

Primecare Support Limited

Prime Care Support Limited

Inspection report

Iverforth House
21-23 Princes Street
Dunstable
Bedfordshire
LU6 3AS

Tel: 01582601501
Website: www.primecare.co.uk

Date of inspection visit:
13 May 2019
14 May 2019
16 May 2019
04 June 2019

Date of publication:
02 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Primecare Support Ltd is a domiciliary service providing personal care to 293 people at the time of the inspection.

Not everyone using Primecare Support Ltd receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Most people we spoke with had a concern about the call times not being as per their agreed plan of care. People told us calls were often late and they were not sure what time staff would attend. Some people told us this resulted in them feeling rushed.

During the course of the inspection process a concern was raised in relation to medicines and the quality of care provided. The registered manager liaised with the CQC and the local authority and took appropriate action to address and the concerns raised.

Other people felt supported well by staff in relation to their medicines. They told us staff always checked the medicines, administered them correctly and ensured people had a good supply.

Some people told us they struggled to understand staff where there were language differences.

People said that they did not feel confident that complaints were well managed and they often did not get a response when trying to call the office.

Relatives did not feel all staff were well trained in relation to supporting people with more complex needs and felt this needed to be improved.

People told us staff involved them with assessing their needs, writing up clear plans of care and regularly reviewing these.

People felt safe and well cared for and told us staff were caring, kind and gentle.

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

We have made a recommendation about ensuring records show clear assessment and guidance of people's risks. We have also made a recommendation in relation to recording and auditing of medicines.

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

Rating at last inspection:

At the last inspection the service was rated Good (published 14 September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence 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 effective.

Details are in our effective findings below.

Good ●

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 Care Support Limited

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 planned this inspection to check 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.

Inspection team

The inspection team included one inspector, two assistant inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 13 May 2019 and ended on 04 June 2019. We visited the office location on 14 May 2019. On the 13 May 2019 we spoke with staff members and on the 16 May 2019, we spoke with people. We spoke with health and social care professionals and the provider between 31 May 2019 and 04 June 2019 to follow up on a concern which had been raised during the inspection process.

What we did before the inspection

We reviewed information we had received about the service from the provider since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR).

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 spoke with five members of care staff.

During the inspection

We spoke with a further eight members of staff including the registered manager, the proprietor, senior care workers, care workers and care admin staff.

We reviewed a range of records. This included four people's care records and their 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..

After the inspection

We spoke with 10 people who used the service and five of their relatives about their experience of the care provided. We continued to seek clarification from the provider to corroborate evidence found. We spoke with a district nurse and social care workers. We looked at training data and quality assurance reports.

Is the service safe?

Our findings

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

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.

Systems and processes to safeguard people from the risk of abuse; assessing risk, safety monitoring and management

- The management team had not always recorded a full assessment of risks and guidance for staff was not sufficiently detailed. For example, no information about risks for how to safely support people who used bed rails. There were no assessments on choking risks for a person supported to eat in bed.

We recommend the provider consider current guidance on systems to ensure clear assessment and guidance of all risks. The provider should take action to update their practice accordingly.

- People were not found to have come to harm because of the information not being recorded. The risks to people were further reduced due to the induction and training of staff members. They showed an in-depth knowledge and understanding of people's risks, preferences and safeguarding processes.
- The management team responded immediately and had already started to make improvements on the day of the inspection. The registered manager had changed staff identity cards to include information on safeguarding and the mental capacity act on the rear to aid staff awareness.
- People told us they felt safe due to staff being helpful, treating them well and ensuring their home was secure.

Using medicines safely

- Information about medicines was not always in people's care files to enable staff to have clear guidance. The registered manager showed us evidence of the missing information after the inspection but this was dated 2016. This meant the staff could not be certain the information about medicines was current and correct.
- Medicine audits had not identified gaps in medicine record charts.
- Staff had not identified with the registered manager that one person's medicine had run out. This resulted in the person going without their medicine for a number of days. The registered manager took prompt action to address this concern.

We recommend the provider consider current guidance on systems to ensure clear recording and effective auditing of medicines. The provider should take action to update their practice accordingly.

- Staff received training in medicines and the management team conducted competency observations of practice. Staff had good knowledge of medicines and understood potential risks of medicines and how to report any concerns.

