safeguarding incidents.

The provider had recruitment processes in place but these were not always robustly followed.

People were supported to take their medication if they required it by staff who had the knowledge and skills.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People received support from staff who had received training and support to carry out their role.

People's consent to care was requested. Staff had limited knowledge of Deprivation of Liberty safeguards.

People who needed support with their meals, arrangements were in place to ensure these needs would be met.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were treated with kindness, dignity and respect.

People's confidentiality was not always protected.

Is the service responsive?

Good ●

The service was responsive.

There was some involvement of people in decisions about their care.

People knew how to make a complaint if they were unhappy and

were generally satisfied with the response that they received.

Is the service well-led?

The service was not always well led.

The registered manager was not always aware of their role and responsibilities. They had not notified CQC of information they are lawfully obliged to share.

Systems in place to assess and monitor the quality of the service provided to people were not always effective at identifying where improvements were needed.

Staff felt supported in their work by an approachable management team that promoted an open culture within the service.

Requires Improvement 

Prime Care Services (UK) 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.

This inspection took place on 14 July 2016 and was announced. We told the provider that we were going to visit 48 hours before our inspection. This was because the service provided domiciliary care and we wanted to ensure that the manager and staff would be available to talk with us about the service. One inspector carried out this inspection.

As part of our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider also completed a Provider Information Return (PIR) before our inspection. 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 used this information to plan our inspection and ensure that any areas of concern were looked at. We also contacted the local authority and asked for their views; they shared some recent information about the service with us.

We made 14 telephone calls and spoke with seven people and /or their relatives. We visited the services offices and spoke with the registered manager, office manager and four care staff.

We looked at a variety of documents which included five people's care plans, four staff recruitment files, staff training records and other records relating to the management of the service including complaints and audits carried out to monitor and improve the service provided.

Is the service safe?

Our findings

Staff told us they had received training in how to keep people safe from harm. Staff had an understanding about the different types of potential abuse. Staff understood how to report concerns on to senior staff and they told us that they were confident that action would be taken to protect people from harm. A staff member told us, "If I had any concerns I would report these straight away to the manager. We would also record in the records and would report and record things of concerns like if we saw a bruise on a person". We spoke with the registered manager about incidents that had happened in the service. They told us the action they had taken to keep people safe and when needed they had reported their concerns onto the local authority in line with safeguarding procedures. However, our records showed and discussion confirmed that we had not been notified of these incidents as legally required.

People and relatives told us that staff knew how to help them safely. Most people told us that they had care plans and risk assessments available in their homes. One person told us, "Yes I do feel safe with the staff that come". A relative told us that although staff were a bit rushed they still felt safe with the staff that supported their family member. Staff were able to explain how they supported people to ensure their safety and they told us that they had access to people's records so they knew how to support people safely. There were procedures to identify and manage the risks associated with people's care. This included risks in the home or risk's to people. People told us that staff had spoken with them about how they wanted their care delivered and any risks to their safety before they started to receive care. Staff told us that they had access to risk assessments in people's care records so that they knew how to support people safely. Staff told us and records confirmed that they had received training in areas such as moving people safely. Risks for staff working in individuals people's homes were also considered.

Staff we spoke with told us that they provided two references, proof of identification and completed a Disclosure and Barring check (DBS) before being successfully employed. The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions and prevents unsuitable people from working with people who require care. Whilst records we looked at confirmed that these processes had been implemented, we found that they were not always followed robustly to ensure that the staff that were employed were safe to work with people who required care. We found that references were not always consistent with the expected standard. For example, references had been provided by staff members work colleagues in previous care settings and not someone in a management position who would be able to comment on the staff members suitability for the role.

Staff we spoke with told us they received training on medicine management and they were confident that they could safely support people who needed it. We saw that staff received this training as part of their induction into the service and received refresher training to ensure their knowledge remained up to date. Medication records showed that staff signed to confirm they had supported a person to take their medicines. The registered manager told us that they were in the process of improving documentation in relation to medicine management and we saw evidence of this during our inspection.

The registered manager told us that that the service was growing gradually and they had adequate staff numbers employed to cover the current care packages and to also cover for unplanned absences for example, staff sickness. All of the staff we spoke with told us that there were enough staff to cover all the care calls.

Is the service effective?

