

Prime Healthcare Avenue Ltd

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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 Healthcare Avenue Ltd is a domiciliary care agency providing personal care and support to people in their own homes. At the time of the inspection the agency was supporting five people. Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

People and their relatives spoke well of their care service and how it was managed.

A relative commented, "I think they are brilliant, very professional." People told us they felt safe and caring staff treated them with dignity and respect.

The service met people's care and support needs. The provider developed care plans with people and their relatives, which set out their likes, care preferences and communication needs. People were supported with their medicines safely.

There were enough staff to meet people's needs. People were visited by the same staff who they were familiar with and who knew their needs and how they liked to be supported. The provider's recruitment processes helped to make sure only suitable staff were employed.

Staff received regular training, supervision and competency checks so they could support people well. They felt supported in their roles by the registered manager.

There were systems in place to monitor the quality of the service and recognise when improvements were required. People and staff were asked to give feedback about the service. People and their relatives knew how to raise issues or complaints and found the registered manager responsive, approachable and experienced.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Last rating and update

The service was registered with us on 31 March 2021 and this was the first inspection.

Why we inspected

The service was inspected based on the date they were registered with us.

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 Healthcare Avenue 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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. 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 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.

What we did before the inspection

We looked at all the information we held about the provider including information they sent us when they were registered with us. We also looked at reviews people had posted online about the service. 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 used all of this information to plan our inspection.

During the inspection

Inspection activity started on 26 April 2022 and ended on 9 May. We visited the location's office 27 April 2022. We spoke with the registered manager and a care co-ordinator. We viewed a range of records relating to people's care and the management of the service. This included three people's care and risk management plans and medicines support and care records. We saw two staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including audits, meeting records and procedures.

After the inspection

We requested further evidence and continued to seek clarification from the provider to validate the evidence we found. We spoke with two care staff, one person who used the service and four relatives of people who used the service.

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. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- There were systems in place to safeguard people using the service from the risk of abuse. People and relatives told us they felt people were safe with the staff supporting them.
- The registered manager and staff we spoke with knew how to recognise and respond to potential abuse concerns. This included 'whistleblowing' practices to report concerns to other agencies.

Assessing risk, safety monitoring and management

- The provider assessed and supported people to manage risks to their safety and well-being. Care and risk management plans considered issues such as people's health and mobility needs, medicines and the equipment they used, such as a shower chair. Plans set out actions for staff to lessen these risks and were reviewed regularly.
- People told us they felt safe with the staff who visited them. One person told us, "I feel safe with [care worker], like family."
- The provider also assessed risks that may be presented by a person's home environment, such as fire safety, pets, lighting and access issues to make sure it was suitable for staff to provide care safely.
- The registered manager had business continuity plans in place to help the service continue in the event of an emergency, such as or significant staff illness.

Staffing and recruitment

- People and their relatives gave positive feedback about their care visits. They said care staff almost always came on time and stayed for the duration of their care visits. The provider called people to let them know if staff were running late, although this was infrequent.
- The registered manager monitored the timeliness of care visits by calling people and staff, reviewing care records, conducting checks on staff in people's homes. They planned to introduce digital call monitoring systems as they grew the business.
- People by regular care workers and this meant people could develop relationships of trust with staff who knew their care needs. Staff said they had enough time to support people who did not feel rushed.
- The provider followed appropriate recruitment processes with new staff to make sure they only offered roles to fit and proper applicants. This included establishing their employment history and completing Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Some staff supported people with their prescribed medicines. These staff had completed training to help people with this and the registered manager assessed their competency to do so.
- The provider had safe medicines support policy and procedures in place. These included staff using administration records to document when they had supported a person to take their medicines. The registered manager audited these records regularly to make sure staff completed them appropriately.
- People's care plans set out their medicines support needs. We saw that staff responsibilities with this were clearly set when another care agency also provided care to the same person at different times of the day.

Preventing and controlling infection

- The provider had arrangements in place for preventing and controlling infection.
- Staff were provided with personal protective equipment (PPE) so they could support people safely. This included masks, gloves and aprons and staff said they were always supplied with enough. The provider had sufficient stocks to meet ongoing requirements and handle a short-term disruption in supplies. Staff received information and training on how to use the PPE safely.
- A relative told us staff always wore their PPE and the registered manager checked to see that care staff do so appropriately.
- Staff completed lateral flow tests in line with Government guidance for homecare staff to identify if they had contracted COVID-19. The registered manager had encouraged staff to take up COVID-19 vaccinations and the majority had done so.
- A relative told us staff always wore their PPE.