- Other people were happy with how staff supported them with medicines. One person told us, "The staff help me to take my tablets and make sure that I have taken them properly, which is very reassuring."

Staffing and recruitment

- Safe staff recruitment systems were in place which checked staff were suitable to fulfil their roles. The registered manager explained they were already going back over all staff full employment history rather than just 10 years and insist on it for all new staff employed.
- Staffing levels were safe and many staff had been employed for a number of years ensuring a stable staff team.

Preventing and controlling infection

- Staff had enough access to one-use disposable gloves and aprons to prevent the spread of infection.
- Staff received training on infection prevention and control and had a good understanding of the topic.

Learning lessons when things go wrong

- The registered manager shared information with the staff team through staff meetings and supervisions. When things went wrong they discussed the concerns and ways of reducing the likelihood of reoccurrence. For example, ensuring staff follow the correct procedure when a person refuses medical intervention in an emergency. Staff now have a good awareness of when and how to do this.

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

- The registered manager had systems in place for conducting initial assessments of people's needs. The provider had recently introduced a very good system of completing the initial assessment with the care plan. A full care plan was placed in people's homes on day one and ready for staff prior to the first care visit.
- People had their history, hobbies, preferences and needs documented throughout their care records. We discussed with the registered manager about building on the detail to give staff more clarity and encourage people's independence. For example, instead of 'support with oral care', more information about the degree of support and how to do this.
- People and relatives all told us they had been fully involved in setting up their initial assessment and reviewing their care. One person said, "Before staff began to provide care for me, they had a discussion with me and assessed me. All my details are in a folder in the house and the staff write in it every day."
- Staff demonstrated an in-depth knowledge of how people preferred to be supported in line with their preferences and ensured this was met in the delivery of care.

Staff support: induction, training, skills and experience

- Relatives felt that staff would benefit from more in-depth training when supporting people with more complex needs such as people living with dementia or requiring catheter care. External training and 1:1 mentoring by senior staff was planned to ensure all staff were suitably competent to support people with complex needs.
- The registered manager provided staff with training in all areas needed for their role, which ensured staff had the right skills and knowledge to meet people's needs. This included support in supervision and annual appraisals.
- The provider used a structured induction program for inexperienced staff and observations to check staff practice. All staff completed the care certificate to ensure a minimum standard of care. Records relating to the observations of practice and competence for this were detailed.

Supporting people to eat and drink enough to maintain a balanced diet

- One concern was raised about a person not having sufficient meals, in part due to the person not liking the food available. The registered manager investigated this and addressed the concerns. Staff were given more frequent checks and additional mentoring to ensure people were being supported correctly with food and drink.
- Other people told us they were very happy with the support given for eating and drinking and staff always gave them a choice. One person said, "The staff help me with cereal in the morning and a sandwich at lunchtime. They always make things the way I like them."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other health professionals such as the district nurse team to ensure care needs were co-ordinated and effective.
- A health professional raised a concern about the correct care for a person at risk of pressure ulcers. The registered manager took prompt action once aware of the concern, to address these issues. Staff received refresher training and mentoring and the registered manager worked with the local authority to reduce future risks.
- The management team worked with other providers to share ideas and had arranged for staff to spend time at a service rated 'Outstanding' by the CQC to learn from their systems and practices. This had resulted in staff feeling valued and supported and changes to some processes and practices.
- The provider also worked with three different local authorities and took part in several pilot schemes with a view of improving services and systems.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals as needed. The registered manager acted as a liaison with health professionals to ensure that the correct assessments took place.
- Staff had a very good knowledge of people's conditions and how to support them.

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. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- Staff had received training in MCA and understood the principles and how to apply them in practice.
- People had signed consent forms for sharing information and care support recorded in their files. The staff had completed MCA assessments. The registered manager made referrals to begin the best interest process for people who did not have the ability to make their own decisions.

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.

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

- People told us they felt the staff were kind and caring and friendly and treated them well. One person told us, "The staff treat me like their mum. They are very respectful and cover me when they are washing me."
- Relatives and people told us they would prefer the same team of staff on each visit. They told us this supported consistency particularly for people living with dementia who got confused and anxious if the staff were new to them. One relative said, "The staff are patient. It makes a real difference if we have the same person; this has been happening for a few weeks now and the staff member is very good, nice and polite."
- Staff received training on equality and diversity. The management team tested staff knowledge periodically through supervision quizzes and spot checks of practice to ensure they were treating people well.

