

Primera Assisted Living Limited

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Inspection report

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Date of inspection visit:
31 August 2018

Date of publication:
02 November 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 inspection took place on 31 August 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting their main office so that someone would be available to support us with the inspection process. This was the first inspection of the service since it was registered with CQC in June 2017.

Primera Assisted Living Ltd is a domiciliary care agency trading as Primera Healthcare. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults of any age who need care at home. The service specialises in reablement where people receive a service usually for a period of six weeks after a hospital admission.

At the time of this inspection the service was providing personal care to 78 people. This ranged from one visit a day to eight hours a day plus overnight care. People using the service all lived in Haringey. There were 28 staff employed at the time of the inspection.

There was a registered manager in post. 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.

The service had risk assessments in place which covered specific areas of risk for each person, such as moving and handling, environmental risks and falls.

Medicines had not always been managed safely. We found unexplained gaps on medicines records which indicated that the provider's systems for ensuring people received their medicines properly had not been consistently effective. Improvements had been made shortly before the inspection. The management team had ensured staff attended further training in medicines management to make improvements in their recording of people's medicines.

The provider had safe recruitment processes. They ensured staff had references as evidence of satisfactory conduct in their previous jobs. They had carried out required checks of proof of identity and criminal records.

The service carried out an assessment with people to assess their needs before agreeing any care package to confirm that the service could meet the person's needs. The assessments also formed the care plan. Some care plans were signed by a relative instead of the person receiving care. We advised that the service ensure consent to care is recorded in every case where the person can do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Care workers had appropriate training and support to enable them to deliver their role effectively. They told us they were happy working for this service and felt well supported by the registered manager.

Staff supported people who had nutritional and hydration requirements to ensure they ate and drank well and helped them to maintain their health. Staff supporting people with healthcare procedures were suitably trained to do so.

People and their relatives were happy with the support they received from their care workers.

The registered manager was supportive to staff and had support from the management team. People using the service and staff working for the service gave positive feedback about the registered manager.

We made three recommendations; to improve quality monitoring, review care plans to ensure people's consent was recorded and to improve oversight of medicines management.

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 not consistently safe. Most risk assessments identified risks to people's safety and guidance to staff on how to reduce the risk.

There had been incomplete medicines administration records and the manager had not been aware of the reasons why. The provider was making improvements in the management and recording of medicines at the time of the inspection.

People and relatives felt safe receiving care from this service.

Requires Improvement ●

Is the service effective?

The service was effective. The service assessed people's needs prior to the service providing care to ensure that they service could meet the person's needs. Care workers completed relevant training and were well supported to do the job.

People received support with their nutritional and hydration needs. Some people had not recorded their consent to care in line with the principles of the Mental Capacity Act 2005.

Good ●

Is the service caring?

The service was caring. People and their relatives confirmed that care workers were caring and treated them with dignity and respect.

People were involved with the planning of their care and could make decisions for themselves.

Good ●

Is the service responsive?

The service was responsive. Care plans contained information about the person's care needs and how they wished to be supported. People and their relatives said they received care that was responsive to their needs.

People and their relatives knew who to speak with if they needed to complain or raise any concerns. The service managed complaints well and was responsive to changes in needs.

Good ●

Is the service well-led?

The service was well led. There was a strong management team in place. The management team was committed to continual improvement. The registered manager was highly regarded by staff and was committed to ongoing learning and improvement in the service.

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.

This inspection took place on 31 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit. We needed to be sure that the registered manager would be available to assist us.

The inspection was carried out by one adult social care inspector and one Expert by Experience. Experts by Experience are people who have personal experience of using or caring for someone who uses this type of care service. Their involvement was making telephone calls to people using the service and their relatives to ask them their views about the quality of care provided.

We visited the office to look at records and met with the registered manager, managing director and recruitment and compliance officer. We also met with two care workers in the office.

We made telephone calls to seven people using the service, the relatives of five other people using the service and four care workers employed by the service. We asked the views of the local authority who commission care packages with this provider.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service which the provider is required to send to us by law. We had received no notifications from the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some

key information about the service, what the service does well and improvements they plan to make.

We reviewed the care records for five people receiving a service. We also looked at risk assessments for those people. We looked at staff records for five members of staff, including details of their recruitment, training and supervision. We reviewed other records relating to the management of the service, including complaints, medicines administration records, policies, procedures, safeguarding records, quality monitoring, consultation with people using the service and audits.

Is the service safe?

Our findings

Staff were trained in safeguarding people. There was a written procedure on action to take in the event of any suspicion or allegation of abuse. The registered manager knew how to refer and investigate safeguarding concerns. Staff had also been provided with details of the service's whistleblowing policy and said they knew how to recognise abuse and who they could raise concerns with outside of the service.

The service operated a recruitment policy which included identity and criminal record checks, completion of an application form and interview. We checked five staff recruitment records and found they had references from the last employers as evidence that their conduct in their previous job was satisfactory. This reduced the risk of employing unsuitable staff. The provider was a member of the Recruitment and Employment Federation and followed their code of practice about recruiting staff. The service had employed a dedicated recruitment and compliance officer who oversaw all staff recruitment and ensured staff files were in good order.

