

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

The inspection took place on 10 April 2017 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

This was the first inspection of the service since it was registered with us.

Prime Way Care Limited provides personal care and support to older people who live in their own homes. There were four people receiving support with personal care

There was a registered manager for the service. 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.

People told us they felt safe with the support they received from care staff. There were arrangements in place to help safeguard people from the risk of abuse. The service had appropriate policies and procedures in place to inform people who used the service and staff how to report potential or suspected abuse. Care staff understood what abuse was and were aware of the steps to take to protect people.

People had risk assessments and risk management plans to reduce the likelihood of harm. The service ensured there were safe recruitment procedures in place. This helped protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Care staff told us and we saw from their records that they had received training in relevant areas of their work. This training enabled staff to support people effectively.

Care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People told us and we saw from their records they were involved in making decisions about their care and support and their consent was sought and documented.

People were supported with their meals. Their care plans included an assessment of their nutrition and hydration needs. People told us they chose what they ate and staff supported them with meals.

People told us they were treated with dignity and respect. Care staff understood the need to protect people's privacy and dignity. People told us staff knocked on their doors before they could enter their homes.

The service encouraged people to raise any concerns. Complaint received was thoroughly investigated and responded to in time.

Staff gave positive feedback about the management of the service. The registered manager was approachable and fully engaged with providing good quality care for people who used the service. They encouraged a positive and open culture by being supportive to staff and by making themselves approachable.

The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions. Action plans were developed where required to address areas for improvements

The five questions we ask about services and what we found.

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We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Care staff understood how to protect people from abuse and harm.

Risks to peoples' health and welfare were assessed and managed.

There was enough staff deployed to meet people's needs. People said there were enough care staff to meet their needs.

People were protected through the staffing arrangements, which were flexible to meet their needs.

Recruitment practices and procedures protected people from staff who might not be suitable to work with them

Is the service effective?

Good ●

The service was effective.

People received individualised support that met their needs. People told us they were involved in planning and choosing their care and were able to make decisions for themselves.

Care staff were supported to fulfil their roles and records of regular supervision and appraisals had been kept. Staff told us they were supported by the management.

People were able to make choices about what they ate and were supported to eat and drink enough.

Is the service caring?

Good ●

The service was caring.

Care staff told us how they knew people's rights to privacy and dignity were maintained while supporting them.

People were involved and their views were respected and acted on.

The service ensured they provided the same care staff whenever possible so people had continuity of care.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed before the provision of care began to ensure the service was able to meet them.

The support plans and risk assessments detailed people's care and support needs. These were reviewed every three months or earlier if any changes to the person's support needs were identified.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint or wanted to raise a concern.

Is the service well-led?

Good ●

The service was well-led

Staff felt supported by the registered manager who they described as approachable.

There were systems in place to ensure that the quality of the service people received was assessed and monitored.

The service had clear visions and values that was well understood by staff.

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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 was 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 10 April 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law

We used a range of different methods to help us understand the experiences of people.

We visited one person in their home and spoke with one relative. We visited the provider's office and spoke with one care staff and the registered manager. We viewed the care and support plans for two people, including assessments of risk and records of healthcare provision, policies and other records relating to the management of the service. We spoke with three people receiving support, three care staff on the telephone after the inspection to ascertain their views about the service.

Is the service safe?

Our findings

People told us they felt safe with staff and the service. One person said "I feel safe with staff. They make sure that the doors are closed before they leave. They always check around to make sure that nothing is on the floor that will make me to fall. They keep the house for me too. Another person told us "Yes I feel safe with them because I give them my keys. If I don't trust them I won't". One staff member told us "I make sure that every hazard is removed, I make sure that the floor is not wet. I make sure that I wash my hands well before cooking their food". This showed staff knew how to minimise risks.

People who used the service were protected from the risk of harm and abuse. Staff knew how to recognise the signs of abuse. They were knowledgeable about safeguarding of adults at risk. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. Comments included "I know there can be physical abuse, financial abuse and sexual abuse with the agency setting and I would definitely report any suspected abuse to the manager". One staff member told us they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if the registered manager had taken no action in response to relevant information. Records confirmed that staff had received training in safeguarding. Safeguarding information was available in the office and the registered manager stated they had provided staff with the details of the local authority safeguarding service. At the time of our visit the service had not been involved in any safeguarding issue.

There were systems in place to identify and manage risks to people's health and wellbeing. Risks to people had been identified and assessed and there was information and guidance to staff on how to mitigate the risk. We looked at care plans, which included a series of risk assessments. They included assessments around falls, moving and handling and skin breakdown. The risk assessments identified hazards, evaluated the risk and detailed systems in place to ensure the risk was properly controlled. For example, a risk assessment of one person with reduced mobility detailed their medical condition, moving and handling hazards, mobility equipment, and identified any problems relating to the physical environment. This encouraged greater consistency in the way risks were managed. At the time of our visit, the assessments had not been reviewed as they had been recently completed. However, the registered manager was aware of the need to update if necessary.

