

PRM Care Limited

PRM Care Ltd

Inspection report

9 Highfield Road
Rochdale
OL11 5RZ

Tel: 07377808884

Date of inspection visit:
09 March 2023

Date of publication:
14 April 2023

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

PRM Care Ltd is a domiciliary care service providing personal care to people living in their own homes. The service provides support to older people and those living with dementia or a physical disability. 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. At the time of our inspection there were 8 people using the service.

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

People were at risk of receiving care and support from unsuitable staff as the registered manager did not have an embedded and robust recruitment process in place. We made a recommendation about this. Medication was managed effectively, and the provider had assessed risks in relation to people and the environment. Staff had received safeguarding training and understood the concept of safeguarding the people they supported.

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. People were supported by staff who had received appropriate training. Where people had specific needs, staff received training in relation to this. People's needs were assessed, and their nutrition and hydration needs were met. Staff received regular supervision and support with their development from the registered manager.

People were supported by staff that knew them well. Relatives spoke highly of the staff approach which was described as "Very good" and, "Respectful." Staff spoke positively of how they ensured they promoted dignity, privacy and independence and gave us examples of how they did this. People and their relatives had a good relationship with the registered manager and were involved in making decisions about the delivery of their care.

People received care that was personalised to their individual needs and preferences. No complaints had been raised by people or their relatives, but there was a system in place for managing this process. People's communication needs were met, and care plans were detailed and person centred.

Audits had not always been completed in relation to staff recruitment, and the recruitment policy was not always being followed. We made a recommendation about this. The registered manager completed quality checks relating to medicines management and care plans. People and their relatives spoke highly of the registered manager's approach, which was described as "Responsive" and "Patient."

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 28 April 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 recommend the provider reviews their recruitment practice and the audit for managing this process.

Follow up

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

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.

PRM 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

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 9 March 2023 and ended on 16 March 2023. We visited the location's office on 9 March 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 4 relatives on the telephone. We spoke to 4 staff members either in person or on the telephone. This included the registered manager and care staff.

We reviewed a range of records. This included 3 staff files in relation to recruitment. We looked at people's care plans, medicines records and risk assessments. We also looked at a variety of records relating to the management of the service, including policies and procedures, audits and training and supervision records.

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.

Staffing and recruitment

- Staff were not always recruited to the service safely. Gaps in employment and reasons for leaving previous positions working with vulnerable groups were not always recorded.

We recommend the provider reviews their recruitment processes to ensure they are robust and effective.

- Other recruitment checks had been made such as DBS checks, references and obtaining proof of staff identity and right to work in the UK. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Systems were in place to minimise risks of late or missed visits. Visit times were monitored electronically, and people told us, "The staff do anything that's needed" and, "They [staff] have not missed any visits."

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse.
- Staff had received safeguarding training and understood the importance of safeguarding the people they supported. A staff member told us, "If someone is being abused, their behaviour will change and it's hard for them to talk to someone. You have to be nice, honest and open. If they trust you they will be open and honest with you too. They need to be able to open up to you."
- Staff had access to the provider's safeguarding and whistleblowing policies on mobile handsets and they knew how to escalate concerns should they need to.

Assessing risk, safety monitoring and management

- Risks to people and the environment were assessed and monitored to keep people safe.
- People had risk assessments for their individual health needs which were reviewed regularly. Risks relating to people's home environments had been assessed for staff members.
- The provider had a range of contingency plans in place to mitigate risks of unforeseen events whilst staff were in people's homes.
- Staff were able to tell us the action they would take following an accident or incident whilst providing support in people's homes.

Using medicines safely

- People were supported to take their medication as prescribed.
- Staff completed an electronic medication administration record for all medicines support. We reviewed

these records during the inspection and found that they had been completed accurately. The registered manager had oversight of this through the electronic system.

- People's care plans outlined their individual medicines needs and what level of support they required from staff.
- Staff received medicines training and a subsequent medication competency assessment.

Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection.
- Staff had access to personal protective equipment (PPE) and had received training in infection prevention and control. There was an infection prevention and control policy to support this.
- People we spoke to confirmed that PPE was used effectively when required.

Learning lessons when things go wrong

- There had not been any incidents that would require a lessons learned process. However, the registered manager was able to tell us how they would manage this if this situation arose. There were systems in place to support this.

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, and staff were knowledgeable about how to support people according to their choices and preferences.
- The registered manager completed pre-admission assessments for people and this information was used to construct personalised support plans.
- Support plans outlined people's needs, including the health, social and domestic support they required. A person told us, "Whatever I need they help me with."

