

KRG Care Limited

Prime Homecare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Prime Homecare is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides care and support to people which include personal care, food preparation and medicines support. At the time of this inspection, the registered manager informed us that they were providing care and support to 42 people. The Care Quality Commission (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

Improvements to medicines management systems had been made. Management had acted on previous concerns and implemented systems and processes to help ensure people received safe quality care. Appropriate medicines management and administration processes were in place.

Feedback indicated that people were satisfied with the care and services they received. People felt safe in the presence of care workers. They were complimentary about how the service was managed.

People were protected from abuse. Staff had received training on how to safeguard people.

People were supported by care workers they knew, who arrived on time and stayed their full allocated time. Recruitment processes ensured that care workers assessed as safe to work with people were employed. Risks to people were assessed and managed, this helped the service deliver care in a safe way. Accidents, incidents and safeguarding concerns were reported, investigated and recorded appropriately.

Suitable infection control practices helped to prevent and control the spread of infections including COVID-19.

Staff told us they were well supported by management. They were confident that management would listen and address any concerns if they raised them.

Quality checks monitored the care and support provided to people so that improvements to the service were made when deficiencies were identified. Management monitored aspects of the quality of the services through audits and checks.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 December 2020) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the

provider was no longer in breach of regulation.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Prime Homecare

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector and one 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service two working days' notice of the inspection. This was because we needed to be sure that the director or registered manager would be in the office to support the inspection.

Inspection activity started on 11 July 2022 and ended on 19 July 2022. We visited the location's office on 11 July 2022.

What we did before the inspection

We reviewed the information we had received about the service since it was registered with the CQC. We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the visit to the office we met and spoke with the director, registered manager and care co-ordinator. We reviewed a range of records which related to people's individual care and the running of the service. These records included a sample of people's risk assessments and medicines administration records (MARs), four staff personnel records, policies and procedures relating to the management and quality monitoring of the service.

We spoke with four people who received care from the service and eight relatives to obtain their views on Prime Homecare. We also spoke with four care workers. We contacted social care professionals for their views of Prime Homecare and obtained feedback from three care professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found the service had failed to implement systems and processes to ensure the safe management of medicines. This placed people at risk of harm. This was a breach of Regulation 12 (Medicines management) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Using medicines safely

- Our previous inspection found a lack of effective medicines management systems in place. MARs were not in place for people who received medicines support. During this inspection we found the service had made significant improvements in relation to this. At the time of this inspection, the service provided medicines support to nine people. All nine people had appropriate MARs in place.
- Since our previous inspection the service had implemented an electronic medicine recording and monitoring system. This enabled care workers to record medicines administration electronically. Care workers we spoke with told us they were confidently able to use this system. We looked at a sample of MARs and found these had been completed fully indicating that medicines had been administered as prescribed.
- People's medicine support needs were clearly documented in their care plan in the form of a medicines needs assessment and medicines schedule. This included a list of medicines prescribed, how and when they should be administered as well as how they should be stored in people's homes.
- Our previous inspection found there were instances where medicines were not given at the correct times. During this inspection the service had addressed this issue with the implementation of the electronic medicines management system which had a system to ensure time-specific medicines were administered at the correct time.
- A comprehensive medicines risk assessment was also in place for those that required medicines support. This identified potential medicines related risks and detailed the action to take to control them.
- Care workers had completed medicines administration training and had their competency assessed.
- Our previous inspection found that medicine management audits were not always effective. During this inspection we noted that the service had taken action to address this. The electronic medicines management system automatically audited MARs on a daily basis and highlighted issues in real time which would then alert management so that they could take appropriate action. In addition to this the registered manager completed comprehensive weekly and monthly medicines audits which checked MARs completion, medicines risk assessments as well as medicine incidents.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe and comfortable with care workers. One person told us, "I feel

very safe with the [care workers] who come to see me. I am well cared for by the [care workers]." Another person said, "I do feel safe with my carers and I enjoy their company." This was confirmed by relatives we spoke with. They told us they were confident their relative was well looked after. One relative said, "My family member is safe with the carers." Another relative told us, "My relative is safe in the hands of this service."

- Policies were in place to help keep people safe from abuse. These clearly described what constituted safeguarding and what action should be taken should concerns be raised.
- Staff completed safeguarding training. Care workers we spoke with were able to describe their role in keeping people safe and the importance of sharing information.
- The registered manager demonstrated a good understanding of the requirement to notify the relevant safeguarding authorities if safeguarding concerns were raised. She confirmed there had been no safeguarding concerns but was clear on what steps to take if an allegation was brought to her attention.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed to help keep people safe. Risk assessments were robust and comprehensive and covered areas such as the environment, mobility, diabetes, specific medicines and conditions such as Cerebral Palsy (this is a condition that affects movement and co-ordination). These were person centred and included information about the level of risk and clear details of how to minimise the risks as well as the possible signs for care workers to look out for. These were reviewed and updated when people's needs changed so that care workers were provided with up to date information in order to provide care in a safe manner.
- Care workers were trained to support people safely. They had completed training in moving and handling, health and safety and first aid.
- People and relatives, we spoke with confirmed that care workers were generally punctual and there were no issues with lateness or missed visits. One person told us, "They always arrive on time always stay for the full time." Another person said, "The carers arrive on time and always stay until all the jobs are done. They make sure that I am happy with what they have done before they leave."
- Care worker's timekeeping and punctuality was monitored using an electronic homecare monitoring system which operated on a real time basis. The system would flag up if care workers had not logged a call to indicate they had arrived at the person's home and were running late. If this was the case, staff in the office would receive an automatic notification and the office would call the care workers to ascertain why a call had not been logged and take necessary action there and then if needed.
- We saw evidence that management reviewed call logs to ensure they had continuous oversight and used these to identify areas in which they could make improvements.