We checked to see if all accidents and incidents were recorded and whether there were actions in place to minimise recurrences. We saw that there were no incidents recorded in the accidents/incidents book. The registered manager told there had not been any incidents since the service started. However, they were aware of the requirement to record and analyse incidents to minimise recurrences.

We checked to see if there were sufficient numbers of staff to meet people's needs. The service rota and registered manager told us they had enough staff to provide safe care. The registered manager knew the people they were supporting very well and was familiar with their needs. They told us they supported people alongside the staff. They explained that most people lived in accessible areas that were served well by public transport. They told us they also allocated sufficient time to travel and accounted for traffic and

transport while scheduling staff rotas. This was confirmed by staff we spoke with. One staff told us "All our clients' homes are easy to get to. I can walk there easily if I need to". Because of the size of the agency the registered manager told us they covered the calls during sickness and unplanned absences. One person told us "The staff are always on time. I have no concerns. They know their job well". Another person told us "Yes I think they have enough staff. They know what they are doing".

Care staff personnel files showed that necessary checks had been undertaken to ensure the service reduced the risk of employing persons who may be a risk to people receiving care. The registered manager told us that no one would be allowed to commence work until all the relevant pre-employment checks had been undertaken. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. At least two written references from previous employers had been obtained and checks were made with the Disclosure and Barring Service (DBS) before staff could commence work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The registered manager and the carers had not received training in medicines administration. The registered manager told us this was because they were not administering medicines to any of the people they were supporting at present. However they would organise this training for all staff for future use. The people we spoke with and the care file we looked at confirmed that they were self-medicating and staff only reminded them to take their medicines. There were medicines risk assessments in each care file viewed.

Is the service effective?

Our findings

People receiving care confirmed that staff had the right skills and knowledge needed for their role. One person told us, "They have a lot of skills. They are very good." Another person said, "The staff that come to support me is very good. They know what they are doing. I think they have a lot of training."

Care staff attended training in subjects that were relevant to people's needs. They had completed training in moving and handling, food and safety, health and safety, safeguarding, fire safety, control of substances hazardous to health (COSHH) and infection control. We saw that training in specialist areas such as diabetes and dementia had been booked for staff on 28 April 2017 and 6 May 2017 respectively. Competency assessments were undertaken by the registered manager to ensure care staff provided safe care to people in regards to moving and handling. Staff confirmed they had received training and had opportunities for personal development. A staff member told us, "They provide good training. They support you to develop new skills because they want you to provide good care".

Care staff completed an induction to ensure they were aware of their roles and duties, and that they were able to undertake them competently. The registered manager told us and staff confirmed that they had received induction which was based on the Care Certificate induction standards. These are nationally recognised standards of care which care staff needed to meet before they can safely work unsupervised. The registered manager told us care staff were observed and assessed in practice to ensure they met essential standards of care. One staff member told us "I received three days induction at office and shadowed the registered manager before going out on my own." Another staff member said "I am completing my care certificate". Staff told us they were impressed with the quality of the training made available to them to carry out their role effectively.

The service had carried out regular formal supervision. Supervision meetings provided staff with an opportunity to discuss their work, the people they supported and to explore any training and development needs. In addition to that the registered manager told us they and staff had frequent daily discussions and themselves updated. We saw that all supervision were recorded registered manager was aware of the need to have formal documented. The registered manager told us that It was important that staff receive regular formal supervision and appraisal to ensure people receiving care were supported by staff who were also supported to carry out their duties. This meant that the registered manager supported staff to carry out their duties. We saw that staff who were due for appraisals had been booked to attend.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. The registered manager and care staff had received training and were knowledgeable about the requirements of the MCA and issues relating to consent. Care staff knew if people were unable to make decisions for themselves that a 'best interests' decision would need to be made for them. Care records showed people's mental capacity had been assessed in regards to making specific decisions about their daily lives.

People told us they were involved in planning and choosing their care and were able to make decisions for themselves. One person told us through an interpreter organised by the agency. "They involved me in everything. They asked me how I want my care to be done. They asked about my religion. They asked me how I want my meals prepared". The people we spoke with gave positive responses regarding the ability of the service to meet their individual needs. One person told us, "They ask me all the time about my need and the staff that support me. They come and check the care's work with me and when the care is gone they ask me if I am happy". Another person said "The carers do what I agreed in my care plan. They don't do anything I didn't want. They always ask me first".

