

Prime Care at home Limited

# Prime Care at home Limited

## Inspection Report

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# Summary of findings

## Overall summary

Prime Care at Home Ltd is a domiciliary care agency providing support to people in their own homes.

The service had a registered manager in post. There were clear management structures offering support and leadership.

Records showed that CQC had been notified, as required by law, of most of the incidents in the home that could affect the health, safety and welfare of people. We found that one safeguarding notification had not been completed. The provider ensured all staff knew about this and we saw improvements to systems were put in place on the day of our inspection.

People using the service were encouraged to retain their independence and decided how to spend their time. People agreed to the level of support they wanted and how they wanted to be assisted. Where people's needs changed, the provider responded and reviewed the care provided to ensure people were safe. This meant the people received care to meet their needs.

The staffing was managed flexibly to ensure people received their agreed care. Where people had healthcare appointments or personal commitments people could request the support was changed. This meant the provider was responsive to individual people's support needs.

People told us they were happy with the care and support they received. They felt the staff were well trained and understood their needs. We saw there were systems in place to match people using the service with appropriately suited staff.

People told us the staff understood them, they confirmed the staff were kind and thoughtful and treated them with respect. People spoke positively about the care and support delivered to them in their own home.

We looked at how medication was administered, recorded and managed. We found suitable systems were in place, but improvements could be made with the recording of information.

The service had a registered manager in post. There were clear management structures offering support and leadership. Systems were in place to ensure the service was monitored and the provider sought to make improvements where needed. People using the service were consulted about the management of the service and could influence the service delivery.

Records showed that CQC had been notified, as required by law, of most of the incidents that could affect the health, safety and welfare of people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

People who used the service told us they felt safe. One person said, “I feel safe with the carers.” A family member told us, “My relative is well respected and cared for, they are not treated unfairly.”

We found suitable safeguarding procedures were in place and the staff understood how to safeguard people they supported.

People told us they felt their rights, privacy and dignity were respected. One person told us, “My dignity is always considered.”

Staff knew about risk management and records and confirmed information about risks was in place. People were not put at unnecessary risk. They also had access to choice and remained in control of decisions about their care and lives where possible.

Staff handled medicines safely, but better records in relation to the policy, consent and support were needed.

We found the provider took people’s care needs into account when making decisions about the staff numbers, qualifications, skills and experience required. This helped to ensure people’s needs were met.

We saw recruitment records demonstrated there were systems in place to ensure the staff were suitable to work with vulnerable people.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Although no DoLS applications had been made, staff were able to describe the circumstances when an application should be made and knew how to submit one.

### **Are services effective?**

People’s health, care and support needs were assessed with people using the service and/or their relative or advocate. This involved writing their plans of care and support. We saw people’s support plans were up to date and reflected individual current needs. One person told us, “The agency is very good and I have had no complaints. The review is done every year.”

People using the service had care records which showed how they wanted to be supported. The information we read in the care records matched the care and support delivered to people. We knew

# Summary of findings

this because we asked the staff to tell us about the care they provided to specific people. We then looked at the care records and saw the information recorded reflected what people using the service and the staff had told us.

People told us they felt happy discussing their health needs with staff and had received suitable support from the agency when required. This included ensuring an occupational therapist or district nurse had been involved when needed.

Staff received on-going support to ensure they carried out their role effectively. Formal supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

## **Are services caring?**

People told us they were treated with care and compassion and the staff responded well to their needs or concerns. One person told us, "They are wonderful, they are very reliable. I am more than happy." Another person said, "The carers are nice, polite and are absolutely spot on."

When speaking with staff it was clear they genuinely cared for the people they supported. People told us the staff were kind and thoughtful.

People's needs had been assessed before they used the service. Records confirmed people's preferences, interests, and diverse needs had been discussed. Advocacy services had been used to ensure people were able to make informed decisions.

People using the service and their relatives told us the staff showed patience and gave encouragement when supporting people.

## **Are services responsive to people's needs?**

People using the service told us they felt listened to. One person said, "We are absolutely happy with the company. They ask for feedback every so often and you can say if there are any issues. They are dealt promptly and professionally." Another person said, "No complaints about the service and if there is any change it is the office who inform us."

People had detailed care plans relating to all aspects of their support needs. They contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. People told us the service was flexible and confirmed their calls were changed when needed for example if they had a hospital appointment.

# Summary of findings

The staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant they were aware of how to support people who could not make decisions for themselves when required.

## **Are services well-led?**

The provider had a quality assurance system in place. We saw records which showed that where problems had been identified these addressed promptly. As a result the quality of the service was continuously improving. One person using the service said, "I would not swap any other service in the world with this agency."

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to people using the service and helped the service to continually improve and develop. We found overall the provider notified CQC of any the necessary incidents that occurred.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service and knew there were quality assurance processes in place.

# Summary of findings

## What people who use the service and those that matter to them say

An expert by experience spoke with people using the service or their relative by telephone. They spoke with nine people. Comments included, “They are willing to go that extra mile, I must say the service is brilliant.” Another person said, “The carers come on time or sometimes early, they are never late.”