Our findings

People we spoke with told us that care was provided to them with their consent. One person told us, "They do ask me before they do anything". Staff told us that they always encouraged people to make choices and involved people in their care. Staff told us that they had not completed training on MCA. The MCA 2005 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.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority that they believe a person may be deprived so that an application can be submitted to the court of protection by the local authority for the authority to deprive a person of their liberty within the community in order to keep them safe. Staff we spoke with understood the need to ask people their consent before providing care. However, staff were not aware of DoLS and told us that they had not received training on this legislation. The registered manager had an understanding of DoLS, and told us that they were not currently providing personal care to anyone with a DoLS in place. However, the registered manager recognised that a training session for MCA and DoLS in the community would be needed for all staff members.

People told us that most staff that visited them had the knowledge and skills needed to meet their needs. One person told us, "I had some staff who were not up to doing the job. I did let the office know. I have a regular carer now who is really good, I am very happy with her and see her more like a family member".

Staff told us that they received support to carry out their role through supervisions, spot checks and observations of their work. Spot checks were checks made by senior staff to see if staff involved people in their care and if the tasks were carried out in line with care plans and risk assessments in place. A staff member told us, "I have had spot checks done. They are good and make sure we are doing our job properly".

Staff we spoke with told us that they felt supported in their role. Staff told us that they had completed a range of training and felt confident to carry out their role. All staff that we spoke with told us that there was always someone available to offer help and advice during both the day and out of hours. One member of staff told us, "Since we had a change in manager things have really improved. I feel well supported". The registered manager told us that they have an on call system which ensured that people who used the service and staff have access to support 24 hours a day, seven days a week if they require it, in an emergency. The providers PIR told us that they are committed to supporting the development of individual staff members.

Some people we spoke with told us that they were supported to have food and drink at the times they required. Most people that we spoke told us their family members supported them with their meals. The registered manager told us that if a person needed support to eat and drink this was detailed in their care

records.

All the staff we spoke with told us that they would inform the office staff immediately if they had any concerns about a person. Staff we spoke with were clear about the signs and symptoms people may present with to indicate that they were physically unwell and knew what action to take. One member of staff said, "We would call the ambulance first and then contact the office to let them know what was happening. The office staff would let the person's family know what was happening". Care records showed that contact had been made with other healthcare professionals when needed.

Is the service caring?

Our findings

People we spoke with told us that they were pleased with their regular staff and that they were kind and caring. One person told us, "My regular person [Care staff] is really lovely". Another person told us, "I have two regular staff and they are very nice, no problems with my regular staff". However, most people told us that they had experienced some problems including late calls and some people told us that they had experienced missed calls. The registered manager told us that they had made improvements to how staff were allocated calls. She told us that staff were allocated calls near to where they live to reduce the risk of late calls to people.

Most people told us that they had been involved with planning and making decisions about their care. Some people told us that they could not remember their care plan being discussed with them. One person told us that they were unsure if the staff member stayed for the agreed time because they were unsure what the agreed length of time was. However, they told us that the staff member completed the tasks that they wanted done. We shared this information with the registered manager so they could follow up on these issues.

We saw that the employee handbook which was distributed to all staff contained information about providing care in a way that upheld people's privacy and dignity. This also informed staff about their responsibility to maintain people's confidentiality. However, staff told us and we saw that information about people's support needs were attached to the weekly time sheet and passed onto staff each week. This contained personal and confidential information about people that staff provided care to. We discussed this with the registered manager who agreed to stop this practice forthwith. The registered manager assured us that all the information that staff needed to know was available in the care records kept at each person's house.

People told us that care staff respected their privacy and dignity. A person told us, "They are pretty good like that and will make sure the door is closed to the bathroom". A staff member told us, "I will always ask people first before I help them with their personal care. I take care to make sure that I cover the person up with a towel and make sure the door is closed". A relative told us that the staff were good at ensuring they respected their family member's privacy and dignity. However, they told us that some staff seemed rushed in their actions.

Staff had a good understanding of people's needs. Staff were able to describe to us how they involved people in their care. Staff told us that where possible they would promote people's independence. Some staff members described how they supported a person to shop and carry out household tasks including helping with meal preparation and that they also supported the person to engage in community activities.

Is the service responsive?

Our findings

Most people told us that their care and support needs had been discussed with them when the service first started. Most people told us that they had a care plan in their home with details of the care they had agreed to. All the people we spoke with told us that staff always asked them what they needed help with. One person told us, "They always ask me and they are pretty good". Another person told us, "They do always ask but they seem to be rushed".

