

Primecare Support Limited

Aylesbury Prime Care

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

Aylesbury Prime Care provides a domiciliary care service to enable people living in Aylesbury and the surrounding areas to maintain their independence at home. There were 300 people using the service at the time of the inspection, who had a wide range of physical and health care needs. Not everyone who used the service received personal care. The CQC only inspects services where people receive personal care which is help with tasks related to personal hygiene and eating. Where services offer personal care, we also consider any wider social care provided.

People's experience of using this service

People told us staff were caring. Staff's commitment enabled people to receive care from staff who knew them well.

The manager and staff went strived to provide safe care and support. The manager worked closely with the GP and other healthcare professions to ensure the service responded to people's changing needs safely and effectively. People's care was personalised and matched their needs, which promoted their wellbeing and improved their quality of life.

The service was well-led by a manager who was registering with the Care Quality Commission and was continually looked for ways to improve people's lives. Staff culture was positive and the team was caring. This had resulted in the provision of compassionate and personalised care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

People received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff fully understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were very well supported to maintain good health and to meet their nutritional needs.

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

Rating at last inspection:

At our last inspection we rated the service Good (published in January 2017).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 was safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Aylesbury Prime Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of an 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 houses and flats. The service had a manager who was registering 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 announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or the manager would be in the office to support the inspection.

During the inspection

We spoke with ten people and four relatives. We looked at five people's care records and five medicine administration records (MAR). We spoke with three care staff, an administrator and the manager. We reviewed a range of records relating to the management of the service. These included four staff files, quality assurance audits, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives. We also contacted the commissioner of services for their views.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "Very safe, have no concerns".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I'd call my co-ordinator, the manager or I can whistle blow and talk to the local authorities".
- The provider had safeguarding policies in place and the manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication, environment and emotional wellbeing. For example, one person was at risk of falling. Staff were guided to ensure the person's mobility aids were to hand and to encourage the person to use them.
- Risk assessments were regularly reviewed, and necessary changes were made. There were systems in place to ensure that staff were kept up-to-date with changes to care plans so they continued to meet people's needs.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- There was enough staff with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "Yes there's enough staff but it can get tight if staff go sick".
- Records confirmed there were sufficient staff to support people. For example, where two staff were required they were consistently deployed.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines safely and as prescribed.
- The manager ensured people's medicine were administered by trained and competent staff. One member of staff said, "I am trained, and I get spot checks, just to be safe".
- One person told us about their medicine. They said, "Staff cream my legs, do my stockings and eye drops".

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as gloves

and aprons.

- One staff member said, "There's plenty of protective equipment".

Learning lessons when things go wrong

- The manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- The manager had introduced systems to reduce the risk of accidents reoccurring. For example, following an accident, people were referred to relevant healthcare professionals to reassess their support needs.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- The provider ensured people's needs were assessed before they were supported to ensure those needs could be met and individual care plans put in place. People and relatives told us they were involved in the assessment and care planning process.
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence guidance, data protection legislation and standards relating to communication needs.
- People's expected outcomes were identified and care and support was regularly reviewed and care records updated.
- Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles.
- Staff completed an induction and shadowed experienced staff before working alone. We asked one person if they felt staff had the knowledge and skills to support them. They said, "Oh yes, I have no qualms, they are brilliant".
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "Yes, I am supported".

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

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- People were supported with their meals appropriately. One person said, "They put my meals in the microwave and bring it to me and yes, they leave me a drink".

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

- People were supported to live healthier lives through regular access to health care professionals such as their GP, occupational therapist or optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.

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

- Staff respected people's choices and decisions. One person said, "I tell them and yes, they do listen".
- Staff worked to the principles of the MCA. One staff member said, "This is about client's choices. I give them choices and go with their 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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, 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

- People were positive about the care they received and told us staff were caring. One person said, "They are very, very caring, nothing is too much trouble".
- Staff knew people well and knew how best to support them.
- The service had an approach that respected people's equality, diversity and human rights and supported staff as well as people's privacy and dignity.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or personal well-being needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices. One member of staff said, "We definitely treat client's as individuals".

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

- People told us they were involved in their care. One person said, "Yes, there is an annual review and they come out". Another person told us, "We did it together, it is reviewed every year. Last time about three or four months ago".
- Records showed staff discussed people's care on an ongoing basis.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One person said, "Yes very respectful, I have no concerns".
- People's care plans highlighted the importance of respecting privacy and dignity. One staff member said, "Yes we treat clients [people] with dignity and respect. I close curtains and doors to maintain dignity and privacy".
- People were supported to be as independent as possible. One person said, "I do as much as I can to keep myself well",
- The provider ensured people's confidentiality was respected. Records containing people's personal information was kept in the main office which was locked and only accessible to authorised persons. We saw staff logging on and off computers when not in use. Staff were aware of the laws regulating how companies protect information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained 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

- People had individual care plans in place which reflected their current needs including the actions staff should take to support people meet their intended outcomes and goals.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. People told us their needs were met. Comments included; "Definitely", "Yes I think so" and "Overall I would say yes".
- People's likes and dislikes were well known to the staff team and were highlighted in people's care plans.

Meeting people's communication needs

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

- People's communication needs were recognized. Care plans identified recorded and flagged any communication needs such as when people had poor eye sight or were living with hearing loss.
- Staff told us they supported people to maintain good communication. One staff member said, "I keep client's glasses clean, I help change their hearing aid batteries and I explain things to them. It keeps them informed".

Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. The service had responded appropriately to any issues. Learning took place as a result to prevent reoccurrence.
- People knew how to make a complaint and were confident that they would be listened to. One person told us, "Not had cause (to complain) but would contact them if there was a problem".

End of life care and support

- The service was not supporting people who were on palliative or end of life care. The manager said they would work alongside other health professionals if care was needed in this area.
- There were no systems in place to record people's advanced wishes. The manager told us they had plans to introduce people's advanced wishes into the care plans. They said, "I am working on a format at present".

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

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

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

- There was not a registered manager in post. The service was led by manager who had only been in post for one month and was registering with the Care Quality Commission. They told us, "I am aware of some improvements I wish to make, and I am working towards addressing any issues I identify".
- People told us they thought the service was well run. One person said, "It's good, just phone for any reason and it's dealt with".
- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.
- The manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the manager to drive continuous improvements. For example, one audit identified signature discrepancies on some medicine records. The manager investigated and as a result some staff received further support.

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

- Staff were complimentary of the support they received from the manager and provider. Staff comments included; "She [manager] is good, she is honest, approachable, and she listens" and "It is early days but so far so good".
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager understood their responsibilities.

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

- Surveys were regularly conducted. The results from the latest survey were positive. People's views were also sought through spot checks where people were able to discuss issues and raise concerns.
- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings.
- The manager said she had an 'open door' policy and said staff knew she would be available to listen to

any concerns of staff and to provide solutions to address these.

Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.