

Primera Assisted Living Limited

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## Inspection report

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Date of inspection visit:  
22 March 2016

Date of publication:  
17 May 2016

## 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

This was an announced inspection carried out 22 March 2016. The provider had been given short notice of the visit to the office so that we could be sure someone would be available to meet with us. This was the first inspection of this service. After the inspection we spoke with people who used the service and care staff on the telephone.

Primera Assisted Living is registered to provide personal care to adults who live in their own homes in the community. At the time of the inspection the service was being provided to one person who received personal care. The registered manager told us that currently the service did not plan to offer support to more people.

There is a registered manager in post who oversees services provided from the office. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's needs had been assessed before they started to receive support from the service and people had been involved in developing and updating their care plans. We found the information contained in the care records was individualised and clearly identified people's needs and preferences. Risks people might experience with their care or environment was being managed.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were identified and responded to.

People were supported by staff to take part in activities of their choice. People were able to plan their own meals and received support from staff with their meals in line with their care plan.

We found the service employed enough staff to meet the needs of the people being supported. The support provided was from a consistent group of staff who had been safely recruited. There were also 'back up' staff available who people had met previously should the regular staff be unavailable. so they could get to know them. People who used the service had no concerns about how the service was staffed.

Staff had been provided with structured training and regular refresher training to update their knowledge and skills. Staff had a clear understanding of the procedures in place to safeguard people from abuse. Staff were well supported and received an annual appraisal of their work performance.

People and staff knew how to make a complaint and felt confident that it would be dealt with well. People were encouraged to give their views about the quality of the care provided to help drive up standards. There were no formal quality monitoring systems in place. However the small size of the service meant that the

quality was assured by the registered manager and regular informal meetings with people who use the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported by staff who knew how to recognise and respond to abuse correctly.

We saw that risks were appropriately assessed and managed.

Staff were recruited appropriately and there were sufficient staff on duty to care for people.

### Is the service effective?

Good ●

The service was effective.

Staff had been provided with training and support to enable them to meet people's needs.

Staff displayed good knowledge of the people they supported.

People had been supported to eat and drink enough to maintain their health and wellbeing.

The registered manager understood their responsibilities in relation to the Mental Capacity Act

### Is the service caring?

Good ●

The service was caring.

People we spoke with told us they felt cared for well.

The registered manager and care staff knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

People received support when they needed it. Support had been

reviewed so people's preferences could be accommodated.

People were supported to take part in a range of activities that enabled them to maintain interests and hobbies.

People were supported to express any concerns and when necessary, the provider took appropriate action.

### **Is the service well-led?**

The service was well led.

The service had an open and transparent culture, with good internal communication.

The registered manager was well liked and considered approachable.

Staff were motivated and they received on going support

Quality assurance was conducted very informally.

**Good** ●

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to meet with us during the inspection. The inspection team consisted of one inspector.

We looked at the information we held about the provider and this service, such as incidents, deaths or injuries to people receiving care, this includes any safeguarding matters. We refer to these as notifications and the registered provider is required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the service provided. The local authority is responsible for monitoring the quality and funding for some people who use services.

We spoke with one person who used the service. We spoke with two members of staff, the registered manager and the provider. We looked at the records of one person. We also looked at all the staff records.

After the inspection the provider sent us information that we had requested very promptly. The information was satisfactory evidence about how the service managed risks.

## Is the service safe?

### Our findings

People told us they felt safe in their own homes and one person said, "I feel safe, really safe with my care."

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents of concern. They said they would report anything straight away to the registered manager. One member of staff said, "We have different training such as manual handling and safeguarding, its re done every year."

Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. We saw that risks related to a specific leisure activity that one person liked to do had been fully assessed and staff knew what support was needed to keep the person safe. The person told us they enjoyed their new leisure activity, and felt safe.

