

Prime4 Care Ltd

# Prime 4 Care Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

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

Prime 4 Care provides personal care for people living in their own homes. At the time of our inspection visit two people were receiving personal care.

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

Recruitment systems did not demonstrate that adequate checks were in place to ensure potential new staff were suitable to work with vulnerable people.

The provider did not have a system to ensure staff had the appropriate levels of training and their knowledge was refreshed regularly.

There were systems to protect people from the risk of abuse and harm. Medicines were managed safely.

People were treated with dignity and respect and staff spoke fondly of the people they supported.

The care and support people received reflected their personal needs and preferences.

People were supported to access appropriate professionals and services to ensure care remained responsive to their individual needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The service was too small to be rated at the last inspection (published 24 September 2018). At this inspection we found the service to be rated as requires improvement and in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

### Why we inspected

This was a planned inspection based on our methodology for services we have previously been unable to rate.

### Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can see what action we have asked the provider to take at the end of this full report.

## 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.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Prime 4 Care Ltd

## 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 one inspector.

#### 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. The manager was unavailable during the inspection process.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 27 June 2019 and ended on 5 July 2019. We visited the office location on 28 June 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. 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 looked at information about the service including notifications and any other information received from other agencies such as the Local Authority. Notifications are information about specific important events the service is legally required

to report to us. This information helps support our inspections.

#### During the inspection

We spoke with the provider who was also the care co-ordinator. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records. We looked at four staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke with two care staff and one relative.

# 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 not rated as the service was too small to rate. At this inspection this key question has now been rated as requires improvement. This meant 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.

### Staffing and recruitment

- The provider could not assure us they had a recruitment process which had the relevant checks to ensure new staff candidates were suitable to work with vulnerable people. Records were not available to show recruitment processes were followed. For example, the provider was unable to evidence that reference checks and employment history for new staff had been obtained prior to employment.
- There were enough staff to safely meet and support people with their needs.
- Staff were available to provide people with their scheduled care calls in a timely way.

### Using medicines safely.

- There was no organised system to ensure staff had the training to administer medicines safely. The provider told us that while they were only providing care to two people, they had relied upon staff's previous training and experience of safe medicines management. They acknowledged that up to date training and assessments of staffs' competency to give medicines safely were required.
- Records we looked at confirmed people received their medicines in line with their prescription.
- Medicine records were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

### Assessing risk, safety monitoring and management

- People's risk assessments did not always contain the information required to ensure staff supported people safely. One person's assessment indicated they had epilepsy, but there was no information about this in their care plan or risk assessments. What staff told us about this person's epilepsy demonstrated there would not be a consistent response if the person had a seizure. The provider told us that they would obtain further details from the relevant health professional and complete the care plan.
- A relative told us they felt staff had detailed knowledge of the needs and risks associated with caring for their relation.

### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff that understood their responsibilities to safeguard people from abuse and harm. Staff understood what to look for and what to do if they suspected abuse. Staff told us who they would contact and felt confident that any concerns would be immediately acted upon.
- The provider's systems and processes helped ensure people who received a personal care service, were kept safe from the risk of harm or abuse. However, we were not able to contact the nominated individual,

provider or registered manager in a timely manner. This meant any potential safeguarding information that required urgent action to safeguard people from harm, may not be acted on straightaway. For example, whistleblowing information that may need immediate action to be taken by the provider.

- A relative told us they felt people were kept safe.

#### Learning lessons when things go wrong

- Staff were aware of the procedure to record any accidents and incidents. There were forms in people's care records that staff were required to complete and submit to the registered manager if a person was injured due to an accident or incident. There had been no accidents or incidents since the provider had been registered so we could not assess the effectiveness of these systems.

# 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 not rated as the service was too small to rate. At this inspection this key question has now been rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured all staff had received training relevant to their roles. Although staff had attended occasional workshops and training through external agencies, there was no consistent system of identifying and acquiring training appropriate to their role or responsibilities.
- There was no system to identify what training staff had attended and when refresher training was required.
- Staff told us they had the skills and knowledge from their previous employment to enable them to carry out their roles effectively.
- Staff told us that when they first started working for Prime 4 Care they had an induction which included working alongside more experienced staff and getting to know the individuals they were to support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had detailed assessments of their health and social care needs prior to the start of their care. This ensured the provider and staff understood what care and support needs were to be met.
- Where people had more complex needs, the provider liaised with other health and social care professionals such as nurses and doctors. Staff followed advice and guidance given by these professionals in a timely and effective manner.
- Staff said care plans and risk assessments contained the relevant information they needed to support people according to their needs and choices. However we found that not all assessed needs were always detailed in care plans and risk assessments.
- A relative told us staff were able to support and meet people's individual needs.