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

- Care records showed evidence of people's involvement in reviews and people told us they were involved. One person told us, "My care plan remains in my bedroom; the staff write in it daily. The office ring every so often and staff come out to review my care; there is usually no change and we both sign and date the plan."
- Records showed the registered manager and care staff had regular conversations with people and health professionals about the care and any changes or extra one-off services needed.

Respecting and promoting people's privacy, dignity and independence

- Staff showed good values and used respectful language when speaking about people. They gave examples of how they supported people to maintain their independence while upholding people's privacy and dignity.
- People also confirmed that staff treated them well and supported their dignity and independence. One person told us, "The staff are very good, and they are helping me to remain independent. They take me to the chemist, the doctor and to the shops as I cannot go out on my own. They also help me to read my letters as I struggle with small print."
- Staff had training on how to keep information and records safe and confidential. All paper and electronic records were securely stored.

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.

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

- The management team had recently updated the care record format because of people's feedback. The current records had useful information on people's history and hobbies, cultural preferences and likes and dislikes. The new format has the potential to be very person-centred and concise but needed a little more work to ensure the right level of detail.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager ensured information was given in a way suited to people's individual needs. For example, large print, audio or text for people who were partially blind or deaf. People told us staff supported them with large print.

Improving care quality in response to complaints or concerns

- People told us they struggled to get information and feedback about their verbal complaints when they rang the office. A relative told us, "I raised a concern and felt staff don't really listen, saying they will look into it, but nothing happens."
- The registered manager kept a file where they recorded all complaints and compliments. They took action, recorded the outcomes and fed back to professionals involved. The provider took disciplinary action where needed for repeated or more serious issues with thoroughly documented investigations.
- The staff were working to improve how they feedback outcomes to people and improve on the telephone systems to ensure people can get through to the office easily.

End of life care and support

- End of life care is supported and planned appropriately. The registered manager had care plans in place. Staff received training on how to safely support people with compassion and sensitivity. The registered manager told us how they encouraged staff to take more time to ensure that the person and their family are sufficiently supported.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 welcomed feedback and acted to reduce risk and promote good care when concerns were raised. They showed the company values in practice and approach with a clear vision for the future of the service.
- Staff felt valued and supported and gave very positive feedback about the management team.
- Overall, people were happy with the care provided but were unsure who the new registered manager was and some of the new office staff. One person was pleased with the person-centred approach, they told us, "The service has usually accommodated my requests such as covering a period of care when my wife was away."

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

- The registered manager and staff team defined their roles and explained how they applied the principles of good care in practice.
- However, the registered manager did not always have good oversight of systems and processes. For example, ensuring the correct information was recorded in medicine and care file documents. Audits did not identify some of the issues picked up during the inspection such as signature gaps on medicine charts and where staff were leaving care visits early.
- The registered manager was recently appointed and during this time the service has increased its workload. This had led to challenges which have since been resolved. Both the registered manager and the provider showed willingness to continue making the necessary improvements to records and systems but these were not yet fully implemented and effective.

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

- There was regular contact with people and staff to feedback on the service provided. The service also sent out questionnaires and the results were analysed, with outcomes and planned actions fed back to all involved.
- Information was available in formats suited to each person's communication needs.
- Staff engaged in meetings and one to one sessions to share information and the registered manger encouraged them to phone or drop into the office with any concerns.

Continuous learning and improving care

- The registered manager used audits and feedback to develop and improve the service and relayed this to their staff team. Following feedback from staff who attended networking sessions, from staff they implemented new forms for recording where on people's body any marks or injuries occurred. These were implemented the same day the feedback was received.

Working in partnership with others

- The registered manager showed how they worked with others and external health professionals to help improve quality. For example, following a local authority quality monitoring visit, the provider has changed staff identity cards to include information about how to keep people safe to ensure staff awareness.
- The registered manager attended a variety of different local networking groups for a number of regions and liaised with other providers to share ideas and find ways to improve the care they provide.