

Prime Social Care Services Ltd

Prime Social Care Services- Brackley

Inspection report

14 Jones Close
Brackley
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Prime Social Care services- Brackley is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who used the service received personal care. 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. At the time of inspection seven people were receiving personal care.

People's experience of using this service and what we found

Risk assessments were not in place for all known risks to people and care plans did not always contain sufficient information within them.

Medicine records had not always been completed in line with best practice. Medicine records had not consistently been signed to evidence who had administered a medicine to a person.

Systems and processes to ensure good oversight of the service required improvement. Additional recorded audits were needed.

Not all staff had consented to take part in regular COVID-19 testing. However, Staff wore the appropriate personal protective equipment (PPE) and received training on infection control.

People were supported by staff who knew them well, had adequate training and who were kind and caring. Safeguarding procedures were in place and staff understood how to identify and report signs of abuse.

Pre-assessment assessments were completed before support was started to understand a person's needs and ensure the service could meet these needs. Referrals, when required, were made appropriately and any health advice was followed.

Staff felt supported by the registered manager and were kept up to date on changes within the service. Staff attended meetings and supervisions to give feedback and suggestions to support improvements.

People, relatives and staff knew how to complain, there was a complains procedure in place and people and their relatives knew who the registered manager was and how to contact them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were involved in the care planning process. People told us staff turned up on time and completed the necessary tasks to keep people safe and well. Staff supported people with dignity and

respect.

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

Rating at last inspection

This service was registered with us on 20 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection for a newly registered service.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to risk assessment, medicines and oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Prime Social Care Services- Brackley

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was unannounced.

Inspection activity started on 06 October 2021 and ended on 11 October 2021. We visited the office location on 06 October 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, and two care workers

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medicine administration records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

- Risk assessments were not always in place for known risks to people. For example, when a person had creams that could be flammable. This meant not all strategies to reduce risks had been considered or implemented.
- Environmental risks to staff and people had been assessed. However, further details on where amenities were, and if a pet was in the home, would improve the risk assessment for when people lived alone.
- Medicine administration required improvement. Medicine administration records [MAR] were not consistently signed to identify which staff had administered the medicine. For example, we found MAR's had been ticked by staff but not initialled. This could make it difficult to check the administration if needed and is not in line with best practise guidance.
- When people required staff to apply cream, the records were not in line with best practice. Not all charts had where the cream should be applied, or the cream name identified on them.
- One person's MAR stated a medicine was prescribed at night; however, the records evidenced this medicine was given in the morning. This could impact on the effectiveness of medicines if given at the wrong time of day.
- Some staff had refused to be tested regularly for COVID-19. The registered manager had strategies to reduce the risk of spreading infections in place however a risk assessment was required to ensure people were protected from infection.

We found no evidence of harm. However, the provider had failed to assess the risks to the health and safety of people using the service and staff. The provider had failed to ensure the safe administration of medicines had been completed. There are breaches of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments and strategies to reduce the risk in place, were clearly recorded and staff told us they understood them.
- People and relatives told us they felt safe and were supported by staff who knew them well. Staff told us, they knew people and the risks to people well and had no concerns.
- Staff told us, and people confirmed that staff wore gloves, aprons and face masks throughout the support call.
- The provider had an infection prevention and control [IPC] policy in place and staff completed IPC training.

Staffing and recruitment

- Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff were suitable to provide support for the people using the service. However, interview questions were missing.
- The provider obtained information from staff relating to any conditions that may affect their work and a risk assessment was implemented.
- People and relatives told us that staff arrived on time and they had a consistent team of staff.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to identify and investigate any concerns relating to abuse
- Staff were trained and understood safeguarding and how to recognise the signs of abuse. Staff knew the procedures to follow to protect people from abuse. One staff told us, "If I was concerned, I would tell the manager, if I felt it wasn't dealt with, I could contact the safeguarding team or CQC."
- People and their relatives told us they felt safe and were supported by staff who knew them well.

Learning lessons when things go wrong

- The registered manager told us, they would review and look for any lessons learnt. However, there had not been any incidents, accidents or falls to date.

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.

This is the first inspection for this newly registered service. This key question has been rated requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- We found no evidence of mental capacity assessments or consent to share records being completed. However, care plans contained information regarding if a person had capacity or not in specific areas. The registered manager told us; some mental capacity assessments had been completed by other professionals. However, these were not seen.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. Staff had received MCA training.
- Care plans were developed with people and we saw that people had agreed with the content.

