

Primera Assisted Living Limited

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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

About the service:

Primera Assisted Living is a community based care provider that provides personal care and support to people in their own homes. At the time of our inspection there was one person receiving personal care.

People's experience of using this service:

The person using the service felt safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support people safely. Care staff followed infection control guidance and had access to personal protective equipment.

Care staff had the skills and knowledge to meet people's needs. The person using the service was supported to have maximum choice and control of their lives. The person's nutritional needs were met to ensure they had a healthy diet.

The person using the service was supported by care staff who were kind and caring and knew them well. Care staff had built good relationships with the person. The person's privacy, dignity and independence were respected by care staff.

The person's support needs were assessed regularly and planned to ensure they received the support they needed. The person's support was individualised. The person was supported to take part in activities of interest and their preferences, likes and dislikes were known to care staff. The provider had a complaints process which the person was aware of to share any concerns.

The service was well managed. Feedback questionnaires were used to gather information about the person's views. Spot checks and audits were carried out to ensure the quality of the service was maintained.

More information is in the Detailed Findings below.

Rating at last inspection:

This is the first inspection for this service.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 safe

Details are in our Safe findings below.

Good ●

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 well-led

Details are in our Well-Led findings below.

Good ●

Primera Assisted Living 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was carried out by one inspector.

Service and service type:

Primera Assisted Living Limited is a community based care provider. The Care Quality Commission regulates the care provided. 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:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in

What we did:

Prior to the inspection we reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider.

During the inspection process we spoke with one person, one relative, three members of care staff, the

registered manager and the provider.

We looked at the care and review records for one person who used the service and three staff files. We looked at recruitment and training files. We looked at records relating to the running of the service. This included auditing systems and complaints.

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.

Systems and processes to safeguard people from the risk of abuse

- The person using the service felt safe. A relative said, "I feel [person using the service] is safe."
- Care staff knew how to recognise abuse and protect people from harm. Care staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people.
- Risk assessments were updated regularly and reflected people's current needs.

Staffing and recruitment

- There were enough care staff to support people.
- There were thorough recruitment processes in place.
- We saw evidence of recruitment checks taking place before care staff were appointed. This ensured suitable staff were appointed to support people.

Using medicines safely

- The person receiving support was not prescribed medicines.

Preventing and controlling infection

- Care staff received training in safe infection control practices and personal protective equipment was available to them.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things go wrong and we saw evidence of 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 provider carried out an initial assessment so they could be sure they could support people how they wanted. The person using the service was involved in the initial assessment and the outcomes they would like to achieve were clearly stated.

Staff support: induction, training, skills and experience

- The person using the service was supported by staff who had the skills and knowledge to do so.
- Care staff were given opportunities to review their individual work and development needs.
- Care staff received regular on-going training.
- Care staff received regular supervisions and appraisals with their manager.
- Care staff received induction training and shadowed regular care staff before working alone with the person receiving support.
- Care staff were completing the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

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

- The person using the service was supported to eat a healthy balanced diet.

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

- We saw that the provider worked with other agencies as needed.

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

- The person using the service was generally very healthy and did not have any current healthcare appointments however the registered manager told us how they would support the person to access healthcare services if needed.
- The person using the service had been supported to access the local swimming baths to improve their fitness and well-being.

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.

- We found that the provider was working within the principles of the MCA and that people's choices and decisions were respected.
- The person using the service confirmed that staff asked for consent before completing a task.
- Care staff received training in the Mental Capacity Act 2005 and were able to tell us how they would support people 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

- The person using the service was cared for by care staff who were kind and caring. The person said, "Its brilliant." The relative told us, "They [care staff] are worth their weight in gold."
- We found people's equality and diversity needs were respected and care staff received training in equality and diversity to be able to meet people's needs. One member of the care staff said, "We are all equal. Everyone is welcome."

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

- The person using the service was involved in care planning and their views and wishes respected.

Respecting and promoting people's privacy, dignity and independence

- The person's privacy and dignity were respected. A member of care staff explained how they would leave the bathroom when the person using the service was completing personal care independently in order to give them some privacy.
- The person using the service was encouraged to maintain their independence and do as much as they could for themselves. A member of staff told us, "Whatever [person using the service] can do for themselves, I always give them the choice to do."

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 meet people's needs, preferences, interests and give them choice and control

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly. The person using the service was involved in their care reviews and the outcomes the person wished to achieve were clearly documented.
- Staff understood and knew the person's hobbies, interests and preferences to support them to take part in social activities. For example, the person using the service enjoyed going swimming and care staff supported the person using the service to do this.

Improving care quality in response to complaints or concerns

- There had been no complaints raised, however, the provider had a complaints policy in place and a clear system on how they would handle complaints if needed. The person using the service commented, "I've never complained, no reason to."

End of life care and support

- There was no end of life care plans in place, however, the person using the service was not receiving end of life care. The manager said they would look at introducing end of life care plans if person using the service wanted to express their end of life wishes.

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 service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The person using the service told us they were happy with the quality of the service. The person commented, "My needs are fulfilled, I am happy with the staff."
- Care staff spoke positively about the support they received from the provider. A care staff member commented, "They are always there when needed." Another care staff member said, "It's brilliant working here."
- The registered manager was open and honest about some of the challenges they faced within the service and how they were going to manage these.

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

- There was a registered manager in post. 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.
- The registered manager carried out spot checks on staff and regular supervisions and appraisals. Care staff confirmed this and we saw evidence of this in records we checked.
- We saw that regular checks and reviews on the service took place to ensure the service the person using the service received was of the highest quality.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- The provider had systems in place to oversee and monitor the quality of the service.

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

- Feedback questionnaires were used to gather information about people's views.
- The provider carried out quality assurance visits with the person using the service to gain their views on the support they received. The person using the service had requested that care staff did not wear uniforms and the provider had respected their wishes.
- Care staff were aware of the accessible information standard and told us how people could request information in a different format, eg: braille or another language.
- The registered manager told us how they operated an open-door policy so care staff were free to express

their views and opinions.

Continuous learning and improving care

- Care staff received regular ongoing training to ensure their learning, skills and knowledge was current to be able to support people.
- One manager told me how they had completed specialised training to support people's individual needs.

Working in partnership with others

- The provider worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.