People were appropriately supported by care staff to meet their healthcare needs. Care staff worked with other healthcare professionals to monitor people's conditions. One person told us they visited their GP independently, another told us the staff supported them to make their appointments and accompanied them. One person told us "I go to the surgery by myself to see my GP if I am not well but in an emergency the carers can call 999. I go to the hospital by myself if I have an appointment". Care plans included details of how people needed to be supported to keep well. For example, how a person with pains in their hands should be supported without causing them any discomfort.

People were supported to eat food and drink that met their needs. People told us they were able to have food and drink they wanted and at times care staff supported them to prepare their meals. Comments included "Yes they prepare my food. They make sure they leave a drink by my side before they leave and "the staff that prepare my meals is very good. I look forward to having my meals". Another comment was "The choice of meals I have is always mine. They prepare my meals according to my religion." Dietary requirements for people were detailed in their care plans. Care plans included information surrounding ethnicity, religion and cultural considerations, including for food preparation. Records showed that staff were trained in food nutrition and food safety.

Is the service caring?

Our findings

People told us they were very happy with the care and support they received. One person told us, "I am 100% happy with my care and support that I receive. Staff always explain to me what they are going to do before they start. They help me to wash and dress, cook my meals and clean my house" The provider sent out questionnaires to people who used the service, where they asked people a range of questions including, 'do you think your carer treats you with respect and dignity; 'do you feel the carers listen to you', 'do you carers always do what you want them to do, 'Do your carers arrive on time', 'Are you informed if there is an unplanned change to your service and 'how would you describe the overall satisfaction of your service'. All the questions provided complimentary responses from people who used the service. One person stated "Very satisfied I am very happy with my carer" and "My care worker is good and very helpful".

Staff respected people's privacy and dignity. People told us care staff always explained what they were going to do before they delivered care. They confirmed staff knocked and waited for a response before they entered their homes. Care staff told they ensured the doors were closed and curtains drawn together when providing people with personal care. One person told us, "Staff always treat me with respect. The close the door and draw the curtains when they are helping me with personal care." One person told us care staff were approachable and the one respondent stated they were very positive about staff and the care they received. One person told us, "Very kind and very good. The manager visits me and also calls me on the phone to check if everything ok. I am happy with all of them". People also said staff were easy to talk to and communicated well with them.

Care staff told us and record showed they were trained in how to promote dignity. People's care plans gave guidance on how people should be treated to ensure their dignity was upheld. Staff were reminded to offer privacy when attending to people's personal care.

Care plans included information surrounding ethnicity, religion and cultural considerations. Care staff were aware of people's backgrounds, and were respectful of religious and cultural needs.

Staff told us how people's wishes were respected and accommodated. This included how they preferred their food cooked. The registered manager said they were going to be organising an 'end of life and palliative care training for staff. This was to enable them to acquire the knowledge to care for a person who may require it in future. This training would provide staff with information about the different faiths and religions including relevant aspects of care including end of life and after death care requirements. The registered manager told us the care staff would also be provided with guidance to refer to as and when people of different faiths moved into the service. The service did not support or care for any current people who required end of life care.

The staff told us how they supported gender preferences for personal care. People told us their preferences in relation to male and female care staff were honoured. This is important because people might ask to be seen by a care worker of the same gender for cultural, religious or personal reasons. The registered manager told us they always ensured that as far as possible the requests were integrated into people's care plans.

People's care plans were written from the person's perspective, so care staff understood their needs and

abilities from the individual's point of view. They included a brief history for each person and details about their preferences, likes, dislikes and people who were important to them. Staff told us the care plans helped them to know and understand the person better and to support them in the way that suits them. A staff member told us, "Yes care plans are very detailed. I always read the care plan anytime I visit a client just in case things have changed." People told us care staff supported them to maintain their preferred routines and make choices about how they were supported. At the time of our visit none of the people we spoke with required an advocate. The service had a policy relating to advocacy available. The registered manager understood the importance of advocacy services and why people may wish to access them. They told us agency would provide information or contact the appropriate services on behalf of people if necessary for those who wished to access advocacy services.

Is the service responsive?

Our findings

Feedback from people about the responsiveness of the service described it as always good. They told us the care delivered was focused on their individual needs and preferences. People told us they were involved in all aspects of their care and that care staff worked with them to determine the support they needed. One person told us, "Yes I am always involved. When the staff come to support me they always ask me what I need and how I want things done. They ask me what I want to eat and they do things the way I want and prefer". One person told us, "Staff do my laundry and my cooking well. I am happy".

