

Pramacare

Pramacare

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Pramacare is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 140 people received care and support from the service.

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

Everyone we spoke with provided exceptional feedback about how caring and supportive the staff were and so often went the extra mile to ensure people were happy and felt well cared for.

We found overwhelming evidence of the positive impact the service had on people's lives. This was due to positive culture created by the registered provider and registered manager.

The providers values of compassion, helpfulness, respect, integrity, sensitivity and trust were embedded in the culture of the service and reflected in all areas of the service, especially from the staff and feedback from people confirmed this.

The registered provider and registered manager continually reviewed the service and sought ways to improve the service to benefit both the people receiving the service and staff. They had built strong relationships with relevant professionals and within the local community to promote learning and meeting people's needs. They had introduced innovative projects to improve people's overall wellbeing and care as well as try to reduce social isolation and loneliness.

People received personalised care which was responsive to their individual needs. Staff had an excellent understanding of the care and support people needed and provided this with great care and understanding.

People told us they felt listened to and consulted when planning and agreeing what care and support they needed.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection.

Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed.

There were sufficient numbers of trained, experienced staff to meet people's needs. Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed.

Four people were concerned that staff worked long hours and did not always have sufficient time to travel between calls. They said this did not affect the standard of care they received. Three staff also told us that scheduling of calls could be improved. However, the majority of staff reported that schedules were satisfactory, and they were listened to if they raised an issue with travel times or the schedule. We have made a recommendation about this.

Staff received induction and on-going training and support that enabled them to carry out their roles positively and effectively.

People had access to healthcare services and were involved in decisions about their care wellbeing. Partnerships with other agencies and health professionals enabled effective outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and where appropriate their relatives were involved in decisions about their care.

People, relatives and professionals told us they could confidently raise any concerns, and these were addressed appropriately.

Governance systems and oversight of the service were robust. Issues were identified, and actions taken to address any shortfalls.

Rating at last inspection

At the last inspection in June 2017, the service was rated Good overall and Outstanding in one area.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was exceptionally caring.	Outstanding ☆
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was exceptionally well-led.	Good ●

Pramacare

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people.

Service and service type

Pramacare is a domiciliary care agency. It provides personal care to people living in their own homes.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit. We needed to be sure that people were informed that we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection.

Inspection site visit activity started on 13 May 2019 and ended on 24 May 2019. We visited the office location on 13 and 17 May 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 also spoke with commissioners of the service from the local social services department and clinical commissioning group to

obtain their views about the service. We used all of this information to help us plan the inspection.

During the inspection

During the inspection we spoke with 19 people and two relatives. We also spoke with the director of care, the registered manager and three staff. We had emails from 17 members of staff in response to our enquiries about the service and obtained feedback about the service from four health and social care professionals.

We reviewed a range of records including four care plans, three staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, medicines records and maintenance of equipment.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff from Pramacare. One person told us, "It's a 'combination of what they do and say makes me feel safe."
- Staff understood their role in protecting people from abuse and had received training on the safeguarding of adults.
- A member of staff told us, "I am confident in my knowledge around safe guarding and whistle blowing and this is one of the key principals of the Pramacare training that ensures everyone feels empowered to fulfil this requirement."
- Staff were knowledgeable about the provider's whistleblowing policy and confident that they would be listened to if they had to raise concerns.
- A member of staff told us, "I feel able to report any concerns and feel well informed about what needs to be reported."
- The registered manager had a good knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified.

Assessing risk, safety monitoring and management

- Staff understood the actions they needed to take to minimise the risk of avoidable harm. One person told us, "They never leave before asking me if there is any else they can do."
- Assessments were carried out to identify any risks to people and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.
- Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff.
- There was a contingency plan in place in case of events which affected the service running safely such as adverse weather. People's needs had been assessed to identify anyone who was deemed a visit was essential, or whether other support was available to support them in extreme situations.

Staffing and recruitment

- The provider's staff recruitment processes were robust. The relevant checks had been completed before staff worked with people in their homes.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care.
- People told us that carers stayed for the allocated time and sometimes longer. However, if their carer left early, they did so with their agreement.

