Mrs Rachel Diane Forbes-Evans

Prime Nursing and Care

Inspection report

45 Baynard Avenue
Flitch Green
Dunmow
Essex
CM6 3FF

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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 9 and 10 May 21017 and was announced.

Prime Nursing and Care is a domiciliary care service that provides personal care to people living in their own homes. The service serves the local community around Felsted. They provide a service for adults, who are predominantly older and who may be living with dementia or adults who have a physical or learning disability. At the time of our inspection there were approximately 18 people using the service.

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 had appointed a general manager to assist them in the daily running of the service.

The service had been registered in September 2015. It had been set up by the owner who was also the registered manager and was the driving force behind the service. They were passionate about the care provided and about establishing a service which met the needs of the local community in a family orientated and professional style.

The manager worked alongside staff and so was able to respond promptly to concerns and ensure the service was of a good standard. They had high expectations of the quality of support to be provided and supported staff well to enable them to carry out their role. People, families and staff felt able to speak to the manager about any concerns they had. Professionals were positive about the service.

People were safe at the service. Staff provided care which was not rushed and was focused on people's safety and wellbeing. Risk was well managed. The manager and staff had taken the necessary measures when they were concerned people were at risk of harm. Staff had been safely recruited and were well supervised in their role. Whilst none of the people required support with administration of medicines, the manager had put systems and measures in place to accommodate this safely, if required.

Staff were well matched to the people they were supporting to ensure they had the necessary skills to meet their needs. Opportunity for formal training had been limited when the service was set up however, however the manager had resolved this and a comprehensive training programme was in place. Staff worked and communicated effectively as a team and had varied opportunities to develop their skills and knowledge.

People made choices about the support they received. The manager had an understanding of their responsibilities under the Mental Capacity Act. People were supported to maintain a balanced diet, in line with their preferences. Staff enabled people to maintain good health and to access health and social care professionals, where necessary.

Rotas were well managed so people were supported by a small staff group. There was a focus on people rather than just the tasks being carried out. Staff had time to get to know people and to develop positive relationships with them and their families. They treated people with respect and dignity. Care was person centred and focused on the outcomes people wanted. Whilst the information in some care plans was limited, staff knew people extremely well and understood what their needs were. When people's needs changed, the care they received was reviewed and adapted as necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service safe.

The service knew how to support people to minimise risk and remain safe.

Staff were recruited and deployed safely.

Is the service effective?

Good

The service was effective.

Staff had varied opportunities to develop their skills and formalised training had been improved.

People were enabled to make their own choices about the care they received.

Staff supported people to maintain a balanced diet of their choice and to access health and social care services when required.

Is the service caring?

Good

The service was caring.

Staff knew people well and developed positive relationships with them and their families.

People were treated with respect and dignity.

Is the service responsive?

Good

The service was responsive.

Support was personalised and based on the outcomes people wanted.

When people's needs and circumstances changed the support they received was reviewed and amended, where necessary.

People spoke directly to the manager when they had concerns

and they received a personalised response.

Is the service well-led?

Good

The service was well led.

The service was led by a strong and motivated manager who supported staff to focus on providing high quality care.

The hands on approach by the manager helped ensure standards were maintained.

Some formal systems and procedures were still being improved as the service became more established.

Prime Nursing and Care

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 and 10 May 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection team consisted of one inspector and one Expert by Experience, who contacted people and/or their relatives by telephone to seek their views on the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the day of the inspection we visited the agency's office and spoke with the owner, who was also the registered manager, the deputy manager, plus two care staff. We visited the homes of two people who used the service and met with them plus the staff supporting them on that day. We spoke on the telephone with two people who used the service, four relatives and two staff.

We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority.

We looked at five people's care records and four staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints.

Good

Is the service safe?

Our findings

All the people we spoke to and their relatives told us they trusted the staff to provide safe care. A relative said, "I am very confident the girls know what they are doing and my relative appears to trust them. I feel my relative is totally safe with them."

The manager described how staff had raised a concern with them about a person's safety. The manager had alerted the local authority and met with social workers to discuss their concerns. The manager and staff had demonstrated an understanding of their safeguarding responsibilities. They were able to verbally describe what they had done and show us key emails. However, they had not recorded clearly the actions they had taken. From our discussions with them it was evident that senior staff would have been able pick up this piece of work in the manager's absence, as they knew people well. However, the manager acknowledged the need to improve the recording of safeguards, so they could clearly demonstrate what actions had been taken.

The service managed risk well and people's care plans outlined whether there were any concerns regarding their safety, for example whether they were at risk of falling. A person told us, "Staff make sure there is no post in my box as I fell last year trying to empty it. They will always make sure they have locked the door when they leave. It makes me feel safe and I don't have to worry about falling outside."

