

Prime Care Domiciliary Limited

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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

Prime Care Domiciliary Limited is a domiciliary care service providing personal care and support for people in their own homes. The service provides support to older people and younger adults with a range of needs including physical disabilities and sensory. At the time of the inspection, there were 4 people using the service.

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

People were receiving an improved service following the last inspection. People were safe due to improved recruitment practices which ensured that appropriate and suitably skilled staff supported them. Risks to people had been assessed and mitigated through guidance for staff. We have made a recommendation about the completion of more specific environmental assessments. People were supported by enough staff to keep them safe and provide effective care. People who required help with their medicines were supported safely. People were protected from harm by staff who understood safeguarding principles.

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 now received a formal induction with training that was appropriate for their role. People were supported with their eating and drinking needs by staff.

People told us that staff were kind and caring. Staff sought people's views and involved them in decisions about their care. People were treated with dignity and respect.

People received a responsive service where their care was arranged according to their needs and wishes. Staff knew these needs well. Staff were flexible and adapted to peoples' request to adjust their support. People received good continuity of care and received care at times that suited them. The management dealt with issues well and people felt confident that complaints would be dealt with appropriately by the registered manager.

The registered manager was well regarded. The registered manager had improved quality assurance systems and oversight of people's care and information was used to drive service improvements. People, their relatives and staff were asked for their feedback and their opinions were respected and acted upon.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 December 2018)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in

breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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?

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 responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Prime Care Domiciliary 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 24 hours' notice of the inspection. This was because they provide a domiciliary care service. We wanted to ensure that the service was expecting our call and that staff were available to speak with us.

Inspection activity started on 30 March 2023 and ended on 31 March 2023. We visited the location's office on 31 March 2023.

What we did before the inspection

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. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 1 relative about their experience of the care provided. We spoke with 4 staff including the registered manager, a supporting manager from the providers other services and 2 care staff. We sought the views of one professional. We reviewed a range of records. This included 4 people's care plans and associated risk assessments and medicines records. We reviewed 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including spot checks and audits, were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had not ensured that staff that were employed were of good character and had the appropriate qualifications, skills and experience which were necessary to perform their role. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At the last inspection, the provider had not always assured themselves that staff were safe to work with the person they supported. The provider had failed to follow their recruitment policy in relation to obtaining checks from the Disclosure and Barring Service (DBS) prior to new staff working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider had also failed to ensure that suitable references had been obtained, in line with their recruitment policy.
- At this inspection, we found that the provider was following their recruitment policy in terms of DBS checks, the provision of suitable inductions and obtaining suitable references for newly recruited staff.
- We reviewed a number of staff recruitment documents and the registered manager had ensured that suitable checks and references had been made and recorded these appropriately.
- There were enough suitably trained staff to provide care to people. People told us they received a reliable service where calls were usually at the times they wanted and where staff did not rush them.
- People told us that they had good continuity of regular carers. One relative said, "We have been very fortunate that we've had a team that consists of about 4 regulars. We don't have anyone that turns up who we haven't seen before." One person told us, "I get the same carer at the same time on the same day each week."

Using medicines safely

- At the last inspection, medicines were not always managed safely. The registered manager had failed to respond to an issue around staff not administering medicines according to the prescribing guidelines. The registered manager had also not ensured that staff were provided with guidance on 'as and when required' medicines to ensure that they were supporting the person to have their medicines in a consistent way.
- At this inspection we found that the management of medicines had improved and that safeguards and checks were in place to ensure this. We do not inspect how medicines are stored in people's homes. Staff had received training in administration of medicines.

- Staff recorded the administration of people's medicines on a secure electronic application. Management ensured that people's medicines were updated when needed and staff told us that information about people's medicines was clear and accurate.
- One person was prescribed 'as and when needed' or PRN medicines. There was guidance in place for staff to follow when PRN medicines were needed.
- Medicine administration was completed by staff using an electronic application on mobile phones. The registered manager monitored administration and reviewed medicines weekly to ensure that staff practices continued to be safe and effective.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. Staff had the training and knowledge to ensure they could recognise when people may be unsafe and to identify potential signs of abuse. Staff understood processes for reporting these concerns.
- Staff had a clear understanding of the different types of abuse. One carer said, "I would look for physical signs like bruising. Also, if someone's mental health or behaviour changes."
- People told us that they felt safe with the support of their carers and safe with them in their homes.
- The registered manager understood their reporting responsibilities with the local authority and CQC in reporting incidents where they suspected abuse.
- The registered manager had a system for recording and monitoring incidents and accidents. Staff understood their responsibilities for raising any concerns and reporting incidents and near misses.
- Records showed that incidents were reported appropriately. The registered manager received alerts through the electronic care system when incidents were submitted, and these were reviewed and responded to promptly.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Care plans had the information staff needed to manage these risks safely. Staff told us that changes in people's support were updated promptly to the electronic application they used.
- Risks associated with people's health needs had been assessed and guidance in place for staff to support people safely. For example, information was in place for staff regarding a person's neurological condition to inform them when supporting the person.
- As part of the initial assessment of people's care, the provider had completed generic environmental checks in people's homes so that staff could undertake care and support safely. However, these did not assess the potential risks within people's individual homes. We discussed this with the provider who agreed that this would improve the assessment of safety.