- One person said, " Sometimes they go over time because they are so good and want to finish the job." Another person told us, "They really care about my husband. They seem to go that little bit extra. They're not like other companies that rush."
- Everyone we spoke with reflected that the staff employed by Pramacare all held similar values and qualities. One person told us, "The personality of the carer has a lot to do with it. We were very worried about having a stranger in the home, from the first day the carer put us at home and 100% the right person for the job. The carer is like a good friend and part of the family."
- People received the care and support they needed from staff who arrived promptly and stayed for the contracted period of time.
- Four of the 19 people and three of the 18 staff we spoke with, told us of concerns that staff did not always have sufficient time to travel between their visits.
- The registered manager confirmed that if they were made aware that insufficient time had been planned, then this was always increased.
- The majority of staff reported that travel times were satisfactory and if they did have issues, they would raise these with the scheduling staff who built more time into the rotas.
- People were sent rotas to tell them which staff to expect and at what time. The service aimed to make minimal changes to the rota and to communicate these to people when they were necessary.
- People understood that rotas were subject to changes due to staff sickness, traffic and emergencies during visits which held staff up from going to their next call. Four people also told us staff did not always arrive on time but did understand that most delays were unavoidable.
- Eight other people said they would like more continuity in the staff that visited but also recognised that this may be difficult for the service to achieve and still expressed their overall satisfaction with the service.

We recommend that the issues reported about travel times and continuity of staff are looked into and action taken to address the concerns.

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- One person told us, "They make sure I get the right medication and put it on the spoon. I'm on antibiotics and they have the MAR sheets written up and the make sure I get it at the right time."
- Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed. Their competency to administer medicines was regularly checked.
- Training and/or competency checks for some staff were overdue. The registered manager had a plan in place to ensure this was promptly addressed.
- Where safe to do so, people were encouraged to manage their own medicines. This promoted their independence. One person said, "They don't help so much now because I have taken it over myself."

Preventing and controlling infection

- People were protected from the risk of infection because staff were trained in infection control.
- Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and near misses were analysed to understand what had happened, identify trends, and help prevent them happening again. There was an open approach to learning when things went wrong.

- Information was shared appropriately with other professionals, people and relatives and advice was sought and shared amongst the staff team.
- Staff confirmed that learning was shared with them at meetings and more urgent things were sent to them electronically.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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 and preferences were assessed before the service started to provide any care or support and were then regularly reviewed. Information about their care needs, lifestyle, spiritual and cultural choices was included in the assessments.
- Assessments had been completed in line with current legislation, standards and good practice guidance.
- The service tried to match staff to people's preferences and needs and provided continuity of care whenever possible. One person told us, "I have three regular carers. They said I would have those carers and I have got used to them, but if the carer is off, they will ring me and let me know someone else is coming. Usually, I've seen them before especially since I've been poorly."
- Staff told us they received training and regular updates on changes to guidance or the law. This ensured they were providing best practice and effective care and support to people.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about their roles and knew how to provide the correct support to meet people's needs.
- People told us they felt their needs were met by staff with the right knowledge, skills, experience, attitudes and behaviours for their roles.
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. Staff were knowledgeable about their roles and how to provide the correct support to meet people's needs.
- A member of staff told us, "Training was very informative whether you are new to care or been in care for a while. Our local training centre is always open to all of us to pop in to refresh our skills or ask for advice."
- Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they could do so. An ongoing programme for updates and refresher training was in place.
- The provider had reviewed the provision of training and introduced a new system in the service which included online training packages as well as traditional face to face learning. During the change in systems, they had been unable to keep all of the staff up to date with their required training. There was a plan in place to ensure staff completed overdue training as soon as possible.
- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.
- A member of staff told us, "Pramacare has a robust monitoring policy that keeps you focused. I get regular supervisions and I am made to feel valued."

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

- Some people had support from staff in preparing food and drink as well as assistance with eating and drinking. Care plans reflected the support people needed.