There were enough staff to meet people's needs, for instance families told us there were always two staff on a visit, as agreed. People told us the support was provided by a small group of staff. Rotas were well managed so that staff did not have to travel far. Travel time was factored in when required to ensure staff arrived on time and did not have to cut visits short. A person told us, "They would contact me if there was a problem like the car had broken down and they were going to be very late. One time something happened and they sent another carer. "They have never let me down."

The manager showed us how they electronically monitored staff attendance at peoples' homes, which enabled them to support staff who were working alone in the community and ensure people were receiving the agreed service. The manager told us they had not had any missed visits but that the system would alert them, should a member of staff not turn up as planned. We saw an example of the timings of visits over a day and saw that most staff had stayed over 100% of their allocated time at people's houses.

The manager had put a great deal of time and care into recruiting the right staff for the service. We looked at staff files and saw the manager had checked the applicant's proof of identity and carried out disclosure and barring checks (DBS). The eight staff working at the service were local and on joining the team, were subject to intensive observations by the manager. Staff told us references were taken and the manager described how they took verbal references from previous care employers. There was not, however an audit trail for this and staff files were not very well ordered so it was difficult to easily check whether there were any gaps. We were assured that people had been recruited safely following a detailed discussion with the manager. The manager acknowledged the recording had not been sufficiently thorough and advised that they would amend the process for all new staff entering the service.

Some staff had been referred from a local recruitment agency which had helped manage the availability of staffing as the service grew. However, the manager had retained control and oversight of who provided support at the service, for example they had rejected an applicant referred by the agency as they did not fit the ethos of the company. They had also used the recruitment agency to source staff with specific skills when they received a referral, and the existing staff did not have the necessary skills to meet the person's needs. For instance, this had happened when there had been a request to support a person with complex learning disabilities.

Staff told us they did not start working until all checks had been completed and that they met all the people in the service as part of their shadowing. The manager told us, "Staff never go in cold." This provided an extra layer of security for people; as they knew all the staff who would provide care to them. People confirmed they knew all the staff, and this made they feel safe and confident with the service.

The manager and staff told us they did not support people to administer their medicines. Staff completed a MARS (medicine administration record sheets) when they prompted people with their medicines. This meant there were already effective measures in place which could be used when staff needed to administer medicines. All staff were scheduled to attend a medicine training course to ensure they had the necessary skills should a person need support with taking their medicines.

Good

Is the service effective?

Our findings

People were well supported because the manager had taken care to ensure people were matched to staff with the correct level of expertise. One relative said, "I think the staff are well trained they all seem very aware of my relative's medical condition and how to approach them. They are all very good."

The manager told us they had signed staff up for courses with an external trainer who had gone out of business. Therefore they had had to source a new training provider and we saw confirmation that courses were starting on the week after our inspection. Staff confirmed they had been lined up for training but this had been cancelled. They all knew about the new training and that the courses were starting the following week.

We spent time talking with the manager to understand how they ensured staff with the necessary skills to support people. Staff had been recruited to the new service with experience in care. They had a period of shadowing existing staff, including senior staff, when their skill level was observed. We found staff were supported to continue developing their skills in a number of ways. For example, there had been a team meeting recently where staff had discussed the people they were supporting and different ways they could meet their needs. A member of staff told us, "I get lots of onsite training if needed. For instance, if someone uses equipment like a hoist or how to help someone to the commode."

All staff told us they were extremely well supported. They confirmed they received individual supervision but there was also a high level of contact with the manager outside of these meetings.

Staff used social media safely and effectively to enhance the support people received. They were able to share information on their mobile phones to ensure staff were up to date with people's needs. For example, a member of staff told us they had noticed a person did not eat much at lunch so they had sent a message to staff carrying out the evening visit saying, "[Person] only fancied toast so give the main meal tonight."

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 checked whether the service was working within the principles of the MCA. The manager told us all the people they supported had capacity to make day to day decisions about their care. During our visit a family member rang with a query about a person's right to make a decision about their care. We noted that the manager had a good understanding about the legal query and was able to give supportive and clear advice to the family member.

We also were given an example by the manager of a decision a person with capacity had made about how they wanted items in their house stored. Staff had carried out the instructions as they understood the

person had the right to make their decisions in their own house.

Staff took into account people's needs and preferences when supporting them to eat and drink. When new people's packages were started staff made an effort to find out what they liked to eat, for example we saw a message between staff about a new person and how much they liked jacket potatoes. One person told us, "They will always ask me what I fancy if I haven't left a ready meal out and will cook me bacon and eggs or do a nice salad if I want. It is all about me and my needs."