We recommend the provider completes specific risk assessments that ensure that individual living environments are checked and managed to support people to stay safe in their homes.

Preventing and controlling infection

- People told us they felt safe because staff ensured that they prevented and controlled infection in their homes. The provider's policy followed national guidance for the prevention and control of infection.
- People told us that staff kept their environment clean and wore appropriate PPE. One person said, "Yes, he wears the apron and gloves. I've got all that here."
- Staff had received training on infection control and had access to PPE they needed. We saw records showing that regular spot checks were completed that included the monitoring of staff's use of PPE.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection, we found that although staff had the skills and experience to meet people's needs, the provider had not offered and delivered a suitable induction with learning and development courses to staff. We also found shortfalls in recruitment practices where the registered manager had not taken appropriate measures to assure themselves that staff were suitable to work with the person before they began work.
- At this inspection we found that the registered manager had made improvements to recruitment practices and staff were provided with regular training courses relevant to the care they provided.
- Training was provided in areas relevant to the support they delivered such as safeguarding, food hygiene, fire safety, infection control and medicines. Refresher courses were provided annually so that staff kept up to date with practices. One staff member said, "We have in house trainer. If I have any problems, I can call them directly. I got three days training as an induction. First day it was basics we did things like fire safety and safeguarding, manual handling."
- Where needed, training courses were provided so that staff could support people safely. For example, some staff received training in catheter care and were able to support one person with monitoring and cleaning their catheter at home. One person said, "I have a bath lift which is there which they operate well." One staff member said, "I did some training from one of the managers in Colchester. They gave me face to face. Yes, the training was very helpful for me."
- The provider ensured that each new carer completed The Care Certificate as part of their induction process. 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 were provided with supervisions and appraisals to support them in their role. Staff told us they found this useful and could discuss anything with the manager.

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.

- At the last inspection, we found that staff had sometimes not involved a person, who had capacity, in decisions about their care and had taken directions from their relative.
- At this inspection, we found that staff had a better understanding of consent and the principles of the MCA and had put this into practice.
- Since the last inspection, staff had received training on the Mental Capacity Act and understood their responsibilities regarding MCA, and the importance of people being involved and making their own decisions.
- People and their relatives told us staff sought consent before providing care. One person said, "My carer asks me different questions all the time." One relative said, "I'd say they do it to the extreme, they ask our consent when it's actually not needed, but it's fine."

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

- Peoples' needs, and choices, were assessed to take account of people's diverse needs and preferences.
- The management of the service met with people before setting up their care package to ensure they could effectively meet their needs. On one occasion, an assessment had been completed when the person was in hospital, while a second was undertaken when they returned home. One person said, "At the beginning, (the registered manager) turned up and introduced us to 4 or 5 staff who would care for my husband." One person said, "I told them what I needed and (registered manager) said they were sure they could supply that."
- Current evidence-based assessments were used to assess people's needs. For example, a Waterlow assessment was undertaken for some people. This is a tool used to calculate the risk of a person developing pressure ulcers or sores.

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

- Some people needed support with preparation of food and drink and staff supported them effectively with this.
- People were happy with the support they received. One person said, "While I'm doing other things, the carer will prepare my breakfast and lunch for me. Another person told us that some staff initially had issues preparing basic dishes, but with guidance were now preparing their food as they liked it.
- No one receiving care needed support with modified diets or had swallowing issues, but the registered manager was aware of how and where to seek professional support should people's needs change.

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

- People were supported by staff to access health care services if they needed to.
- When needed, staff had made timely and appropriate referrals to health professionals when people required additional support.
- The registered manager described working collaboratively with other professionals such as Tissue Viability Nurse, district nurses and the local authority care management team.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At the last inspection, records showed that staff had not always respected people's wishes when they expressed them. We also found that some language in people's care records did not support this practice which did not demonstrate dignified care.
- At this inspection, people and their relatives told us that staff treated them with respect and ensured that their decisions and views were listened to and acted upon. Staff recording of people's care had improved.
- All those we spoke to said that they were given the opportunity to express their views about their care. One person said, "(The registered manager) has been very good and always very helpful if I have any queries. She's very accommodating to changing things accordingly to fit around me." Another person said, "They listen to me and follow my directions."