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

- If required, referrals were made to appropriate health professionals for further advice and guidance.
- Staff spoke knowledgeably about people's health needs and recognised the importance of being proactive in seeking guidance and support from health professionals.
- People were supported by staff who were proactive in recognising and reporting any changes in a person's needs or health. Records showed numerous occasions where the service had contacted GP's, community nurses, social workers and emergency services.
- A health and social care professional told us, "All the carers that I meet and work with are committed, compassionate and willing to learn and work with me to deliver the best outcomes for our clients. I have confidence in the management structure, that knows what is going on with the clients and are able to communicate my advice/recommendations for our clients. They are proactive and will contact social care services if there is an issue."
- One person told us, "I hurt my arm and the carer put pressure to stop the bleeding. The carer rang the office who gave me the choice of paramedics or district nurse."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed this. People and their relatives told us this was done in a timely way and records confirmed this. This included support from GP's, community nurses, opticians and chiropodists.
- Records showed that instructions from healthcare professionals were carried out.
- One person told us, "Often, if I'm not well the regular carers know I'm not right. They will contact the office for advice. They give me a lot of compassion."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.
- Where people lacked capacity to make some decisions, there was not always clear evidence that people acting on their behalf had the legal power to do so.
- The service used a standard form to assess people's capacity and whether a number of different decisions needed to be made on their behalf. It is good practice to make mental capacity assessments for each decision to be made and at the time the decision is required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People received highly personalised and compassionate care that took into account their rights to equality and acknowledged diversity.
- The service had created a person centred, caring and kind culture.
- People, staff and professionals all spoke exceptionally highly about Pramacare and how caring and supportive the service was.
- Many people told us that staff often went the extra mile for them. Comments included, "Our carer is very caring, and I imagine treats my husband like she would her own father. She makes him laugh and brings him treats. She is a very motivating person who takes the time to encourage my husband." and "My carers will do some shopping in their own time if they know I have run out of something."
- A member of staff told us, "Pramacare is one of the best agencies I've worked so far. The staff are very friendly, caring and always thinking of others."
- Staff had completed training in equality, diversity and inclusion. Care documentation included information about people's protected characteristics including expressing sexuality, religion and cultural needs. The registered manager discussed examples that had needed to be handled with sensitivity. Staff confirmed that they were discretely told what they needed to know if they provided care to specific people, but information was not kept in general circulation.
- People told us that staff saw them as individuals and provided very personalised care. They said that staff understood their preferences and had knowledge of their lives, families and other things which were important to them.
- One person told us, "The word care covers what I think. I find them all very caring and helpful. They do everything I ask and that's the main thing. I'm not allowed to do things by myself. They are very polite to me and members of the family."
- A member of staff told us, "if I have not felt happy with a call due to a client being unwell or had a fall or even just needing extra time I have been supported to stay at that call with the client and in the last year never felt pressured. I truly feel Pramacare are there for clients and go above and beyond so that we can support them in their own homes."
- Each person had their life history recorded and staff used this information to get to know people and build positive relationships with them. One person told us, "We do have a good conversation and the listen to me. I think I talk too much and tell them to tell me to be quiet. No one has said that yet though."
- People's care and support records reflected their cultural and religious beliefs and staff respected their views. One person said, "They have time for me to have a little chat. Which is what a lot of it is about. I've run out of friends and my family don't live close so to have them come in and have a chat is a wonder."

- The registered manager told us, "Attendance at lunch clubs, Day Centres etc is supported and facilitated enabling clients to maintain links to their communities. We have recently acquired the Barrington Centre in Ferndown to give social opportunities to our clients. We offer a wide range of activities and services at the centre but also locally in Poole, including dementia and age friendly clubs, chaplaincy and befriending, carers support groups, local community activities and intergenerational programmes. Some of our clubs focus on specific hobbies like gardening, sporting memories or keep fit, some support those living with dementia, others simply a space where you can natter over coffee! We also provide social trips out with others on our minibus."