Where staff supported people to eat and drink, care plans outlined staff responsibilities around nutrition and hydration. Staff recorded what people had eaten and drank in daily notes, which enabled staff, family and professionals to monitor a person's eating over time. Staff understood why their support was important, for example that they needed to prompt fluids to prevent a person getting a urine infection. During a visit we saw a person was encouraged to drink a variety of fluids throughout the visit. For instance, the member of staff commented on how nice the coffee was, to encourage the person to try it. A few minutes later the person was offered jelly, which would help increase their fluid intake.

The manager gave us an example of a person who had a health condition which required staff to have a specific skill. They then told us exactly which staff had the necessary skill and how they had checked staff knowledge or confidence. They told us where support was needed for people with more complex needs, such as palliative care, either the manager or the deputy manager went out on the first visit.

Staff worked well with outside professionals to meet people's health and social care needs. Relatives also told us staff communicated well with them when supporting people to maintain good health. One staff member said, "Sometimes relatives or friends will highlight something for us to keep an eye on like a red area on someone's skin."

Good

Is the service caring?

Our findings

We received extremely positive feedback regarding how caring and kind staff were. One person said, "They are very nice staff. I have one of two girls at the moment they support me to keep as active as I can. We have a nice relationship we talk about life and things and I ask about their children."

Staff showed a commitment to people and had people's wellbeing at the heart of what they did. We were told of a discussion at a team meeting about a person who was refusing care and staff came up with an innovative solution which made the care more enjoyable and resulted in the person accepting care again.

A member of staff told us they liked working for the service because the manager was happy for them to go "over and above." They told us, "I care from the heart and that's fine here." The said how staff would pop out and get a pint of milk or newspaper for people or make sure someone had some nice pyjamas if they were going to hospital.

Where the visit involved support to family's members, this was outlined in care plans. The manager described a very difficult situation where care staff provided emotional support to the whole family of a person they were supporting. People and their families appreciated the care given to families as a whole. Relatives told us, "I think they are very caring. They support me when I feel down. We have a very good rapport" and "The staff are very supportive to me as well. They tell me they are there for me as well."

When we visited people in their homes we observed that staff were not rushed. We saw an example where it took some time for a person to decide whether they wanted mayonnaise on their salad. The situation was dealt with sensitively but with warmth and the carer and person laughed when the decision was finally made. As a result, the meal time became a pleasant event. We noted the member of staff gently encouraged the person to keep eating, and not get distracted. When we read the person's care plan we saw the member of staff had exactly followed the advice provided to help encourage eating.

We observed staff took the time to ensure people made their own choices about care. This was demonstrated through the daily notes which showed people had a variety of meal choices based on their preferences. Where people chose not to have a task completed on a particular day, staff did not rush off but used that time for the benefit of the person. A relative explained, "Sometimes they come and my relative doesn't want to do something like have shower so they will do the basics so they are safe and comfortable and just sit and chat which is really nice. They will reminisce and have a laugh with them. It makes my relative happy and if they are happy, I am happy".

People told us staff treated people with dignity and respect. One person said, "They always knock and shout hello. They help me with my bath and make sure the door is closed to keep me out of the draft." A family member said, "They always make sure the curtains and door are closed before getting my relative up. They are very polite."

Staff also stressed the importance of people's privacy. One staff member said, "I am very conscious of

people's dignity. I close the curtains and door and make sure they are comfortable and happy around me before I start any personal care." One member of staff demonstrated the warm and discrete manner they used to ensure a person's dignity was preserved, in line with their wishes. They told us, "We would ask if the service user was happy to have a relative in the room. If they weren't we would ask the relative nicely to make a cuppa. It's all about making sure someone's privacy is not being intruded upon."

Given it was such a local service, issues of confidentiality were particularly important. The manager had a strict approach to professionalism and privacy and ensuring people's information remained confidential.

Good

Is the service responsive?

Our findings

The service people was received was extremely personalised and tailored efficiently around their preferences. For example, staff would swap round visits to accommodate a person's hair or doctor's appointment. A relative told us how impressed they were with the speed of the company at the start of the package. This relative said, "When I found out (relative) was coming out of hospital and I needed to find care I was a bit worried but I contacted Prime and they set everything up within 2 hours. It was all seamless and took a weight off me."

People's care needs were outlined in individualised care plans. The manager and deputy manager knew people very well and provided detailed guidance to staff providing support, which meant people were cared for by staff who they understood their needs. A professional told us, "The manager has listened and indeed sought my views on what I want from the outcome of the support packages I'm putting in." This meant the service was built around clear objectives and was person centred.

Most of the care plans were specific and provided staff with clear guidance. These care plans also helped maximise people's independence as the guidance clearly stated how much the person could do for themselves. For example, one care plan gave the exact distance a person could walk independently with close supervision.