We also spoke with a social worker who offered positive feedback about the service. They said, “I have no concerns about this agency. They keep me up to date, are happy to meet and discuss any issues. I have found them to be very professional.”

People and their relatives told us the staff were friendly, professional and kind. One relative said, “We feel like they are part of the family.”

# Prime Care at home Limited

## Detailed findings

### Background to this inspection

We visited the service on 23 April 2014. This inspection was announced which meant the provider and the staff knew we were coming. The inspection team consisted of one inspector and an expert by experience. Our expert by experience had experience in domiciliary care services and spoke with people to gain their views.

At the time of our inspection Prime Care provided personal care and support to approximately 30 people in their own homes. We spoke with nine people using the service or their significant other, three staff, the managing director and a social worker. The registered manager was on annual leave.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we reviewed all the information we held about the service. This helped us to decide what areas to focus on during our inspection. During our inspection we looked at policies, records and auditing processes. This was to gauge how the provider led and monitored the service.

At the last inspection in May 2013 the provider was compliant with the Regulations we looked at.

# Are services safe?

## Our findings

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that individual needs were assessed in relation to their capacity and needs. One person said, "The agency's approach to help was very professional. When a new carer comes they are introduced first by the previous carer."

Staff spoken with had a clear understanding of the procedures in place to safeguard vulnerable people from abuse. The staff were aware of the types and indicators of abuse. This meant staff knew how to respond if they witnessed or suspected any abusive practice. There had been three safeguarding referrals raised in the last 12 months, none had met the threshold and therefore did not need investigating by the local authority.

People using the service were protected because the necessary training and policies were in place so the staff knew what to do to keep people safe. A staff member said, "The training is good, we understand about abuse and what to do." A social worker told us, "The managing director instigated safeguarding at the right time. They wanted our opinion and worked closely with us."

Safeguarding referrals had been completed as required. The provider had ensured the information needed had been passed to the appropriate person but they had not completed a notification to us as required. The provider was not aware this was needed, but has ensured all parties have been made aware of this requirement.

Care records were informative, clear, up to date and reviewed. People using the service told us they found them useful and referred to them from time to time. The staff confirmed they were always available. One staff member said, "The care plan is always there you never go anywhere without having the necessary information." We saw people's diversity, values and human rights were

respected. The staff were able to give examples of how they supported people in a respectful way, that met their specific needs. For example, by delivering care and support using pictures to assist people with communication needs.

The staff recruitment practices were safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified and people who used the service were protected. We spoke with a new member of staff who said, "I have been really impressed and the training is very thorough. They are really making sure I know and understand so that I can care for people properly."

People's rights were protected because the staff understood the legal requirements that were in place to ensure this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements. We saw that staff had received training in the Act and the DoLS, and staff told us about the local systems in place to protect people's rights.

We looked at the provider's medication policy and found that it did not support the provider in ensuring safe practice was maintained. The provider had not recorded the level of support needed when assisting people with their medication, for example was the medication verbally prompted or administered. The care records needed to offer clarity to ensure a consistent approach was taken. Not offering this information meant the staff may not be clear of their responsibilities. Medical consent forms were not in place to show that people agreed to the level of support they needed. The provider may wish to consider ways to confirm people are aware of the level of support they receive.

Appropriate arrangements were in place in relation to the recording of medicines. We reviewed three medication administration records (MAR) and these were suitably completed. People using the service did not have any concerns in the way their medication was managed.



# Are services effective?

(for example, treatment is effective)

## Our findings

The staff told us how action was taken to get professional help and advice if a person developed any risks to their health and wellbeing. There were risk assessments in place to help protect the staff from environmental issues within people's homes.

Through a process called 'pathway tracking' we looked at three people's care records and spoke with them about their care. We also spoke with the staff about how they provided support. Pathway tracking looks at the experiences of a sample of people. This is done by following a person's route through the service to see if their needs were being met.

The staff we spoke with were clear about their role and how to provide a service to people. The staff knew people well and one person told us, "I can't believe how much information we receive, it's very clear they want to get the service right for people. We all communicate really well and there's always someone available to guide you."

We spoke with three members of staff who told us they received formal supervision and appraisals of their work. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development.

One member of staff told us, "I have a mentor, she has been great." Another member of staff said, "We have regular supervision and they check everything is up to date and that we are okay." This meant that staff performance and development needs were regularly assessed and monitored.

People using the service confirmed the staff always looked at the care records and referred to the information sheet to ensure they were up to date. This meant people received an efficient and effective service that met their current needs.

We looked at the daily records and saw there were entries for all the periods we checked, which recorded the support people had received and any relevant observations. People told us that staff arrived on time or informed them if they were going to be late. The staff were reported to stay the allocated time and ensured the person was happy before leaving. The provider may wish to consider recording the duration of the call to validate the care was being delivered as agreed.

The provider explained that no one currently had the support of a local advocacy service; however, they had been used in the past. They confirmed they had contacted social services and asked for support as and when needed.

# Are services caring?

## Our findings

People told us how staff had treated them when they visited their home. One person said, “Everyone who has dealt with us is kind and reassuring way.” Another person said, “Staff are caring.”