- Staff told us how they were able to make use of these services for the people they supported. They said they had been able to help people to begin or maintain involvement with their local community. This had improved people's opportunities for social interaction and to take part in activities. Staff said that this had improved people's overall wellbeing and enabled them to feel part of the wider community.

- The service was very aware of people who may be at risk of loneliness or isolation and had developed a programme to address this which was called the Smile project. Staff were able to nominate people they thought would benefit from two free hours of support, free of charge, each month to enable them to do an activity of their choice either at home or in the community with a member of staff.

- Recent examples of things people had chosen to do included gardening, going out for coffee and shopping trips. The registered manager told us, "One person had loved doing flower arranging but was not able to get out to do this anymore. We allocated a member of staff who is a florist, she took flowers and equipment to the person's home where they both enjoyed making a flower arrangement."

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

- People were encouraged to express their views and the service took time to ensure that people had this opportunity. Everyone we spoke with said that they were empowered to make decisions about their care.

- People said they felt staff listened to them and were friendly. One person told us, "I will sometimes tell them changes with my husband's needs and the carer tells the office, so they can look out for it. When we had personal care, the carers were very good at looking out for bruises or marks and would point it out to me."

- The service had a number of different ways to ensure people were consulted about their care and the services they received from Pramacare. This included the use of Skype, short surveys centred on a particular theme sent electronically as well as by post and occasional group meetings to discuss relevant issues.

- A 'suggestion box' postal address and email address had been created to encourage people to give feedback or raise concerns either directly or anonymously. The registered manager confirmed that this facility was also going to be added to the website.

- People had recently highlighted their gratitude to the staff for the care and support that they received and asked if a way of showing this gratitude could be developed. This had led to an event called Prama Stars where people were able to nominate staff for awards and these were presented at a gala event attended by people, relatives and staff.

- Feedback from the event was that it had been a success in promoting people's social wellbeing as well as great fun for all concerned. It had been agreed that this would become an annual event.

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed that staff were respectful of their privacy, dignity and independence.

Comments included, "They are excellent. Their whole attitude is welcoming. They tell me who they are and introduce themselves. We are on good terms and get on well. They give you a sense of jolliness. They ask me what I want and what they can do."

- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this. One person told us, "They let me do what I am capable of doing. They leave me to get up to move from my chair to the commode. They are discreet and don't try to un-nerve me."
- People received care and support from staff of their preferred gender.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us that staff were excellent in the care and support they provided; they said they felt very well cared for and were always consulted about what they needed and how they wanted this to be done for them.
- A member of staff told us, "From my point of view, Prama is responsive to our clients' needs, endeavouring to provide regular time slots and care staff for each client where possible. This proves beneficial to both the care staff and the client by providing a routine that assists with the quality of care we can provide because of increased knowledge of our client and effective use of time."
- Care plans were personalised and detailed how the person wanted their needs and preferences to be met. Each person's plan was regularly reviewed and updated to reflect their changing needs. One person said "Yes, they always go through his care plan and review it every six months, medical, physical needs and contact details. My husband had stroke and they helped with speech therapy."
- People said that staff were very flexible and always responsive to their needs and they were involved in organising their care plan. One person told us, "Yes, we used my previous care plan to write my current one. After three months, two managers came, and we went through how the service had been. I'm not sure if they regularly carry out reviews. One of the managers comes to me as a carer and if my care plan needs changing I speak to them and they put the wheels in motion."
- Other comments included, "When I have asked for help I have never been refused." and, "I have a carer once a day and I am very impressed and pleased with the care I get. They help me wash and get dressed and do other things like clean the floor. I have no complaints."
- Staff confirmed that care plans provided sufficient information for them to meet people's needs and if they ever had any queries, there was always someone available for them to ask. One member of staff said, "The care plans are full and descriptive and updated regularly."
- The service was always looking for ways to improve the care and support they provided for people. Since the last inspection, a new idea, known as The Red Bag Project, had been introduced. Staff had noticed that people often had unplanned stays in hospital and may not have anyone to pack a bag for them with necessary items or things that would comfort them.
- The service, together with another local charity, had purchased a number of red overnight bags and had arranged for staff to spend time with people helping to pack items that they may wish to have with them. The bag was then left easily available for emergency services staff to grab and take with them.
- One person told us, "I think they are awfully good. If it wasn't for Pramacare I would be completely at a loss. They help with things I can't do even if it is only small things."
- There was a strong recognition that many older people were at risk of becoming lonely and socially