Learning lessons when things go wrong

- The provider had a process in place for recording and responding to incidents or accidents.
- The registered manager said there had been no reported incidents when providing care to people. However, they explained their processes for recording and reviewing incidents so they could identify improvements for the service when things might go wrong.

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 of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- The service supported people in line with the principles of the MCA.
- People who used the service at the time of our inspection were able to consent to their planned care arrangements. However, the format used for care planning was not always clear about the provider's role in assessing such capacity if they considered a person may lack this. We discussed this with the registered manager who said they would amend this shortly after the inspection.
- Staff had completed training in understanding the MCA. They demonstrated an awareness of people rights to make their own decisions about their care and support and could describe how they promoted this. For example, when someone may refuse their prescribed medicines.

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

- The provider assessed people's needs and preferences before they started to use the service and used this to develop an initial care plan. These included issues such as people's mobility, personal care and safety requirements and considered their protected characteristics under the Equalities Act 2010, such as a person's age, gender, religion, and ethnicity.
- Relatives were involved in people's care needs assessments. One relative described how the registered manager sat with the person and their family to establish their care needs.
- Relatives and care workers told us the registered manager introduced care staff to people new to the service to help them understand their care needs. Staff we spoke with appeared knowledgeable about people's needs and preferences.

Staff support, training, skills and experience

- People were supported by staff who were suitably trained and experienced for their roles. People said they found care staff competent.
- New care staff completed an induction to the role and staff completed a range of training that included understanding dementia, moving and handling, COVID-19 awareness, mental capacity and food hygiene. Some staff had attained adult social care qualifications before they started with the service.
- Staff received periodic supervisions to discuss their role and performance and found these supportive.

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

- Staff supported people to eat and drink where this was part of their agreed care arrangements.
- People's care plans noted their specific requirements for food and drink, such as how a person preferred their hot drinks and which foodstuffs to use and avoid because of a person's beliefs. Daily records indicated care workers respected these choices and preferences. Care plans also indicated the support people needed to eat. For example, when a person ate independently but needed some things to be cut up for them.

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

- The service worked with people and their families to support people to maintain their health and access healthcare services.
- Care workers described how they looked out for signs a person may be becoming unwell and said their training had helped with this. The registered manager had worked with healthcare professionals to promote people's health. For example, they had contacted a person's GP to help arrange their medicines support and helped another person to liaise with a statutory service to review their medicines prescription.
- There was information about people's health needs in their care plans. People's plans in place that identified if and what staff support they needed to brush their teeth and manage their oral care. Daily care records showed this was taking place.

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 of this newly registered service. We have rated this key question 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 and relatives said staff were caring, respectful and treated them well. Relatives commented, "The carers seem to be very good" and "[Staff] respect [family member] and their opinion."
- People's care plans documented personalised information such as their religion, gender and important relationships in their life. Managers told us the service was not currently supporting anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community, but they had done in the past. The '+' stands for other marginalised and minority sexuality or gender identities. Staff received training on promoting equality and diversity in their work.

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

- People and their relatives were involved in making decisions about their care. Staff described how they offered and listened to people's choices about their care and activities they wanted support with, when this was part of their planned care. The registered manager promoted this and told us, "They need to be able to make choices about their care."
- People and their relatives were included in reviewing their care plans and this also gave them opportunities to make decisions about care arrangements.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity. One person told us this was the case and relatives commented, "Yes, I have no concerns about that," and said staff were "very polite."
- Care staff and the registered manager explained how they made sure they promoted people's dignity and privacy. This included making sure the room was private, helping people to be appropriately covered when providing personal care, seeking their permission to provide care and speaking with the person so they always know what is happening.
- Staff described how they kept people's information private and respected confidentiality.