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

- People were not being supported with meal preparation or eating and drinking at the time of our inspection. The provider told us staff would receive training in food hygiene if nutritional support was identified as a need in any new care package.

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

- Staff and the manager told us they worked in partnership with other health and social care professionals to meet people's needs. This was reinforced by what we read in people's care records.

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

- Records showed people consented to their care and support plans.
- Care workers promoted people's choices and sought consent each time they supported people with personal care.

# 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 not rated as the service was too small to rate. At this inspection this key question has now been rated as 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

- A relative told us, "All the staff are kind and caring without exception."
- Staff knew the people they were caring for and were able to explain people's individual needs, interests and requirements.
- Staff told us they took care to ensure people's support was personalised, so people's experiences of care were focussed on what they needed.
- Staff understood the principles behind equality, diversity and human rights. We were assured that whatever denomination, sexual preference, gender or faith, no one would be prejudiced in any way.

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

- Care records confirmed that people were consulted and involved in making decisions about their care and support.
- There was a system for reviewing people's care when needed. The provider told us that involvement of people in their care was of the utmost importance in getting the care right.

Respecting and promoting people's privacy, dignity and independence

- A relative told us people were treated with dignity and respect by the staff.
- Staff spoke with fondness and respect for the people they supported.

# 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 not rated as the service was too small to rate. At this inspection this key question has now been rated as 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

- The provider carried out a detailed assessment of people's needs before completing their care plan. The provider met with the person, their relative and any other providers involved in the person's care and identified the daily routines and expectations of the person in relation to the service.
- Care plans contained sufficient information to inform staff of people's needs. Care records showed people were receiving the care that met their assessed needs.
- A relative told us care was responsive to people's needs and care workers involved the person in all aspects of their care.

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.

- The provider had a policy in respect of the new accessible information standard (AIS). Information was presented in a clear and concise way that was accessible to people that used the service.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints.
- No complaints or concerns that had been received by the provider. A relative told us they were confident complaints would be dealt with appropriately by the registered manager and provider.

End of life care and support

- The provider did not currently have any people receiving end of life care.
- We discussed with the provider how they would support people at the end of their life. They said they would work closely with the person's GP and other professionals to support people to remain at home if they wished to and to ensure a dignified and pain-free death.

# 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 promoted an open, fair culture.

At the last inspection this key question was not rated as the service was too small to rate. At this inspection this key question has now been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have oversight of staff training. They had not been able to identify staff levels of knowledge and training and did not have the systems in place to ensure that staff had the appropriate level of skill to effectively meet the needs of people. There was no assurance that staff had acquired and maintained the relevant skills to provide consistent care that minimised the risk to people.
- Where risks were identified there were not always measures to reduce or the level of risk and impact on people using the service. For example a person was identified as living with epilepsy and the risk of seizures. Staff did not have information on how to manage the risk of seizures safely.
- The provider had failed to maintain adequate records relating to the suitability of staff employed by the service to carry out the regulated activity.
- The provider did not have the systems and processes that enable them to identify and assess risks to the health, safety and welfare of people who use the service.

The above issues show the provider failed to ensure systems were always in place to keep people safe. The issues related to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The registered manager and the provider did not fully understand their legal responsibilities to CQC. When inspecting this type of service, we often notify the provider 48 hours in advance to let them know the date of our office visit. This is so they can, ensure someone from the service is present, that records are available for us to review, and to seek people's consent so we can speak with them to get their experience of the service. We were unable to contact the nominated individual, registered manager or provider, and even though messages were left for each of them, the provider was still unprepared for the inspection and we had to return the following day.
- The registered manager was unavailable throughout the inspection process and was not responsive to requests made by the inspector for information. We attempted to contact the manager on 26, 27 and 28 June 2019 and we were unable to contact them even though messages had been left for them to contact us. As a result of being able to contact the provider and registered manager, we were not assured that where an immediate response was needed, messages would be answered in a timely manner.

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

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

- People were able to share their views and experiences of the service, when their care packages were reviewed with them.

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 provider had an understanding of the types of incidents to be reported to the CQC.
- They told us that they would share any concerns or incidents directly with staff and would be open and honest with people when something goes wrong.

Working in partnership with others; Continuous learning and improving care.

- The provider worked collaboratively with other healthcare professionals and providers to ensure positive outcomes for people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The Provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>The Provider had failed to maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity, and the management of the regulated activity.</p> <p>Regulation 17(2)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.</p>