Staff told us that they had access to information about how to support and care for people in all of the homes that they visited. Staff told us that the records were kept up to date. Staff told us that if they were providing care to a person they had not met before or the person was new to the service they always received the information they needed about how to care safely for the person. Staff told us that they had often joined a more senior member of staff on a visit to a new person so they were involved in the risk assessment process and that this gave them the opportunity to meet the person before they started providing their care.

The registered manager told us and most people that we spoke with confirmed that arrangements were in place to review the support being provided and to ensure that people were happy with the service they received. This included telephone calls and visits to people's homes. One person told us, "Yes the office do ring occasionally". However another person told me, "I can't recall them ringing me to find out how things are going". We sampled some records and saw that reviews of people's care had taken place and that any points that required follow up were recorded.

We were told and records showed that the staff team was available from different cultures and with a variety of linguistic skills to reflect the needs of the community. Staff we spoke with gave us examples of how they respected people's equality and diversity needs. For example, understanding people's cultural needs and understanding the needs of people who have mental health needs.

All the people and their relatives we spoke with told us that they knew they could contact the agency if they had any concerns. Some people told us that they had needed to raise some concerns about missed calls and a relative told us that they had raised concerns about only one staff member turning up when it should be two staff members. They told us, "It should be two staff and only one turned up. They did sort it out but this should not happen". People and their relatives were generally satisfied with how these concerns had been dealt with. A few people told us that although they knew who to speak with they didn't like to raise concerns because they needed the help provided by the agency. People gave us their consent to share this information with the registered manager so she could address these. We saw from records that complaints received had been investigated and acted upon. The provider told us in their PIR that analysis and monitoring of complaints took place to ensure that the service learnt from these and made any improvements needed.

Is the service well-led?

Our findings

There was a registered manager in post who was present throughout our inspection. We saw that there had been a few incidents that had happened that had impacted on people's care and safety. The registered manager had taken the appropriate steps to ensure the safety and wellbeing of the people involved in the incidents and external authorities had been appropriately notified including the local authority. However, statutory notifications to CQC had not been submitted as required so that where needed we can take follow-up action. We discussed this with the provider who accepted that they had failed to notify us and we were given assurances that they would ensure that we would receive future notifications as required. This was a breach of regulation 18 (Registrations) Regulations 2009. The registered person must notify us without delay of the incidents specified in the regulations.

People were mainly satisfied with the care that they had received. Although most people we spoke with told us that they experienced some late calls. The registered manager had taken this feedback into consideration and made changes to the allocation of calls to minimise this. We saw that records of late or missed calls were kept and analysed to prevent reoccurrence. Staff that we spoke with told us that they were mainly allocated calls to people in the locality that they lived in to minimise the risk of late calls.

We saw that there were some systems in place to monitor the quality and safety of the service, including audits to monitor daily recordings of the care provided and medication administration records. Spot checks were carried out on staff to ensure care was being delivered according to people's care plan. All the staff we spoke with confirmed that these checks took place. Feedback questionnaires and reviews also took place and we saw that issues that had been raised had been followed up on. However, we found that some of the systems and quality audits were not always effective and had not independently identified some of the shortfalls found during our inspection. For example, we found that the recruitment processes needed to be more robustly applied, staff training and understanding was needed in relation to MCA and DoLS, medicine management records did not always detail the support that staff were providing to people. For example, a person needed staff to assist them to take their medicines the person's care records did not detail this and had not considered all the risks to ensure that medicine would be administered consistently and safely to people. Some risk assessments needed to be more detailed about the risks associated with the maintenance and safety of equipment that staff used in people's homes to meet their needs.

The complaints procedure needed to be clear about CQC role in the complaint process. The safeguarding policy referred to the essential standards which have now been replaced by the fundamental standards.

All the staff we spoke with told us that they felt supported by the registered manager and senior staff based in the office. A staff member told us, "Things are much better now since [Manager's name] came to work here. Things are far more organised and professional". Another staff member told us, "I really enjoy my job. The manager is very good". Staff told us that good communication systems were in place and that they received spot checks, observed practice and supervision sessions took place. Staff that we spoke with were aware of the providers whistle blowing procedures. Staff told us that they were confident that any concerns raised with the registered manager would be dealt 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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified us of incidents specified in the regulations that they are legally required to inform us about.</p>