We recommend the provider ensures evidence of mental capacity assessments and best interest meetings are documented and reviewed regularly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before any care was provided. However, not all the information had been transferred in the care plan. For example, details on how to identify a person's mental health was deteriorating or any triggers known.
- People and relatives told us they were involved in the pre assessment and the registered manager captured all the relevant information required to ensure the service could meet people's holistic needs.
- Care plan held enough information to keep people safe. Staff told us the care plans were kept up dated and gave staff the information they needed to provide care.

Staff support: induction, training, skills and experience

- Staff told us the training was adequate to meet people's needs. One staff member said, "We have a lot of training, and it covered all the areas we needed."
- Records evidenced that staff received all of the necessary training to meet people's individual needs. Training was completed in manual handling, communication, medication, person centred care and fire safety.
- Staff completed an induction when starting with the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and were referred to appropriate health professionals such as, occupational therapists or speech and language therapists, when required.
- When people needed to access health care professionals such as doctor, dentist or optician staff understood their responsibility to either ensure they passed the information onto relatives so that this was organised, they assisted the person to call themselves or they contacted the relevant professional.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and relatives felt supported. One relative said "They [staff] help me as well, they talk to me and ask how I am."
- Staff were kind and caring. One person said, "They [staff] are lovely and kind."
- People told us they were involved in their support planning and could look at their care plans whenever they wanted.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views and wishes
- People and relatives told us they were treated respectfully and were involved in every decision possible.

Respecting and promoting people's privacy, dignity and independence

- People were enabled to be as independent as possible and staff knew when they needed to encourage people or remind them. One person told us, "[Staff] always let me do the things I can myself and help with the things I can't."
- People's right to privacy and confidentiality was respected. One person said, "They [staff] treat me with dignity and respect my privacy a lot."
- Staff told us ways they ensured people's privacy was maintained. One staff told us, "I would always make sure the doors and curtains are closed and the person is covered up as much as possible [when supporting with personal care]."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans required more personalised information within them. For example, care plans did not contain if people had a preferred gender of staff or how they took their tea/coffee. However, staff knew people well and one person was only supported by female staff at their request.
- People's life history, significant relationships and any spiritual, cultural or religious needs were documented within the care plan.
- People told us that staff were good and knew what to do. One person said, "I really like [staff name] I have a good relationship with them." A relative told us, "[staff name] knows [person] well and what we want them to do. They [staff] just get on and do it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded within their care plans. However, for one person some additional information regarding key words or phrases would be beneficial for any new staff. The current staff knew the person and had learnt to understand them better.
- The registered manager told us; information could be adapted into different formats when required. For example, into a different language, large print or easy read.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain.
- The registered manager had not received any complaints since registering with CQC.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- The registered manager told us that if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes to review call times was not fully in place. The provider did not have a system to monitor call arrival times or the duration of the call. The registered manager told us she asked people and relatives regularly if staff turned up on time. However, this was not recorded.
- Audits had not been recorded on daily records or infection control. The registered manager told us she reviewed these regularly but did not record this.
- Systems and processes to ensure medicine recording was completed did not identify when the MAR had been ticked rather than signed by a staff member.
- Systems and processes in place to ensure risk were identified and strategies recorded, required improving. The registered manager had not identified when risk assessment did not contain sufficient information.

We found no evidence of harm. However, the provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems and processes were in place to evidence how oversight was completed. However, there were limited audits recorded as there had not been any incidents, accidents, falls, complaints or safeguarding's.
- Audits were completed on care plans every three months or if a person's needs changed. Reviews of care plans were completed with the person or their relative.

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

- Staff spoke positively about the registered manager. A staff member said "[Registered manager] is the best boss I have ever worked for."
- People and relatives were happy with the service they received. One relative told us, "I am going to use this agency when I am old and need support myself."

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, and said they would act on, their duty of candour responsibility, however no incidents had occurred which would require action or investigation in this regard.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt listened to by the registered manager and could raise any concerns, suggestions or feedback and know they would be listened to.
- Team meetings took place to give staff the opportunity to discuss the service, policies and procedures and to update on any person's change in need or support.
- The registered manager sent out feedback questionnaires to people and relatives to give their views on the service. However, these had not been completed, so the registered manager had verbally asked people and their relatives for feedback. People and relatives told us they were happy with the service they received.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to working towards improving care for people. They welcomed feedback and were open to the inspection process.
- The registered manager and staff worked in partnership with other health and social care professionals and commissioners to achieve the best outcomes to enable people to live as independently as possible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of people using the service and staff. The provider had failed to ensure the safe administration of medicines had been completed</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.</p>