

Prime Way 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?

Good ●

Summary of findings

Overall summary

What life is like for people using this service:

People received a safe service and were comfortable with the care workers who supported them. The staff received safeguarding vulnerable adults training and would report any concerns they had about a person's safety or welfare to the office team.

Each person we spoke with said the service they received from Primeway Care was good and met their expected needs. They told us the staff were kind and treated them with dignity and respect. The staff team received training to enable them to carry out their jobs well and were well supported by the management team.

People were provided with a person centred service and they received the service that had been agreed. They were involved in making decisions about how they were looked after and the staff took account of their preferences and any choices they made.

People did not have any complaints about the service they received but would feel able to raise any concerns they had with the office staff. No concerns had been raised with the local authority commissioning team.

People received a service that was well led. The registered manager and other members of the management team provided good leadership and management. There were good systems and processes in place to monitor the quality and safety of the service. People were encouraged to have a say about the service and their views were welcomed.

More information about this inspection is available in the detailed findings sections of the full report.

Rating at last inspection:

When the service was last fully inspected we rated the service as Good (reported published 3 May 2017). We visited the service again on 6 September 2018 because some concerns had been reported to us. We did a focused inspection looking at aspects of the safe and well led areas. We did not need to revise our judgements following this inspection and the report was published on 26 September 2018.

About the service:

Primeway Care is a domiciliary care service providing personal care support to people in their own homes. The service currently covered the inner city area of Bristol, but the provider planned to expand the area they covered, as part of the growth of the service. At the time of the inspection the service were supporting 18 people and had 20 care workers.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service has remained rated Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until the next inspection. If any concerning information is received 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.

Prime Way Care Ltd

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of two adult social care inspectors and an 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. Their area of expertise is with domiciliary care services and residential care services.

Service and service type:

The service is a domiciliary care service and provides the regulated activity of personal care to people in their own homes. For domiciliary care services, CQC does not regulate the accommodation people live in and for this reason we have only looked at the care people received. At the time of the inspection the service was provided to people living in the inner city area of Bristol.

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:

The inspection of the service was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to ensure the registered manager and other key people in the service were available to speak with us.

Inspection site visit activity started on 23 January 2019 for one day. It included conversations with the registered manager, the deputy, the business manager, the HR manager and the two care coordinators. We reviewed care records, staff recruitment files and training records, the policies and procedures of the service and their audit arrangements.

What we did when preparing and carrying out this inspection:

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about any incidents the provider must notify us about. We asked social care professionals for their views and experience of working with the service and have included their comments in the report.

During the inspection we spoke with seven people who used the service and five relatives. We received feedback from eight care workers. We reviewed a range of records. This included five people's care records, medicines records, 15 staff recruitment and training records and other records relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes:

- People told us they, "I feel safe, the girls always make me feel at ease and do things in my time", "The staff make me feel safe by being supportive to me" and "I have always felt safe". Relatives also commented that their family member was provided with a safe service and were looked after by staff who treated them well.
- The service took the appropriate steps to ensure people were safeguarded and protected from harm. Care workers received safeguarding adults training and knew what to do if concerns were raised with them, or identified by them.
- The registered manager was aware of the reporting procedures to the local authority if concerns were reported.

Assessing risk, safety monitoring and management:

- The service assessed any risks to people's health and welfare as part of the care planning process. This included risks associated with people's health. For example, mobility, skin integrity, diet and hydration and medicines.
- Where care workers needed to support with mobility or assist a person to move/transfer from one place to another, we found the moving and handling plans did not record specific details regarding how this was to be undertaken. The plan must give clear guidance to the care workers, to reduce the risk of injury. This was discussed with the deputy and registered manager during the inspection and work commenced to address this.
- Risk assessments and plans were regularly monitored and revised where necessary.

Staffing Levels:

- Primeway Care employed sufficient care workers to meet the care and support of people who received a service. The service planned to expand and would recruit additional care workers to facilitate this.
- Recruitment procedures were safe and ensured unsuitable staff could not be employed. We recommend application forms were completed in greater detail and greater scrutiny of employment history be undertaken. Pre-employment checks included written reference and disclosure and barring service (DBS) checks.
- Since the introduction of an electronic care planning and staff rostering system in June 2018, there have been no missed care calls.
- People told us they received their care calls as planned and the 'timing of the visits' was on the whole as agreed. People told us they had regular care workers and this was important to them.

Using medicines safely:

- People's medicines were managed safely. Care workers received safe administration of medicines training and their competency in doing this correctly was then regularly monitored.

