

Prism Care (North East) CIC

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Inspection report

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Ratings

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|---------------------------------|--------|
| 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

Prism Care (North East) CIC is a domiciliary care service providing regulated activity e.g. personal care to people living in their own homes. At the time of our inspection ten people were being supported.

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.

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

People, and their relatives, felt safe with the staff. Staff had a good understanding of people's needs and knew how to report any concerns. Risks were assessed but there were some gaps in records relating to how risks should be managed. We did not identify any impact on people. We have made a recommendation about this.

People, and their relatives, felt staff were respectful and treated with them dignity and kindness. Comments included how well the staff knew people and their needs. Staff were following current guidance in relation to PPE. Medicines were managed safely.

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. Assessments of people's needs, and preferences were completed. The information was used to develop support plans and daily routines with the involvement of people and their relatives. We identified some gaps in information. This had not impacted on the support people received. We have made a recommendation about support planning.

Safe recruitment practices were followed. Staff attended training the provider deemed mandatory as well as training specific to the needs of the people they supported. Regular meetings were held with staff and management. Staff felt very well supported.

The registered manager promoted a culture of inclusion and openness which was supported by the staff team. People felt the service was well-managed. A range of audits were completed but they were not always effective in identifying gaps and omissions in care records. We have made a recommendation about quality assurance systems to make sure records are accurate and complete. The registered manager was responsive to our feedback and took immediate steps to improve record keeping.

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 26 March 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

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 action was necessary and proportionate to keep people safe as a result of this inspection. We made three recommendations. Please see the safe, responsive and well-led sections of the report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Prism Care (North East) CIC

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was completed by one inspector and an 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 homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because we were completing a remote inspection and we also needed consent from people and relatives to allow us to contact them.

Inspection activity started on 26 May 2022 and ended on 15 June 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority commissioning and safeguarding teams.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with three people and four relatives by telephone. We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from six staff including a supervisor and a training coordinator.

We reviewed a range of records. This included care records for four people and medicine records. We reviewed two staff files and information relating to training and induction. We reviewed a range of records relating to the management of the service, including quality audits, policies and procedures.

This performance review and assessment was carried out without a visit to the location's office. We used technology to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people.
- People felt safe with the staff and one relative commented, "My relative is absolutely safe with the carers. I would not trust anybody else."
- The registered manager investigated all concerns to minimise the risk of reoccurrence and learn lessons.
- Staff had attended training and understood the actions to take if they had any concerns.

Assessing risk, safety monitoring and management

- Staff identified and assessed risks to people.
- Records did not always include enough detail on how risks should be managed and mitigated. For example, falls risks, risks relating to diabetes and allergies. We shared this with the registered manager who said they would discuss it with the staff and arrange for the records to be updated.
- Staff understood people's needs well and we did not identify any impact on people due to gaps in records. One relative said, "They (care staff) certainly know how and when [person] needs support."

We recommend the provider consider the assessment and management of risks to make sure they do all that is reasonably practicable to mitigate such risk. and take action to update their practice.

Staffing and recruitment

- There were enough staff to meet people's needs.
- People said staff arrived on time and if they were running late they always received a telephone call to let them know. Staff said they had time to travel between calls.
- Safe recruitment practices were followed.
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Using medicines safely

- Systems were in place to support staff to safely administered and manage people's medicines.
- Topical Medicine Administration Records (TMARs) were used to record the application of creams to support skin integrity. One person required two creams, one of which was 'as required.' There were no separate TMARs for each administration and no protocol for the 'as required' cream to direct staff when to apply it. The registered manager noted this as an action to follow up on.
- Where specialised medicines were needed, staff received bespoke training from the district nursing team. District nurses signed staff off as competent and provided risk assessments and routines.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training in IPC and the use of PPE and were following current government guidance in relation to COVID-19.
- Individual COVID-19 risk assessments were in place for people. One needed to be reviewed to make sure it was up to date.
- A range of policies, procedures and guidance was in place to support staff practice.

Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed for learning.
- The registered manager told us about changes they had made to make sure staff received additional support in a particular situation.

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 good. This meant 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

- People's needs were assessed prior to them receiving any support from staff.
- The assessment included information about people's background and what was important to them as well as areas of need and support.
- The date of the assessment was not always recorded on the document itself and there were some gaps in information. The registered manager confirmed that the gaps related to information that was not relevant to the person. They added that they had arranged for the date of assessment to be recorded on the document and confirmed all staff had been asked to record not applicable if specific areas were not relevant to the person.

Staff support: induction, training, skills and experience

- Staff said they were very well supported and had all the training they needed to support them to meet people's needs safely.
- People and their relatives commented, "I have confidence in how they do things" and, "The carers who support my relative are very well trained. I am learning from them."
- Staff attended regular supervisions and development reviews as well as having spot checks were their competency was observed and monitored.