A satisfactory recruitment and selection process was in place and had been used to ensure that only suitable people with the right skills were employed by this service.. The registered manager told us that in addition to obtained references staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We saw that all staff were required to complete a new DBS every year. This helped the provider to keep people safe.

There were enough staff to support people safely. Staff told us they felt there was enough staff employed to meet the needs of the people currently being supported by the service. We saw that the registered manager had a clear rota of staff. This rota was sent electronically to the people who used the service so that they knew who would be supporting them. One person said, "The staff are always there, they wait for the next staff member to arrive before they leave. I have enough carers."

The service did not administer or support anyone with management of their medication. Staff told us that people using the service took their own medication without prompting or support. People we spoke with said they did not need assistance with medicines.

## Is the service effective?

### Our findings

People's comments demonstrated that people felt staff were competent in their roles and provided good care and support. One person said, "The staff are great," and "They take me out where and when I want to go."

We found staff had received training to meet the needs of the people they supported. This included completing training in topics such as the safe handling of people, fire risk assessments, infection control and first aid. The full version of this training was repeated by staff annually. A staff member told us, "I have NVQ3 in care and we re do our training every year." The registered manager showed us that the service had obtained a Certificate of Fitness, which is part of the compliance procedure for the Health Trust Europe Framework but is obtained from the Healthier Business. This certificate ensured that all care staff were physically fit to work. For example staff have to have various inoculations to keep them and others safe when delivering personal care. This showed that the provider invested in staff training that improved outcomes for people.

Staff felt that communication was good and that they were supported by the management. Staff told us they received supervision and support which helped them do their job better. One staff member said, "The managers communicate really well with me."

We found that all the people who used the service had full capacity to make their own decisions, and that they had signed their care plans. The registered manager and staff supported people to make their own choices. Staff comments included, "They tell us what they want and we do it. They go to bed and get up when they want to." and "They pick their own meals, write a [shopping] list and we go and get it." We found that the people controlled their own care and how it was delivered.

People told us they had food they enjoyed. We saw from records that staff were involved with food preparation in people's own homes. Staff had completed basic food hygiene and nutrition training as part of their induction training. Staff were able to describe the actions they would take should someone not be eating or drinking sufficient to maintain good health.

People we spoke with told us that they managed their own appointments with health professionals. Staff told us, "We go the appointments together." Staff we spoke with described how they would appropriately support someone if they felt they needed medical attention in the case of an emergency. We saw that people were supported to maintain their health and the level of support needed was reviewed regularly.



## Is the service caring?

### Our findings

People told us staff were helpful, respectful and kind. Comments from people included, "We know each other, I would consider my carers as friends really." and "I feel I'm the priority here." People said they could express their views and had made decisions about their care and support which were then complied with. They told us they had been involved in developing their care plans and said staff worked to these plans. Care files contained detailed information about people's needs and preferences, so staff had clear guidance about what was important to people and how to support them.

All the staff spoke very respectfully and kindly about the people they supported. One care worker told us, "The care is good, and we all care about [the person]. They control their care." Another staff member said, "Everybody cares for [the person], we give cards and gifts for their birthdays and Christmas." Both staff and the registered manager expressed their great respect for the people they supported and their achievements.

People described to us how staff offered them choice and respected their dignity and privacy. People told us that they felt their home was their private and personal space and staff respected that. In conversation with staff they demonstrated that they understood the importance of respecting people's dignity, privacy and independence. For example one staff member told us how they always closed the door to provide people with privacy, and that they always knock on doors before going in. People told us that they were treated with respect. Staff all spoke with an awareness that they were working in people's own homes and understood how they needed to be mindful of this while providing care and support.

Staff also described how they maintained people's independence. One care worker told us, "I encourage a lot. I support them with anything they want to do. We do go the extra mile." One person told us that they had been encouraged by staff members to begin an academic qualification, and knew that their care staff would support them as needed. People told us that they were encouraged to do as much for themselves as they felt able to. We found that people were cared for and respected.