Staffing and recruitment

- Staff were recruited safely. Checks such as references, visas and Disclosure and Barring Service checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to safely and effectively meet people's needs and cover their agreed hours of support. People and relatives confirmed that they mainly received care from a regular team of care workers. The registered manager confirmed that there was a rota so that it was clear who was providing support.

Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE).

- People received care in a way that minimised the risk of infection. People and relatives confirmed that care workers always wore PPE.
- Staff had completed training about infection prevention and control and COVID-19. Care workers told us they used Personal Protective Equipment (PPE) effectively and had access to an adequate supply.
- Management monitored care worker's compliance with infection control policies and procedures as part of their monitoring checks.

Learning lessons when things go wrong.

- A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely.
- The registered manager investigated accidents and incidents and put actions in place to minimise future occurrences. Lessons learned were shared with staff to reduce the risk of similar incidents and improve the service.
- The registered manager ensured incidents and accidents were analysed to identify trends and patterns to reduce the likelihood of their reoccurrence.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Our previous inspection found there were shortfalls in relation to medicines management and audits had failed to identify these issues.
- During this inspection we found the service had made improvements in this area. They had implemented an electronic medicines management system which enabled the registered manager to have clear oversight over medicine administration. We saw documented evidence that the registered manager consistently carried out daily, weekly and monthly medicines audits in order check that care workers were administering medicines correctly. These audits helped management identify deficiencies and take appropriate action to address these.
- There was a system in place which stored people's details, appointment schedules and when visits and tasks were completed. Data collated was used to update and improve services.
- The service had an effective quality assurance system in place to monitor how the service was performing, any areas that required improvement. Monitoring and quality assurance audits took place at appropriate intervals. Audits included people's daily care logs, care plans, risk assessments, staff punctuality, complaints and staff files.
- Staff performance was monitored through regular one to one supervision and regular spot checks. Care workers we spoke with told us the registered manager encouraged them to share feedback with them.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- Staff received regular updates from the registered manager; this included up to date guidance on the COVID-19 pandemic.
- Policies and procedures were in place and updated when required to provide guidance to staff on how to deliver care appropriately.

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

- The management team and care workers demonstrated a commitment to people and strong person-centred values. The service had a positive culture which helped to ensure good outcomes for people were achieved. People and relatives commended the running of the service. One person told us, "[The registered manager] and the office are very approachable and will always try to help us. I have every confidence in the team." Another person said, "I know I can speak to [the registered manager] if I have a problem, which I never had. If I want to change anything for whatever reason, then I just need to ring the office who very

helpful. I'm very happy with everything." One relative told us, "I have every confidence in the way the service is managed. It is really good and I have no problem. I would recommend them to anybody looking support."

- The management team understood what good quality care looked like and were passionate about people receiving the care they needed. Management had focused on staff during the pandemic and were able to retain the staff team so that people received care from regular care workers.
- Staff spoke positively about working at the service and felt supported by management. One care worker told us, "I feel supported by the manager and the office. I can ask them questions and speak to them easily." Another care worker said, "It is fantastic working here. It is one of the best companies to work for. We all get along really well."
- The service clearly explained to people and their relatives the services available so that they were clear about what they could and could not expect from the service, registered manager and staff. This was also highlighted in the statement of purpose and service user guide which set out the organisation's vision and values.
- There were clear lines of communication. Staff meetings were held regularly and care workers we spoke with told us they were provided with the information they needed and had regular updates. One care worker told us, "Communication is fantastic. "
- The registered manager and staff were open and inclusive, working with other agencies to support people to achieve their outcomes. Feedback we obtained from care professionals was consistently positive. They told us the service worked well with them and spoke highly of the registered manager. One care professional told us, "I find [the registered manager] to be very pleasant, helpful and professional." Another care professional said, "[The registered manager] is very approachable and will endeavour to carry out any instructions given to her in a timely and professional manner. [The registered manager] communicates effectively and is never too busy to take calls or action any requests relating to our customer."

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

- The registered manager understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority.
- People and relatives spoke positively about the management of the service. One person told us, "The management of this service is good. I can call the office at any time and they find a solution." One relative told us, "[The registered manager] is very approachable if you had a complaint, which we never have."

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

- People and their relatives were encouraged to provide the feedback about the quality of service they received through regular meetings, telephone interviews, surveys and quality assurance checks.
- The registered manager responded by making the necessary changes which ensured people received support and care adapted to their individual needs.
- Where required, the service communicated and worked in partnership with external parties. The registered manager spoke about the importance of effective communication with care professionals.