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were positive about the caring attitude and approach of staff. One person said, "They are very kind and respectful to me." One relative said, "The staff are very nice and have been very kind."
- Staff spoke about the people they were caring for with compassion and respect. One staff member said, "I will always talk to people, talk to them about their routine, how their day is or how it's been. We chat with the next of kin or relatives."
- Staff knew and respected the people they cared for, including their preferences, backgrounds and needs. People said they received good continuity of carers and that meant that their needs and preferences were understood and acting upon by staff.
- People spoke about the work ethic of carers and how they looked to support them with additional requests. One person said, "All the carers they send have been hard workers They always look for something to do. They try and find something to do."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- People told us that carers were respectful in their homes and when providing support. One relative said, "Oh yes, when he uses the commode, they always come outside and close the door."
- Information about people's care and their personal information was kept securely at the service's office, while carers used a secure electronic application on their phones.
- People told us that staff completed the tasks they needed. Care packages were adjusted when people were able to support themselves with tasks, but staff encouraged people to complete tasks themselves.

When talking about certain tasks, one person told us, "I'm independent with those. I have everything set up for myself."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- At the last inspection, one person had not been involved in discussions or decisions about their care. We also found that reviews of people's care had not always taken place.
- At this inspection, we spoke to each person receiving support from the service and all confirmed that they had been involved in discussions about their care.
- People were receiving a service that was responsive to their needs. People told us that staff supported them at times that suited them. One person said, "They have been very accommodating if I have plans in the evening and they have come early." Another person said, "He (carer) does what I need him to do. Anything I wanted, I would just have to ask."
- Technology was used effectively to provide a responsive service. The provider was using an electronic care system where care staff, using a secure application on their phones, could input information about the care they delivered on each call. Information about personal care, medicines and incidents that needed to be reported were recorded and then monitored by management staff. Changes to people's support was reviewed and updated so that staff had the most up to date information available to them.
- People's care plans contained detailed routines about how they wished for their personal care to be delivered. One person we spoke to said this was followed on each call.

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.

- The provider has assessed and considered people's communication and sensory needs. Staff knew people well and supported them with those needs.
- The provider had ensured that people's communication needs were assessed and recorded. However, no one receiving a service had any additional communication requirements that needed to be considered by staff.
- The registered manager confirmed that, should it be needed, the provider would be able to give people information about their care in a format they required, such as braille, easy read or large print. Makaton training was available to staff should they need to access it.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people had details of how to make a complaint in their home folders.
- There were no formal complaints to review although people we spoke to said the management was responsive in dealing with any issues raised. One relative said, "There was a problem previously and I called them and (the registered manager) immediately dealt with it.
- People we spoke to told us they would feel comfortable making a complaint and confident that it would be dealt with appropriately. One person said, "Yes, I would call the manager. I feel confident they would deal with it as and when."

End of life care and support

- No-one was receiving end of life care at the time of inspection.
- Staff received training in end-of-life care as part of their induction and the provider would seek people's preferences for end-of-life support when appropriate.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection the provider had not assessed or monitored risk, neither had they improved the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that enough improvement had been made and the provider was no longer in breach of regulation.

- At this inspection, the registered manager had made improvements to the oversight and quality assurance audits. Issues highlighted within the last report had been addressed and improved.
- The registered manager had implemented thorough recruitment checks on new staff and ensured that training relevant to the role was provided to staff as part of their induction.
- Quality assurance surveys had been sent to people to gain their feedback and included all areas of their support. Feedback from these surveys was positive about the care people received.
- The registered manager completed spot checks on carers to ensure that people were receiving safe and effective support from staff. Spot checks monitored staff performance in areas such as infection control, the caring approach of staff, food handling and understanding of people's needs. We saw records of checks that had been completed. One person said, "They check every now and again if I'm happy with the service I'm getting which I am."
- The introduction of an electronic care system had allowed an improved oversight of the support people received. Information recorded by staff was routinely monitored to ensure that areas such as call times, medicines, changes in need and incidents were tracked and responded to appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they were engaged in their support. People reported being involved in developing their care plan at the initial assessment.
- People who were supported by the service had not been receiving support for an extended time, but surveys had been completed with each person to seek their feedback about their care.
- Feedback was positive about the engagement of management and the office. People told us that requests and issues were dealt with promptly and professionally. One person said, "(The registered manager) has

been very good and always very helpful if I have any queries. She's very accommodating to changing things accordingly to fit around me." Another person said, "Yes, I've spoken to her once or twice. They deal with stuff right away." Another person said, "She has rung a couple of times to ask if everything was satisfactory."

- Staff had developed effective working relationships with other agencies. Records showed regular involvement with a range of services including GP's, tissue viability nurses and district nurses.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 told us that the registered manager was open, and the registered manager was approachable and accessible. Staff felt listened to and involved in their work and were given enough information to undertake their role. Staff spoke positively about the electronic care application they use to record people's care and support, which gave them more time to interact with people.

- Staff spoke positively about the registered manager. One staff member said, "(The registered manager) is very supportive. She does everything for us. She does team work very well."

- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

- For example, we saw records of correspondence apologising for a systems error that affected one person's support. An apology was made, and information given on actions that had been taken to prevent a further reoccurrence.