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

- Some people received support to maintain a balanced diet and minimise risks relating to nutrition. One relative said, "They monitor all food and drinks intake because of choking risk."
- Care records identified if people had specific dietary needs such as allergies or health conditions however there was not always sufficient information to support staff to respond in an emergency situation. The registered manager responded to this by arranging for care records to be reviewed and updated.

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

- Staff liaised with other agencies to ensure people's health needs were managed in a consistent and effective manner.
- One person said, "They rang an ambulance for me and called my family. They stayed with me until everything was sorted. They were really good." Another told us, "I'm sure my carers would call the GP if they had any concerns about my health."

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 MCA 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.

- The registered manager said no one they currently supported had been assessed as lacking capacity.
- Staff understood the principles of MCA. One staff member said, "It's to protect people who cannot make an informed or wise decision themselves." Another said, "It's legislation that provides a framework for making decisions on behalf of adults who are deemed to lack capacity to do it themselves."

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

- Everyone was complimentary about the care and support that was provided. One person said, "They are all so pleasant and treat me with real respect." A relative said, "They are very respectful of [loved one]. They are certainly keen to help and make every effort for the best outcome."
- People were supported by a small, and regular team of care staff. One staff member said, "We take time to get to know the clients and their families. We don't judge or pass comments based on our own opinions and thoughts."

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

- People, and their relatives if appropriate, were involved in decision making. A relative said, "The planning has been extensive for this care package and all involved are giving 100%. We have a review every 3 – 6 months to see how it can be improved together with the manager."
- A staff member said, "We make sure our clients have choice and control over their own care and support."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity along with their independence.
- One person said, "They are all courteous and polite and nothing is too much trouble for them." A relative said, "They treat our relative with real respect and have such a lovely attitude."
- Care records included information on things people could do for themselves to make sure their independence was not taken away. A relative said, "[Loved one] can now walk to the shops with the help of the carers which is good for them and keeps them in touch with the local community."

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

- Staff provided personalised care and support to people. One person said, "I do think the carers understand how I like things done and always make sure that is what I get."
- Support plans and daily routines were in place. Some were very individual and included personalised information about people's preferences as well as how they wanted and needed to be supported. Others would benefit from more detail on how support should be provided should people fall or become unwell. We did not identify any impact on people as staff were able to tell us the action they would take.

We recommend the provider review best practice in relation to support planning.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- A detailed policy and procedure was in place in relation to how the service would meet the Accessible Information Standard.
- Communication needs were discussed with each person during initial assessment and included in any relevant support planning and risk management documentation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff offered opportunities for people to follow their interests and take part in activities to develop friendships and minimise social isolation.

Improving care quality in response to complaints or concerns

- The registered manager recorded and investigated complaints then shared outcomes with the complainants.
- People were complimentary of the care they received and commented, "I have no complaints, its first rate" and "I have no complaints everything is just right for me." Relatives confirmed this and one said, "They go above and beyond what is expected of them."

End of life care and support

- People were given the opportunity to discuss their end of life wishes during the initial assessment.
- Staff were committed to providing dignified and compassionate support to people and their family members as loved ones approached the end of their life.

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

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

- People received person-centred care from staff who knew them well and wanted the best for them. One person said, "I do think the carers understand how I like things done and always make sure that is what I get."
- The provider promoted a positive culture during recruitment, induction, training and ongoing supervision and meetings with the staff.
- Staff said, "We are open and transparent, support and caring. We strive for excellent care for clients" and "The culture is to provide second to none care."

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 the need to be open and honest if something went wrong. They said concerns would be investigated and reviewed for learning. They were aware of the requirement to speak with the person involved and, following discussion, that written records also needed to be maintained.
- A detailed policy was in place in relation to duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A range of audits were completed by the registered manager to ensure the quality and safety of the service.
- Audits had not always identified the gaps and omissions in paperwork we found during the inspection. We discussed this with the registered manager who accepted our findings and took action to develop governance meetings and arrange for a director to complete an audit of the quality of information recorded in care records.

We recommend the provider review quality assurance and governance systems to ensure they are effective in driving continuous improvement.

- Staff had a clear understanding of their roles and knew how to report any concerns. They had a clear commitment to developing the service.

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

characteristics

- People, and their relatives were involved in making decisions about the support they received. One relative said, "We get regular questionnaires and reviews to see what we think of the service and if any part of the care package needs changing."
- Regular team meetings were held with the staff to discuss the development of the service.

Working in partnership with others

- The registered manager explained how they had established a community association to maximise opportunities for people using the service and local members of the community to develop friendships and reduce social isolation.
- Local provider forums were attended as were meetings with commissioners and registered managers meetings with Skills for Care. Skills for Care work with providers and registered managers to help create a well-led, skilled and valued adult social care workforce.