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 of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care; Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People received person-centred care and support that met their needs and preferences.
- We received positive feedback from people and relatives about the care service. One person said their care was "very good" and "Anything I ask [care worker], she helps me."
- The service was responsive to people's needs and requests. A person and their relative said they had asked to change their care worker to better match their preferences and the registered manager had accommodated this.
- People's care plans set out personalised information about their support needs and preferences. For example, the gender of care staff, their food likes and dislikes, how they wanted to receive their personal care, and products they preferred to use, such as for their toothpaste.
- Staff provided meaningful activities support to people when this was part of their agreed care and support arrangements. For example, helping a person with their occupational tasks, supporting a person to exercise or tend to their garden, which was important to them. A member of staff described to us how they worked alongside relatives, such as when preparing meals.
- Staff supported a person with their daily spiritual practices where this part of their planned care.

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 service supported people to meet their communication needs.
- People's care plans included assessments of their communication and sensory needs and what staff should do to meet these. For example, speaking more loudly so a person could hear.
- The provider had ensured care staff could speak the same first language as the person, who did not speak English. A relative told us this was "very helpful."

Improving care quality in response to complaints or concerns

- The provider had processes in place for handling complaints, although there had been no complaints since the service was registered.
- A relative said the provider had given them information and contact details for raising any concerns. A person told us the provider had also advised them of other agencies they could report care concerns to, such as the CQC.

- People and relatives said they could contact the service when they needed to and felt that they would be listened to. A relative described the registered manager as "very responsive."

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 of this newly registered service. We have rated this key question 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

- The registered manager carried out a range of checks to monitor safety and quality and make improvements when needed. These included audits of people's care plans and daily care notes, of medicine administration records, PPE, recruitment records, staff promoting people's dignity and adult safeguarding awareness. We saw the registered manager addressed issues these checks found.
- They also conducted unannounced checks on staff as they worked in people's homes. These covered issues such as the care worker's punctuality, wearing their uniform and identity badge, use of PPE, treating the person with respect, checking and following the care plan, and medicines support.
- The registered manager was also the owner of the agency. They were suitably qualified and experienced in health and social care. They were aware of their legal responsibilities to notify the CQC of significant events.
- People, relatives and staff told us they felt the registered manager led the service well. Relatives said the registered manager was "Very reassuring and helpful" and "Very easy to talk, to very responsive". Staff said they found the registered manager was, "Excellent, always available, with good rapport skills."

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

- The service had a positive, person-centred culture. The registered manager described a clear vision for the service to "put people at the heart of everything we do" and how they encouraged staff, saying, "I tell them all the little things we do that make the difference." They explained how they promoted this culture through talking with staff and at team meetings and working alongside them to provide care and leadership.
- People and relatives all spoke positively of their service which met people's needs. A relative told us, "I'm delighted how happy my [family member] is with [their] carer." Staff said they liked working for the company and found, "The team spirit is very good."
- The registered manager described how they promoted this culture through talking with staff and team meetings

Continuous learning and improving care; 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 demonstrated a commitment to learning and developing the service so as to provide good care consistently. For example, they had added oral care to people's care plans after an audit they conducted had identified a need for this.
- People's views were used to inform how to improve the service. For instance, the registered manager

was redesigning aspects of their annual customer survey based on people's feedback about the questions they had used previously.

- Relatives told us when they had raised issues the registered manager had responded and resolved these promptly.
- The registered manager was aware of and described their duty of candour responsibilities.

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

- People and relatives said they were involved in their care service. The registered manager worked with them to assess, plan and review people's care. Relatives told us registered manager also contacted them regularly to ask how things were going.
- The provider sent people and relatives questionnaires so they could provide further feedback about the service. The responses we saw showed people with happy with the service. One person wrote, "Time keeping is great. Work ethic fab. [Care worker] is a lovely person to have around, we are very lucky."
- The provider also sent questionnaires to staff. Staff responses indicated they felt involved in the running of the service, able to approach management and the agency was a good employer.
- The registered manager held monthly staff meetings online to discuss the running of the service. Meeting records showed these were used to discuss topics such as timeliness, COVID-19 testing, safeguarding, training, care plans and quality monitoring. Staff told us they found these meetings useful and they were listened to and said, "Everyone has a chance to voice whatever they have in mind."

Working in partnership with others

- The service worked in partnership with other health and social care agencies, such as pharmacists and GPs. This helped people to receive joined-up care to meet their needs.