## Is the service responsive?

### Our findings

The registered manager said an initial assessment of each person's needs was undertaken before their care package began, and this along with the local authority's care assessment was used to draw up a care plan. One person told us that they had requested a different carer because the carer they had previously could not cook. They told us the change happened within one week. Staff told us, "They tell us what they want to eat and drink and we do it. I'm cooking an exotic meal tonight because they have asked for that." The care files we sampled contained individualised information about the areas the person needed support with, and how they liked that support to be given.

The registered manager said an initial assessment of each person's needs was undertaken before their started to receive support from the service, and this information along with the local authority's care assessment was used to draw up a care plan. One person told us that they had requested a different care staff member because the allocated staff member they had previously could not cook. They told us the change happened within one week. Staff told us, "They tell us what they want to eat and drink and we do it. I'm cooking an exotic meal tonight because they have asked for that." The care files we sampled contained individualised information about the areas the person needed support with, and how they liked that support to be given.

People told us that before new members of staff began working with them, they were actively involved in the process of selecting them. One person said, "When I have a new carer, the manager sends me a profile of them. Then I get to meet the carer and spend a few hours with them. The company would get me a different carer if I wasn't happy." People we spoke with said they chose the gender of staff that supported them. We found that people had been very involved when staff had been chosen.

All the staff we spoke with told us that they took guidance from the person they supported and that they directed their own care within their home. People we spoke with confirmed this. Staff demonstrated a good knowledge of the people they supported, their care needs and their wishes. When we asked them how they knew what was important to the people they supported they said they read the care plans, which they felt provided good information. People told us that they had been supported to maintain their hobbies and interests such as bowling and going to the cinema. Staff consistently told us that people directed their own care and support at all times. The service provided individualised support and care to people.

Changes in people's care needs were discussed by staff at each handover, so other staff would know the best way to care for a person as their needs changed. Staff told us significant changes were discussed immediately with the registered manager, who advised them about how to proceed. The registered manager told us that they always asked people if any other support was needed from the service. Recently a person had asked to be supported by the management at a review. The person confirmed the support had been given.

The service had a complaints process. Since the service began no complaints had been received. While people told us that they had never had any reason to complain they confirmed that they knew how to make

contact should the need arise. People told us that they had the email and mobile phone number of the registered manager whom they contacted directly. They confirmed that they would speak to the registered manager and felt confident they would deal with any concerns promptly. One person said, "If I had a complaint I would email the manager." This indicated that people would be listened to and their concerns acted upon.

## Is the service well-led?

### Our findings

The registered manager was clear and aware of progress they felt they had made in the few months since taking over the management of the service. People told us they felt the service was well organised and they found the registered manager to be approachable. Staff and people using the service felt they benefitted from the service being relatively small. People and staff said the provider took a "Hands on approach" to the running of the business and they could discuss anything with them. They felt this contributed to the people using the service receiving good quality care.

People we spoke with told us they were able to contact the office and speak with staff when they needed to. They said they were confident they could make changes in the arrangements regarding their calls and the support provided for them. We saw evidence that this had happened. The registered manager checked the care records to ensure the information recorded was correct and up-to date. There were systems in place to ensure that staff had a good understanding of peoples support needs and how to meet them. One care staff told us "It's absolutely great management, I have an annual review and they come out and chat." Care staff told us they felt supported in their role. We saw that spot checks were undertaken to assure the provider that care was delivered in the right way and risks to people's health and well-being were minimised. There was no formal recording of these checks but everyone we spoke with said they had taken place. The spot checks made sure that staff were performing their roles as expected and that people were receiving good quality care.

We saw that the provider used customer survey questionnaires to check that people were satisfied with the quality of care received. We only saw positive comments on the returned responses. Comments included, "All my carers respect me and provide good care." and "I am comfortable complaining."

We found that the provider did not have a formal quality assurance system in place. However the very small nature of the service and the hands on approach of both the registered manager and the provider meant that the quality of the care people received was reviewed and improved on a regular basis.