Staff support: induction, training, skills and experience

- Staff were supported to learn and develop within their role at the service.
- There was an induction for new staff which included a period where they observed experience staff and completed competency assessments. Staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff training records were up to date, and staff had received mandatory training as well as training that was specific to the needs of the people they supported. A staff member told us, "When I first started, I did a training course in person, we did a full week course and further online training as well."
- Staff supervisions were up to date, and staff spoke positively about this. A staff member told us, "They are very helpful, we do them every 6 weeks, we go over things, anything that we need or anything that we need to do properly."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People's support plans outlined their needs and preferences and staff were able to tell us how they supported people with food and fluids.
- Consumption of food and fluids were recorded on the electronic care system and the registered manager had direct oversight of this.

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

- Staff worked with other agencies to ensure people received the care they needed.
- Staff worked alongside district nurses and social workers to ensure people's changing health needs were

communicated and supported.

- Staff understood people's health conditions and the support they needed in managing these.

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- All of the people supported by the service had capacity to make decisions about their daily lives and consent was sought for care and treatment.
- The registered manager understood the principles of the MCA and staff had received training in this area.
- A staff member told us, "You first have to ask permission before doing anything, you have to respect people's choices."

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

- People were supported by staff who treated them with respect.
- Relatives spoke positively about the staff approach which was described as "Very good" and, "Respectful."
- People told us, "They [staff] are all lovely and they are all helpful" and "They [staff] are all really nice and reliable."

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

- People were able to express their views on the care they received.
- People were invited to complete feedback forms. The registered manager reviewed these and took action to make improvements where needed.
- A person told us, "I had a form recently which was how I felt about the service." A relative told us, "I try to meet [registered manager] once a month."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their privacy, dignity, and independence.
- The registered manager completed regular competency checks of staff providing support to people to ensure it was safe and respectful. A staff member told us, "[Registered manager] will come to calls sometimes and assess me."
- Staff understood the importance of promoting the independence of the people they supported. Staff told us, "I let [person who used the service] do what they can as long as they're able to, then I help where needed. I let them do as much as they can for themselves."

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

- People's care and support was provided in line with their needs and preferences. A person told us, "They support me well with my current needs."
- Care plans were person centred and staff understood how to provide care in accordance with people's individual needs. A staff member told us, "A job in care, you have to do it like it's your mum or dad. You have to put yourself in their shoes. You have to care for them as you would want them to care for you."
- People's care routines were clearly outlined and relatives spoke positively about the choice and control their loved ones received. One relative said, "They [staff] do things beyond their remit, even when they don't have to, by helping [person who used the service]."

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.

- People's communication needs were outlined in their care plans. This included verbal communication as well as eye contact and body language.
- People's care plans guided staff on how to identify if people were becoming upset or distressed and advised them on how to support them.
- The registered manager was aware of the AIS and documentation could be provided to people in a range of alternate formats.

Improving care quality in response to complaints or concerns

- The service had not received any complaints or concerns from people or their relatives. People felt confident in raising complaints should they need to. They said, "I have all [registered manager's] contact details" and "In terms of the care [person who used the service] gets from the company, there is no problem there, it's very good."
- None of the people we spoke to had any complaints or concerns about the service. The registered manager understood the importance of managing and responding to complaints should they arise. There was a system and a policy in place to support this.

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.

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

- There was a system in place for auditing the staff files in relation to recruitment. However, these checks had not always been effective in identifying recruitment issues outlined in the safe section.

We recommend the provider reviews their recruitment auditing process to ensure it is robust and effective.

The registered manager took action to rectify this during the inspection.

- The registered manager completed other audits including a weekly medicines audit for people using the service. Any issues found during audits were identified and acted upon.
- The registered manager understood their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.

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

- Relatives spoke positively about the registered manager. They said, "She's very good, she's kept in touch with me and makes sure I know what's going on" and "[Registered manager] is extremely nice, I have no complaints." A person told us, "I like [registered manager], she is really on top of everything. She's smashing."
- Staff told us they knew the registered manager well and they felt supported in their role. One staff member said, "[Registered manager] has so much patience with the team. If I want to learn anything, I want to learn from her. She is kind and is always there for each one of the team no matter what." Another staff member said, "She is very supportive. She supports me in many ways, and she responds well to any problems."
- Staff attended meetings and felt engaged in achieving good outcomes for people. A staff member told us, "We talk about anything that we need to change. For example, if I see something to improve then we can raise our opinions and bring it to the table for everyone to discuss, which is good because [registered manager] can pick up on it."

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to providing a service that continued to learn and develop. There

was a development plan in place which outlined improvements to be made regarding staff well-being, training and engaging people that use the service.

- The registered manager understood the importance of partnership working to provide effective care for people. We reviewed records which evidenced the involvement of others in people's care and support, such as advanced practitioners, mental health workers, district nurses and occupational therapists.