isolated. One of the senior staff in Pramacare had become involved in national research programme entitled "Ageing well without Children". This looks at what it means to be ageing without children and how it affects people in later life especially with regard to the provision of care and support as well as feeling socially marginalised.

- The service had included the learning from this project in their care planning and assessments as another method of identifying where people may have unmet needs and trying to help to address this.

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.

- Assessments and care plans flagged up sensory loss and communication needs. The registered manager gave examples of when they had taken action to support people in this area and these included sending out rotas and other documents in a larger print for people with sight difficulties.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.
- The complaints procedure explained how to make a complaint and set out how they could expect any concerns or complaints to be dealt with.
- No formal complaints had been recorded since the last inspection.
- Some of the people we spoke with were not clear about the formal complaint procedure, but everyone confirmed that, if they had any concerns or worries, they knew how to contact the service and were confident that they would be listened to.

End of life care and support

- People received support and care from well trained, caring staff at the end of their lives.
- The registered manager told us no one was receiving end of life care at the time of our inspection. They told us that there were occasions where staff did support people in their own homes and staff took great pride in ensuring people had "a good end".
- Since the last inspection, a system had been introduced to enable and facilitate staff to support people and carers who had been recently bereaved. Where possible, staff attended people's funerals as a way of paying their respects and saying good bye. One person told us, "I recently lost my husband and they have been very good about that."
- The service also allocated some time for staff to spend with the bereaved person to provide them with support. This was not charged for.
- Records showed that staff had completed training in providing end of life care and some staff had completed advanced levels of training in this area.
- Care plans lacked detail about how people would like to be supported when they reach this point in their lives. Records showed that when people became particularly frail and unwell, more detailed care plans were created to fully address people's needs.
- The registered manager explained that most people chose not to complete this section of the assessment and care plan. They had already identified this as an area for improvement and were encouraging staff to discuss this at an appropriate time and with sensitivity either during reviews or when the opportunity

presented itself.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had created a highly personalised and compassionate, caring culture not just for the people it looked after but also for the staff. Numerous people and relatives gave us examples of the positive impact the service had on people's lives.
- The registered manager and all of the staff were highly motivated to provide the best possible person-centred care and support. A member of staff told us, "Pramacare is one of the best agencies I've worked for so far. The staff are very friendly, caring and always thinking of others."
- Without exception, people, relatives, staff and professionals told us the service was well organised, open and professional. This meant people could trust that visits would happen as per the schedule, any issues or problems would be attended to and staff had the knowledge they needed to do this.
- Comments included, "I like the way they do what they say they will do. If they will arrive at a certain time they do or if I prefer certain people, they do this. They stick to what they say. The carers are all very good and seem to have a good ethic. I find them caring and not in a hurry rushing my husband who is a complicated case. We are very happy with them." and, "I like all the staff. I know they have their faults, but they are lovely. They are a good standard of person. We always have a laugh and joke, and they say they like coming to me."
- People and staff told us that the registered manager and other senior staff were all very approachable and that they would have no hesitation in raising concerns or making suggestions. One member of staff said, "I am proud to wear their credential badge and carry on with my caring work in the community." People told us that knowing there was someone available to help them, even with things not directly related to their care and support, made a great difference to their health and wellbeing.

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 registered manager promoted the ethos of openness and learning from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The registered manager showed us accident and incident reporting processes that included prompts for appropriate reporting to other agencies such as safeguarding, health and safety executive. The provider fulfilled their duty of candour following incidents where this was applicable.