- Where people needed assistance with their medicines, this was determined during their assessment of care and support needs, included in their care plan and consented to, by the person.
- Medicine records were returned to the office monthly and checked by the management team. These measures ensured any bad practice, omissions and poor record keeping was addressed with the member of staff
- Where appropriate people told us they received support with their medicines, as expected. Comments included, "I take my tablets with the cup of tea they make me, when they arrive", "All my tablets are given when they should be, never had a problem with medicines" and "They cream my legs so well, it feels lovely when they do it"

Preventing and Controlling Infection:

- Care workers received infection control training as part of the provider's mandatory training programme. Checks on the training records for all staff confirmed this training had been completed.
- Care workers were provided with personal protective equipment (PPE- gloves and aprons) and a uniform to wear when working. We saw evidence that one care worker had been reprimanded for not wearing their uniform, evidencing the service took infection prevention seriously.

Lessons learnt when things go wrong:

- The registered manager maintained a log of any accidents and incidents. At the time of our inspection the registered manager referred to two minor events that had occurred and the actions taken as a result. The log book also referred to other matters (safeguarding concerns and complaints). We would recommend better administrative procedures be set up, to make any analysis of events easier, so any trends could be identified.
- Care workers were expected to report any health and safety concerns to the management team in the office. This would include any emerging risks or changes in health status that could affect a person's safety.

Is the service effective?

Our findings

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

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

- A comprehensive assessment of people's care and support needs was undertaken by one of the management team prior to a service being provided by Primeway Care.
- A copy of this assessment was used to form the care plan. The care plans set out the way in which the service was to be delivered and included a timetable of support.
- People, and their relatives where appropriate, were involved in the assessment and having a say about how they were to be looked after
- Care workers were able to access a copy of the assessment/care plan in the care file of each person's home they visited
- Regular reviews of service provision were carried out to ensure the service remains effective for the person.

Staff skills, knowledge and experience

- People said the care workers who supported them were good at their jobs. They said, "They are fantastic, very good at their job. I trust them" and " (named care worker) makes me very happy. She does everything for me".
- Care workers were suitable trained to do their job. The service must ensure the staff training records remain up to date and a true reflection of who has done what. The service should familiarise themselves with the Care Certificate to make sure training is in line with this.
- As the service was still in its infancy many of the care workers had not completed a years employment. The provider did not have a programme of refresher training in place to ensure care workers remained up to date with their training and were following best practice, but this was planned.
- Care workers were well supported with regular supervision, spot checks on their work performance and staff meetings.
- The registered manager had previously taken appropriate action where the work performance of care workers had been brought in to question. We saw records to evidence that where issues had been addressed during spot checks, appropriate action had been taken.

Supporting people to eat and drink enough with choice in a balanced diet

- Care workers were allocated to support people to have sufficient food and drink where this had been an identified as part of their care and support needs.
- Dietary needs, including food preferences and faith requirements were detailed in the care plans.
- Care workers received food hygiene awareness training as part of the provider's induction training programme.
- Where people were supported with meals and drinks, they told us, "I am happy with the way food and

drink is prepared" and "If I change my mind about what I would like to eat, they will make me a sandwich".

Staff providing consistent, effective, timely care

- The registered manager wrote to people's GP when they started to provide a service, to inform them of their involvement.
- The service liaised with district nurses, physiotherapists, occupational therapist and other health care professionals as necessary to ensure people received the health care they needed.
- Care workers were expected to report any concerns they had regarding changes in people's health. The management team maintained electronic care records detailing the actions they had taken and who they had reported to.
- Where people were supported by more than one care provider, the service currently had no formal measures in place to share information or communicate with each other. This was an area for improvement and discussed with the registered manager.

Adapting service, design, decoration to meet people's needs:

- People who were supported by the service lived in their own homes. The service were responsible in ensuring that people's homes were a suitable and safe place for their care workers to work in.
- Care workers received health and safety training and were expected to report any concerns they had regarding people's homes and their working environment, to the management team.
- Where people required nursing equipment to be used, for example hoists for moving and handling tasks, the service ensured arrangements were in place to keep these serviceable and in good working order.

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

- Care workers had completed Mental Capacity Act 2005 in practice training as part of the provider's induction training programme.
- The Mental Capacity Act 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Care workers gained people's consent before they provided personal care support.
- People and relatives said the care workers always asked for permission before helping them. Comments included, "They always ask if I am ready" and "They help me when I am ready".
- The service was working in line with the principles of the MCA.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care. The service involved people and treated them with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported

- People were overwhelmingly positive about the care workers. They commented, "They are all lovely people", "They love my mum likes she is their own", "The girls are all polite and calm very very caring" and "The staff are very thoughtful. There is something very natural about the way they treat me".
- People's diverse needs and how they were to be met were documented in their care plan. This included any cultural or spiritual needs. For one person this included details about the food they ate and how it had to be prepared and other essential religious matters.
- Care workers were informed about people's likes and dislikes and had received equality, diversity and inclusion training.
- Care workers had visited people who lived alone or had no nearby relatives on Christmas Day. This was because they had been concerned about their social isolation and wanted to share some joy with those people.