We spoke with two staff who told us the care records helped them to understand people’s needs. They confirmed they received enough information about people using the service and were usually introduced to them before they went to support them. One staff member said, “The care is consistent and you are matched to people.”

Records confirmed the staff were trained to respect people’s dignity and privacy. Everyone commented favourably on the patience and professionalism of the staff.

People said their care workers arrived on time and they were informed if there were any changes to the time the care worker would arrive. One person told us, “They are very good, you can’t fault them.”

The staff we spoke with described their role in promoting individual’s care and support. They felt competent at monitoring people’s physical and mental health and understood that any changes should be acted upon promptly. Their comments included, “It’s well organised, you know what you’re doing. The communication is really good, if we have any concerns about people’s health needs they are dealt with quickly.”

Questionnaires completed by families offered positive comments, one read, ‘Proactive reliable company.’ Another said, ‘They are very kind and caring.’

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

People told us the service was flexible and accommodating. One person said, "It's a reliable service that was able to assist me at short notice."

People told us they were encouraged and supported to live a life that was as they wished. One person said, "When they initially came to see me at home they made sure the times of the calls were at times that suited me."

The staff told us about the importance of incorporating people's personal preferences and lifestyle choices into each day. One staff member said, "It is their home, it's important we respond to people in the right way, you need to know all their ways."

We spoke with two staff about how people would be supported to make decisions where they no longer had capacity. The staff we spoke with told us a capacity assessment would be completed to determine whether people were judged to have the capacity to make a specific decision. Where people did not have capacity, a best interest decision would be made with people who were important to them. Whilst people have capacity they can choose to set up a lasting power of attorney (LPA). This gives someone the authority to make decisions on the person's behalf when they no longer have capacity. The managing director knew that evidence of a LPA needed to be sought to ensure decisions were being made by people who had authority to this.

Records showed that people using the service and their relatives were provided with information about the support they could expect from the service. People confirmed this information was discussed during the assessment process. Staff were able to explain to us in detail about how people were involved in the decision making process.

Care records were written in a person centred style, which meant they included personal information about how people wanted to be supported. People told us they were asked about how they wanted the care to be delivered. One person told us, "They asked me what I wanted and wrote it down. The staff are very kind. They do everything they need to do and more."

The service had an effective complaints procedure. We saw that complaints were logged and responded to appropriately and in line with the policy. Staff told us that they would try to rectify any concerns raised with them straight away and would signpost people to the complaints procedure if they were unable to resolve the matter at the time. Staff said that it was important to them that people remained satisfied and happy with the service they received. We saw feedback from people was actively encouraged. One person said, "I have no hesitation in ringing the office. They always listen to you."

The provider had an 'on call' system in place to ensure that people using the service or staff could gain help and support at any time. People using the service and the staff confirmed this was answered promptly.

# Are services well-led?

## Our findings

People we spoke with said Prime Care at Home Ltd had delivered the service they had agreed upon. One person said, "All the carers do what is required."

The provider used a range of methods to monitor quality assurance. Annual satisfaction surveys were sent to people using the service. Their responses were read and considered and improvements were shared with the people using the service.

The registered manager undertook regular checks and audits to ensure they were providing safe care and we saw evidence which demonstrated they sought to make constant improvements. This meant the service was responsive and made the necessary changes to continually improve.

We looked at some of the comments offered by people which included, "Very polite, flexible and creative service", "Prime Care have been extremely helpful"

We saw that the registered manager had accompanied the staff when they provided care and support. They recorded aspects of their manner towards the person who was receiving the service, their appearance and their use of protective gloves and aprons. They checked that care was given according to the care records. This meant the provider had effective systems to check the quality of the service offered to vulnerable people.

There was a complaints policy in place. There was evidence that any concerns were acknowledged and dealt with in a timely way." One person said, "I have never had an occasion to complain but I would feel able to do so."

We saw accidents and incidents were well recorded and offered a clear audit trail. Notifications had been sent to us as and when required. We talked with staff about how they would raise concerns about risks to people and poor

practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices. They told us they would ensure people using the service were protected from potential harm or abuse and felt they would be supported by the management team. One member of staff told us, "We've all had training about what to do if we see something. I know that it would be addressed. There was a clear management structure in place and the staff we spoke with were aware of their and others' roles and responsibilities. All the staff we spoke with confirmed the office staff were approachable and an open door policy was promoted. One person said, "They are all so helpful. I have to say it's the best environment I have worked in."

There were systems in place to manage and monitor how the staffing was provided to ensure people received the agreed level of support. We saw the care records were reviewed and the registered manager monitored the numbers of hours of service people received to ensure this was provided as agreed.

We saw the provider's website and other websites offered positive comments about the service. One person wrote, 'Excellent communication.' Another person wrote, 'The quality of care received was exceptional.'

The provider offered information about the philosophy of the service and there was literature available about what people could expect. Their website offered testimonials and displayed who to contact if people had any questions or concerns. People we spoke with told us they had received excellent care and support. One person said, "The girls cheer me up and come bouncing in, I trust them."

We spoke with the managing director who was able to offer and locate all the information we required. There were systems in place to ensure the agency was well run, well managed and well led.