People and their relatives were actively involved in developing their care and support plans. People were involved in identifying their needs, choices and preferences and how these were met. One person told us "They came and checked everything and all I need. They asked me questions about my needs and how I want to be supported and the time that suits me." Care plans we reviewed evidenced that the service made every effort to make sure people were empowered and included in the process. The registered manager told us if people were not able to participate because of their complex needs they would ensure their relatives were involved. This was to make sure that the views of the person receiving the care were known, respected and acted on. This ensured people received personalised care.

Care plans were thorough and reflected people's needs, choices and preferences. People's needs had been assessed and information from these assessments had been used to plan the support they received. There was a pre-assessment document in place. This was used to determine if the service could meet the needs of prospective 'service users'. The information gathered was then used for care planning. The support needs of people were clearly identified to enable the agency to meet the person's needs. Care plans included information about people's health conditions, medical, physical and communication needs. Each care plan considered the person as an individual, with their own unique qualities, abilities, interests, preferences and challenges, including people's likes and dislikes.

People's changing care needs were identified promptly, and were regularly reviewed with the involvement of the person. There were robust systems to make sure that changes to care plans were communicated to those that need to know.

People had a choice about who provided their personal care. They were empowered to make choices and had as much control and independence as possible. Where people had activities outside of their homes for example shopping, attending healthcare appointments and they needed support appropriate support was provided according to their preferences.

There were many ways for people to feed back their experience of the care they received and raise any issues or concerns they may have. A formal complaints procedure was available to all the people who used the service. This was contained within the service user's guide and statement of purpose which was given to each person. People told us they were in constant contact with the registered manager and they told us they would inform the registered manager if they had concerns. One person told us, "Yes I will talk to the manager if I have any concerns but I have no complaints. I am happy with the service I receive". At the time of our visit, the service had received one complaint in regards to miscommunication about the service

provided. The registered manager told us the complaint was taken seriously, thoroughly investigated and responded to in time.

Is the service well-led?

Our findings

People and their family were regularly involved with the service in how the service was run. Their feedback was used to drive improvement. People's feedback about the way the service was led included comments that described as being very satisfied. One person told us, "Whenever I ring I have access to the manager." Another person said, "The manager has visited me many times since I started using the service. They also phone me to check if everything is ok". The service had a clear vision and set of values that include transparency, consultation, privacy, personal choice, dignity, confidentiality and respect. These were understood by staff and it was evident from their responses that these were consistently put into practice. Staff told us and we saw from staff meeting records that values were regularly discussed. This was reflected in the feedback received from people. They told us that staff always respected them and promoted their dignity.

Staff meetings were held regularly, which gave staff the opportunity to discuss the needs of people they supported as well as gaining important information about the service. The registered manager had discussions with the care staff on a daily basis. One staff member told us, "Staff meetings are important because it is an opportunity to get to know each other and to share information that will enhance our skills in order to provide good care". Another staff member said "it is a place where we discuss training about our clients and updates about anything new or concerns about our clients." There was a system in place to update staff not present at meetings. Staff told us they received texts, phone calls in between staff meetings if management had information to share that they felt couldn't wait until the next staff meeting. Staff told us they felt involved in the future planning and development of the service. One staff member told us "Yes, they ask us for our opinion and any suggestion for improvement is well appreciated by the company."

The registered manager told us they regularly reviewed the quality of the service by involving the people who used the service. This was done by seeking people's views informally through discussion with people and more formally through surveys, reviews and regular visits. Other quality assurance methods included, telephone monitoring, yearly postal questionnaires, six monthly face to face visits and three monthly spot checks for staff. People's views were recorded which were all positive. The registered manager told us and action plans would be drawn up to address any identified concerns to improve the service improvement.

Although there were no formal audits the registered manager told us they checked people's home's environment, records such as care plans and infection control when they visited people. Record of visits confirmed this. We were told that any issues found would be quickly acted upon and lessons learnt would help to improve the service. However there had not been issues identified. The registered manager told us they had engaged the services of an independent consultant to assist the service to develop a formal quality assurance auditing system to monitor the quality of their service.

The registered manager worked alongside staff, supporting and guiding them. Care staff understood their role, and what the registered manager's expectations of them were. A staff member told us, "The manager is very good. She is approachable and very supportive." We found staff to be enthusiastic, motivated and had confidence in the registered manager. One staff member said "Our manager listens to you. They make you

feel valued and comfortable so I am able to let them know if things go wrong. They are able to address issues. They are open and if I ring. They will respond straightaway.

The registered manager told us they regularly updated their practice by using on line resources which include, CQC website and skills for care. They told us they were a part of the care forum Bristol. They were also in contact with a local more experienced manager to share good practice and discuss issues and challenges that could be faced within the industry.

The registered manager was aware of the requirement to notify us but has not needed to do so. They understood and met the legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations.