

First Prime Care Ltd

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Inspection report

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Date of inspection visit:
11 July 2018

Date of publication:
10 August 2018

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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

First Prime Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced comprehensive inspection of 11 July 2018 there were 33 people who used the service. We gave the service 48 hours' notice of our inspection to make sure that someone was available.

At our last inspection of 20 and 28 October 2016, the service was rated good overall. The key questions for safe, effective, caring and responsive were rated good and the key question well-led was rated requires improvement. This was because improvements were needed in the service's governance processes. At this inspection we found improvements had been made and is now rated good. The evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Improvements had been made in how the service was led. This included improvements in their governance systems to assess and monitor the service provided to people. The service had a quality assurance system and shortfalls were identified and addressed. As a result, the quality of the service continued to improve.

The service continued to provide people with a safe service. Risks to people continued to be managed, including risks from abuse and in their daily lives. The service had learned from incidents to drive improvement. There were enough care workers to cover people's planned care visits. Recruitment of care workers was done safely. Where people required support with their medicines, this was done safely. The risks of cross infection were minimised.

The service continued to provide people with an effective service. People were supported by care workers who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and care workers cared for them in the least restrictive way possible; the policies and systems in the service supported this practice. Systems were in place to support people with their dietary needs, if required. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service.

The service continued to provide a caring service. People had positive relationships with their care workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

The service continued to provide people with a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. There were systems in place to support and care for people at the end of their lives, where required. A complaints procedure was in place.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service was well-led.

Improvements had been made in how the service assessed and monitored the service provided to people. These quality assurance systems supported the registered manager to identify and address shortfalls.

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 checked 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 announced comprehensive inspection was carried out by one inspector on 11 July 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available.

The inspection activity started on 11 July 2018 and ended 12 July 2018. On the first day we visited the office location to see the registered manager. We spoke with the registered manager, the care coordinator, the training manager and the service director. We reviewed five people's care records, records relating to the management of the service, training records, and the recruitment records of three care workers. On the second day we spoke with five people who used the service, one relative and two care workers on the telephone.

We reviewed information sent to us from other stakeholders for example the local authority and members of the public.

Is the service safe?

Our findings

At our last inspection of 20 and 28 October 2016 the key question Safe was rated good. At this inspection we found Safe remained good. People told us that they felt safe with their care workers. One person said, "I feel very safe."

The service continued to have systems in place designed to protect people from avoidable harm and abuse. People received support from care workers who were trained in safeguarding. Care workers and the management team, we spoke with understood their roles and responsibilities relating to safeguarding. The minutes from a management meeting in June 2018 showed that the management team had raised a safeguarding referral appropriately, following concerns raised by care workers. This identified that the service had taken appropriate action when they were concerned about people's safety.

Risks to people's safety continued to be managed. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and risks in their own homes.

People told us that their care visits were completed and at a time near to their planned visits. One person's relative said that the care workers always attended their family member's visits and they were on time. One person told us, "They come when they are supposed to, timings are not a problem. I understand there can be problems with traffic, but if they are late it is never more than five minutes. I am not worried about that." Another person commented, "There has never been a case when they haven't turned up."

The staffing level continued to be appropriate to ensure that there were enough care workers to meet people's needs safely. The registered manager told us about the challenges they faced in recruiting care workers in the rural area. They only accepted new people to use the service when they had enough care workers to cover the planned visits. The registered manager told us that there were enough care workers to ensure all visits were completed, but recruitment was ongoing. Care visits were also undertaken by the management team.

The service continued to maintain recruitment procedures to check that prospective care workers were of good character and suitable to work in the service. In addition, care workers were interviewed and were required to undertake a written scenario test. This checked the prospective care worker's knowledge and also their verbal and written capability to do the role of a care worker.

People told us that they were satisfied with how their care workers supported them with their medicines. One person's relative told us about the support their family member received in this area, which they were happy with. Records included the support that people required with their medicines and that medicines were given to people when they needed them. Care workers had received training in medicines administration and their competency was assessed by the management team. There were checks and audits undertaken to identify shortfalls with medicines administration and management. This supported the service to address them quickly, including further training and competency checks for care workers.

Care workers were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons.

The service had systems in place to learn from when things went wrong and reduce the risks of them happening in the future. Following a recent incident, this included advising care workers of not changing their visit patterns independently without consulting with the management team first. Care workers were also advised of emergency procedures, such as how the location of the electrical and gas outlets. We saw records of meetings which showed that incidents were investigated and the outcomes were discussed with the management team relating to the root cause and lessons learned agreed.

Is the service effective?

Our findings

At our last inspection of 20 and 28 October 2016 the key question Effective was rated good. At this inspection we found Effective remained good.

People's care needs continued to be assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. The management team worked with other professionals, such as health professionals and occupational therapists, involved in people's care to ensure that their needs were met in a consistent and effective way. The care coordinator told us how they had recently contacted the fire service and they were working together to ensure equipment was in place for the safety of a person who used the service.

The service continued to have systems in place to provide care workers with the training they needed to meet people's needs effectively and to achieve qualifications in care. One person told us, "They do a good job." Another person said, "They are very able."

Records showed that training provided included safeguarding, moving and handling, and medicines. Care workers were also provided with training in people's diverse needs and conditions to meet the needs of the people they supported, such as dementia. Members of the management team were trained and experienced to provide training. Training was provided in various forms, which was tailor made for care worker's training needs.

New care workers were provided with an induction which provided them with the training they needed to meet people's needs. Care workers were assessed on the Care Certificate, which is a set of induction standards that care workers should be working to. Care workers were provided with training in these standards and they were updated annually. As part of the induction new care workers shadowed members of the management team and more experienced care workers, this allowed them to assess the new care workers and for the care workers to meet people using the service and learn how their needs were met.

Records showed that care workers continued to receive one to one supervision and appraisal meetings. These provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

People continued to be supported to maintain good health and had access to health professionals where required. People's records and discussions with the management team, identified that where care workers were concerned about people's wellbeing, health professionals were contacted for guidance.

The service continued to support people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. Where concerns about people's nutrition were noted, such as weight loss or the risk of choking, referrals were made to the appropriate professionals. The care coordinator told us how they were meeting with a person and other professionals at the end of the week to discuss how best to support the person with their dietary needs, this included

assessment of equipment to enable them to eat independently.

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 told us that the care workers asked for their consent before providing any care. People had signed their care records to show that they consented to the care they were being provided with. Care workers had been trained in the MCA.

Is the service caring?

Our findings

At our last inspection of 20 and 28 October 2016 the key question Caring was rated good. At this inspection we found Caring remained good.

People told us that their care workers treated them with kindness and respect. One person listed their usual care workers and said, "They are all good and very kind." Another person commented, "All the carers are caring, always polite and cheerful and always careful with what they are doing." Another person said, "They cheer me up no end, tell me how their little ones [children] are getting on. I like to know what is happening." Another person commented, "My dear carers are all fantastic, I am happy how they behave, some of them are so sweet." One person's relative told us that they felt that their family member's care workers were, "Absolutely," respectful.

The registered manager, members of the management team and care workers continued to speak about people in a compassionate manner. They clearly knew the people who used the service well. The care coordinator told us that they provided people with the same team of care workers. This showed that the people using the service were provided with a consistent service.

Care workers continued to be provided with guidance on how people's rights to privacy, dignity and respect were promoted in people's care plans. One person told us that they needed assistance from care workers with their personal care and that their privacy and dignity was respected. They said, "My [spouse] asked me if I was very embarrassed, I am certainly not worried."

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. One person told us about the areas of their personal care that they needed assistance with, "They wash my back and the bits I can't reach." Another person said, "I am independent, I don't need much help, but they are here in case I do."

People told us that the care workers continued to listen to them and act on what they said and they were consulted relating to their care provision. One person's relative said, "We met [care coordinator when their family member started using the service] to discuss the care plan. We are always aware that we can change it at any time." People's care records identified that they had been involved in their care planning. This included their choices about how they wanted to be cared for and supported. The care coordinator told us how a member of the management team undertook needs assessments with people and their relatives to ensure that their needs and preferences were included in their care plans.

Is the service responsive?

Our findings

At our last inspection of 20 and 28 October 2016 the key question Responsive was rated good. At this inspection we found Responsive remained good.

People said that they were happy with the care and support provided. One person said, "I'm very happy actually, [care workers] are willing, able and are very flexible." Another person commented, "I am happy, no argument or disappointment."

The service continued to ensure that people's care was personalised. Care records identified how the service assessed, planned and delivered person centred care. The records demonstrated that people received care and support which was tailor made to their needs and preferences. Reviews on the care provided was regularly undertaken to ensure people received care that reflected their current needs. Where changes to people's needs and preferences arose, care workers were provided with the up to date information in the service's weekly update correspondence. People's daily records included information about the care and support provided to people each day and their wellbeing.

People told us they knew how to make a complaint and felt that they were addressed to their satisfaction. One person said, "I do know how [to make a complaint], I would call the office, but I certainly have no complaints to make." There was a complaints procedure in place, each person was provided a copy with their care plan documents. We reviewed the service's complaints records and saw that complaints continued to be investigated and used to drive improvement.

Where people were at the end of their life the service provided the care and support that they wanted. Care workers were provided with end of life training as part of their induction. Members of the management team told us how they worked with other professionals involved in people's care, if they were nearing the end of their life. They also worked with local hospices and cancer specialists to provide good and joined up care.

Is the service well-led?

Our findings

At our last inspection of 20 and 28 October 2016 the key question Well-led was rated requires improvement. This was because improvements were needed in how the registered manager assessed and monitored the service provided to people. At this inspection we found improvements had been made and Well-led is now rated good.

There was registered manager in post, who was also a director of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager was supported by the members of the management team. There was a clear management structure in place and all understood their own and colleague's responsibilities in providing a good quality service. They said that the management team also undertook care visits when needed which assisted them in their monitoring of the service and to maintain good standards.

The management team carried out a programme of audits to assess the quality of the service and identify issues. These included audits on medicines management and the care provided to people. Records showed that actions were taken when shortfalls had been identified from the auditing process. This included providing further training and competency checks on care workers when an error with medicines had been identified. The management team had identified a risk to people not receiving their visits in the way that care workers were provided with their rota. This was addressed by advising care workers to check their rota and adapting the system. The care coordinator told us that senior care workers assessed people's care records to check that people's visits were completed in the time they were planned for. There was a system in place to support care workers to arrive at care visits at the planned time and stay for the required amount of time. This included providing travel time between visits. The care coordinator showed us the computerised system for planning visits which confirmed what we had been told. The service used a system for management of staffing, this included how sickness could be assessed and addressed.

The registered manager showed us their new system which was being developed in how complaints were analysed and checked for patterns.

Care workers were observed in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. We saw that these checks supported the registered manager in identifying shortfalls and take action to address them.

There were systems in place to assess new care workers during their probation period. This included probation reports, shadowing members of the management team and assessments of their responses during training. There was also a buddying system in place, where new care workers were linked to an existing care worker or senior. This assisted them to have an individual they could seek support and

guidance from in their role. Care workers told us that they felt supported by the service's management team. They said that the service was well-led, there was a positive culture and the team worked well together.

There continued to be an open culture where people were asked for their views of the service provided. People completed satisfaction questionnaires to express their views of the service. Where comments from people were received the service addressed them. The care coordinator had used the responses received as part of their management qualification. These were analysed and used to drive improvement. The care coordinator told us they would be using a similar system for analysis in future quality assurance.

The service had a continuity plan in place which assisted them to ensure that they managed the issues that arose from the winter weather. This included calling all people who used the service and care workers to make sure that they were safe. In addition, the care workers had worked alongside other health professionals to work in partnership during this time.

The registered manager and management team worked with other organisations to ensure people received a consistent service. This included those who commissioned the service and other professionals involved in people's care. The service's management team had kept up to date with changes in the care industry, including changes in the law about how they managed records. Actions taken included advising care workers of the changes and the development of consent forms for care workers and people using the service.