However, there was some inconsistency in the quality of the care plans. Two care plans we saw lacked detail, for example one person's care plan said they "required assistance with all transfers." The manager told us the person was fairly mobile and staff needed to supervise them to use a frame. However, despite the limited written guidance, when we spoke with the member of staff who supported that person, they could describe the exact support needed. We discussed this with the manager who agreed that care plans would be reviewed to ensure they consistently provided clear guidance in order for staff to not be so dependent on senior staff for information.

Care plans gave staff some information about people's past histories, which combined with local knowledge amongst the staff resulted in a person centred approach. Staff knew people well, for example they knew by name the family members doing the shopping for people and communicated well with then.

People's needs were reviewed on an ongoing basis. One person said, "The manager came at the beginning to ask what I needed, they have also been another couple of times and checked if all is well." Another relative said "The manager sometimes comes to give the care. We always have a chat and they will ask it everything is going OK. They phone as well and say, "we are here for you too." When people's circumstances changed the care they received was altered, for example when they returned from hospital.

People told us they knew how to complain if they had any concerns. One person said, "I haven't needed to complain but I am sure if I did the manager would sort it out, they are on the ball." People had been given clear information on how to complain and there were information leaflets in their care folders in their homes. The service had received very few complaints. As a result the manager had not yet set up a log of

complaints but told us this would be set up after our inspection to enable them to track and learn from complaints over time.

The manager showed us the many compliments which had been received. This indicated a high level of satisfaction, which was echoed when we spoke to people and families on the phone. A family member had written, "We benefited from their visits, comforted by their cheery smiles and knowing we were in safe hands."

Good

Is the service well-led?

Our findings

We received overwhelmingly positive feedback about the service. The manager was the motivating force behind driving improvements and ensuring care was of a high standard. Relatives told us, "I know the manager; in fact they were here last weekend to cover. They seemed nice and asked about how we were getting along with the staff. I think the manager is very passionate about their business and wants it to be the best" and "The manager seems very supportive. If there have been any little things that have needed to be done I have spoken to them and they have dealt with things."

Two professionals who had used the service gave us positive feedback. They both said the manager had been involved in personally setting up and reviewing the care being provided to a person. One of the professionals said, "I've been impressed in my dealings with 'Prime'. I think what's set them apart from other providers, is the manager is hands-on and knows the cases well."

The manager told us they promoted a 'family oriented" culture and had a high expectation about the standard of care to be provided. They said they aimed to, "Care for people as we expect to care for our own families." They told us all staff working at the organisation were expected to fit in with this ethos. We were given examples where poor practice was managed effectively and staff who could not adjust to the standards expected were no longer working at the service.

The service prided itself on catering to the needs of the people within a tight-knit local community and many referrals were received by word of mouth. A relative told us, "They come and introduce new carers and meet my relative. They are mainly local girls and know the area and history so they can chat with local knowledge."

The registered manager had sourced outside support when setting up the service, which ensured the service was not solely dependent on them being there. For example, when we rang to announce the inspection the call was answered courteously in the manager's absence. The manager had purchased an external answering service as they had not wanted people to be greeted by an answer machine in their absence. Also, if they were providing care for people they did not want visits to be interrupted by phone calls. This indicated a commitment to a high level of professionalism and a desire to develop a service with strong foundations.

Despite this investment in the service, throughout our visit there we noticed some gaps in the systems, for example where phone calls had not been recorded or files were not well ordered. This was largely due to the manager developing new processes as the service became established. We did not find any negative impact to people and were assured that given the high level of commitment from the manager, new systems would be put into place to respond to issues raised during our visit.

We found the service benefitted from a team which worked well together. We met with the deputy manager and the new senior carer and noted they had the necessary skills to complement the manager. They also ensured there was cover in the registered manager's absence. The deputy manager told us, "We are a tight

team who all pull together."

A member of staff told us they felt the manager had been very supportive since they had started at the service and as a result they felt a commitment to support the manager. A member of staff told us, "The manager looks after us staff and only gives us work if they would be happy to do it." The manager had recently set up a counselling service which staff could access for free. A member of staff told us, "The atmosphere is lovely, I would be happy to say anything to the manager."

Due to the small size of the organisation the manager was extremely hands on and knew all the people receiving care and their families. When we asked them how they knew people were happy with the service and that care was of a good quality they told us, "I work every other weekend and see everyone." Audits and quality checks were not formalised, though this was an area the manager was intending to focus on now the service was in place. They understood the need to be able to delegate within the service. A new senior had been appointed and the deputy's role was becoming more formalised which had created capacity to carry out further checks on the quality of care as the service developed.