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

- People were always involved in making decisions about their care. At each care visit the care workers supported people to make choices affecting their daily life.
- People were encouraged to provide feedback about the service they received. Regular reviews were held. These were undertaken either via a face to face meeting, a telephone call, during a spot check of the care workers work performance or in a written questionnaire.
- Relatives or other external professionals were used to advocate on behalf of people where appropriate.

Respecting and promoting people's privacy, dignity and independence

- Care workers each had a good understanding of the people they supported and how they wished to be looked after. They respected people's individual needs and preferences.
- People were supported by the same care workers or at least two or three. This meant they were able to form good working relationships with the care workers who supported them.
- Care workers received training in dignity and respect. The management team monitored work performance and regularly observed interactions between their care workers and the people they supported.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery. This meant the service met people's needs.

Personalised care

- People were provided with person centred care. Their plan of care detailed the care and support they needed and how they wanted to be looked after. People were involved in the preparation of these care arrangements.
- Care workers were knowledgeable about the people they supported and said they were always given sufficient information before visiting a new person. Care workers were expected to report back to the management team when things had changed.
- The service was responsive to any changes in people's care and support needs. Care arrangements were regularly reviewed and amendments made to care plans as required.
- Records were kept of the care and support provided to each person every time they were visited. Electronic care records were kept by the management team and this evidenced where changes had occurred and what actions had been taken.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and a copy of this was supplied to each person supported and kept within their care file in their home.
- People or their relatives told us they had no complaints about the service they received but would feel able to raise any concerns with the management team.
- Since the last full inspection in May 2017 CQC received a complaint from the family of a person who had previously used the service. We undertook a focused inspection in September 2018 to look at the issues we were told about. The registered manager and management team had already taken action as a result of those issues and driven forward with the improvements they had identified were needed.
- People were encouraged to have a say about the service they received so that improvements could be made where needed.

End of life care and support

- The service was not looking after any person with palliative or end of life care needs at the time of this inspection but had done so previously. The service would aim to continue looking after people's whose health deteriorated.
- The service would work in partnership with family and relevant health care professionals to meet people's care and support needs in their own home.
- Care workers had received death, dying and bereavement training in August 2018 as a result of issues that had been raised by one family after their parent had received support from Primeway Care.

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.

The leadership, management and governance arrangements in place ensured a good quality, person-centred care service was provided. The management team supported learning and innovation in meeting people's care and support needs and promoted an open and fair culture within the staff team.

Provider plans and promotes person-centred, and good outcomes for people:

- The registered manager promoted a person-centred service based upon their own experiences of family using care services. Their visions and values were instilled in, and shared by, the staff team.
- The registered manager had previously taken the appropriate action when care workers had not delivered an acceptable level of service to people.
- Care workers told us the registered manager and the rest of the management team (office staff) were approachable and supportive and expected them to always provide a good service.
- People told us, "The 'owners' phone me often and check we are happy with the service", "The manager keeps in regular contact" and "I would recommend this service to others, it is well run".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a management structure in place led by the registered manager, business manager, deputy and HR manager. There were also two care coordinators.
- The management team were not fully aware of the Key Lines of Enquiry (KLOE) which CQC inspect against and need to familiarise themselves with these to enhance good practice and make improvements.
- The registered manager was aware when notification forms had to be submitted to CQC. These notifications inform CQC of any events that had happened in the service. Since the last full inspection, there had been no need to send any notifications to CQC.
- The deputy was responsible for monitoring the quality and safety of the service and did this by gathering feedback from people using the service and their relatives and having checking systems in place. These checks included looking at training and staff supervision arrangements, care records and accidents and incidents.
- The registered manager and business manager were planning to expand the service, to employ more staff and provide care workers to a larger geographical area.

Engaging and involving people using the service, the public and staff

- People were encouraged to provide feedback about their experience of using Primeway Care. It was evident there was good relationships between people, relatives and the whole staff team. Relatives commented there was effective communication between the management team in respect of any changes or issues concerning their family member.
- Care workers attended planned staff meetings. Each Monday the management team (office staff) had a team meeting and notes recorded details about what was discussed and provided information of actions

required.

Continuous learning and improving care

- The registered manager and deputy liked to maintain visible contact with the people they supported in order to maintain a good understanding of their needs. This enabled them to understand people's needs and monitor the quality of service delivery.
- The provider's business continuity plan needs to be completed to ensure it contains specific details regarding what would happen if an event affected the running of the business.
- The registered manager was able to tell us about occasions when they had needed to make changes to do things better. For example, the service had implemented an electronic care planning system and care worker rostering system after a number of planned care calls had been missed. This evidenced the service's drive to make improvements.

Working in partnership with others

- The registered manager ensured they had effective working relationships with health and social care professionals. This included local authority social workers and commissioners of community based services, district nursing teams, GP practices and the CQC.
- Primeway Care provided services commissioned by Bristol City Council or to people who paid for their care and support by 'direct payments' funding. The service therefore worked in partnership with the funder to meet people's needs.
- The registered manager attended the Bristol City Council care providers forum as often as they were able.