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

- Everyone we spoke with or contacted said there was a clear management structure in place and that they were always responsive to any issues raised.
- The registered manager and staff were clear about their roles and responsibilities and felt very well supported by, and positive about, the registered provider. Staff were highly motivated and very proud of the service and took pride in making a difference to people and helping them to live better lives.
- The provider's leadership and values inspired staff. A member of staff told us, "I have been working for Prama for 2 years now and it's an amazing company to work for I love my role and love being able to put a smile on someone's face each and every day. Management and office staff are brilliant and are at the end of the phone if I need them, if I have any concerns they are my first port of call." .
- A health and social care professional told us, "The Managerial support from [registered managers name] down, is excellent. The support and team-working ethos with colleagues, is fantastic."
- Staff told us they felt valued and received praise for their work. They said this motivated them to provide the best care they could. A member of staff told us, "they value the staff which is reflected in the way they look after us."
- The registered provider continually monitored the quality of the service provided to people. There were regular surveys of people, staff and relevant stake holders as well as discussions with people during reviews and unannounced spot checks on staff. This meant they were always checking to ensure that people received the best possible care and support.
- A member of staff told us, "Managers are good and give regular reviews in a friendly way. I have always been encouraged and they have helped me to grow in confidence since I have been with Prama."
- Records of audits, staff meetings, quality assurance and audits showed that when issues were identified, these were shared appropriately, and action was taken to address any shortfalls.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care. Working in partnership with others

- People and staff were very engaged and involved with the service. People's views were sought formally through regular service reviews and surveys and whenever staff, such as office staff, had contact with them at other times. This meant people felt very much part of the service and they appreciated this.
- Staff told us they felt fully involved in the service and praised the positive and inclusive culture of the organisation. A member of staff told us, "I first enrolled with Prama primarily because of the ethics and all the feedback I got from people about them. In my opinion they have not fallen short in anything."
- The registered provider had taken steps to support and promote the staff wherever possible. The service had made a commitment to securing the best terms and conditions for staff such as paying a higher rate for mileage, company sick pay scheme, having a free staff health cash benefit plan and a free staff counselling service.
- The registered provider had recognised that staff satisfaction led to better staff retention rates which in turn led to more consistent care for people from staff they had got to know. A forum for staff to exchange information and views on matters that affected them had been created. It included employees across all grades as well as a trustee, the Chief Executive Officer and a member of the Senior Management team.
- A member of staff told us, "I am proud of the service that Prama provides to its clients and of the care support workers that work tirelessly for the community. The team pulls together in the same direction well ensuring even in challenging times we always deliver a good service for our clients."
- The registered manager was involved in numerous initiatives and groups to ensure they remained up to date with care practice matters and promote the social care industry. These included membership of Dorset Home Care Providers Association, chairing the New and Aspiring Registered Managers network run by

Partners in Care with funding from Skills for Care as well as attending additional training courses such as the Skills for Care training on Building Resilience.

- A health and social care professional told us, "Pramacare are founding members of the Dorset Home Care Providers Association and have contributed considerably to their activities locally and to advocating on behalf of domiciliary care providers. Members of the senior team of Pramacare have been involved in a number of initiatives and projects aimed at sharing best practice and supporting care providers to stay up to date. I would describe their approach as being proactive and professional and consider them to be well engaged in the care sector locally, and keen to learn from others."
- The service was a lead partner in the Home Safely Scheme for people living with dementia and their carers and supported events such as community radio bulletins during Dementia Awareness week. The Director of Care was also a member of the Dorset Dementia Partnership, representing the only domiciliary care provider in this group. This meant they were taking positive steps to protect and support people as well educate the public about living well with dementia.
- The service had established good working relationships with health and social care professionals that enabled them to ensure the best possible outcomes for the people they supported.
- A health and social care professional told us, "I have found that the senior carers and managers communicate well and advise me immediately of any issues / concerns especially around moving and handling risks. They have experienced senior workers with whom I have completed some joint visits and we have been able to jointly risk assess and agree appropriate outcomes for clients. I have generally found the care staff employed friendly and caring towards the clients and willing to take advice when given."