The service completed environmental risk assessments to advise staff on any hazards they could encounter when providing a service and these addressed risks to staff and to people who used the service. Individual risk assessments advised staff on how to minimise risks to people. One person at risk of falls did not have sufficient detail to prevent falls. We raised this on the day of the inspection and the registered manager updated risk assessments and advised staff on the new risk assessments to ensure they knew how to support people to reduce the risk of them falling.

People said they felt safe with their care workers. One person said, "Yes, I feel safe with them." Another said, "Yes, I am safe with her." Relatives said that they felt people were safe as they had a regular care worker that they had got to know.

The service had sufficient numbers of staff employed to ensure smooth running of the service. People told us that generally care workers were on time for their visits. Comments included; "Yes, they come on time. Normally they are not late. They've not missed a visit", "Yes, they come on time. They do have traffic. One time they were late. I wait until they come. Yes, they do call. No, they have never missed a visit" and "Yes, on the whole. I have a regular carer. Sometimes they are late. Sometimes they call, and sometimes they don't. I call them."

One person said they had a missed visit once (where the care worker did not arrive) but in recent months there had been no missed visits. The local authority told us that six months previously they had concerns that people were experiencing missed visits but that this had since improved. Another person using the service said staff are more likely to be late at weekends. Relatives told us that generally their care workers arrive on time but one said staff can be late at weekends and the person using the service would call the relative to sort this out.

The service had introduced an improved monitoring system in July 2018 and staff now used smartphones to

log in and out when they made their visits. The service was fully aware of the issue of staff being late at weekends and had identified this problem through their internal monitoring and informed us on their Provider Information Return. They had put actions in place to address this including Monday handovers to discuss any issues from the weekend and staff being required to make record of any conversation they had with a person using the service about lateness. The service said that punctuality had improved in the weeks leading up to the inspection. One relative and one person using the service said that their care worker did not have enough time and had to rush to complete the care tasks but the others said that they felt they had enough time. Staff said they had enough time to travel between people's homes and were not rushed.

Medicines had not been consistently managed safely. People told us they had good support with their medicines but we found a lack of evidence of good management oversight of administration as there were unexplained errors on medicines administration records. One example was a medicine recorded as being given in the morning when the care plan stated it was to be given at night. Another was that staff had ticked the medicines chart instead of signing it and this had not been picked up by the management team. The provider had taken appropriate action when a medicines audit found that staff were not completing charts accurately. They introduced a new system where staff had to sign for each medicine on their smartphone and they had retrained staff in medicines management and the likelihood of further errors was reduced. A lack of systematic auditing would increase the risk of medicines errors. A relative said "She [care worker] will let us know if she doesn't take her medication" and another told us, "Yes, they write down the medicines when they have done them."

There was a clear medicines management policy and people signed their consent to care workers help with their medicines.

We recommend that the provider ensures regular monitoring of medicines management in line with best practice.

Care workers were provided with personal protective equipment including aprons, gloves and shoe covers. Staff said that it was easy to get this equipment. They could collect it from the office and if managers were visiting people's homes they would bring these items for the care workers. We saw there was a plentiful supply of all these items.

As a result of learning from incidents, the service introduced measures to improve timekeeping at weekends which had led to improvement. The registered manager said they had also reviewed rotas so that staff worked within one postcode and therefore could get to each visit more easily due to less travelling time.

Is the service effective?

Our findings

The registered manager and assistant manager visited people referred to the service to carry out an assessment of their needs to ensure they could provide an effective service to them.

People using the service and their relatives told us that their care workers were "good" and "good at the job." Comments included, "Yes, very good", and "Yes they're efficient" and "Yes, very much so, they are good at their jobs." Relatives were also positive about the effectiveness of staff with one exception who said that their care worker did not do the job to a good standard.

People said that staff followed their wishes in the way they carried out their support and one said, "She does things exactly as I want."

Staff received good training to support them for their role. They completed a four day induction training and a day's training on medicines management before starting to provide support and care. They also shadowed an experienced care worker until they were considered fit to work alone. Some staff were working on the care certificate which is a nationally recognised care qualification. The service had its own training room including moving and handling equipment for practical training. Staff were expected to complete fourteen training topics including moving and handling, safeguarding, health and safety and nutrition. The service had a spreadsheet showing who had attended training and whether they passed or failed. Competence was assessed and staff were not able to support people with medicines until they had passed the training.

Staff received three monthly individual supervision which they said was helpful. The service's supervision policy stated that staff received supervision quarterly but in practice this was more frequent. The management team also carried out spot checks on staff in people's homes to supervise them in practice. Staff said they received regular supervision and support whenever they wanted it. There had not yet been any staff appraisals as no staff had worked for the service for a year but the registered manager planned to start appraisals soon. Care workers told us that they felt appropriately supported and that they were always able to approach a member of the management team to discuss any issues or concerns.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team. There were no people using the service that were subject to a judicial DoLS. We checked whether the service was working within the principles of the MCA. The service had not ensured written consent from every person to their care plan. In

some cases, a relative had signed on a person's behalf. We recommend that the service review all care plans to ensure consent is given in line with best practice and the principles of the Mental Capacity Act 2005. The provider began to do this as soon as we informed them of this issue which the registered manager had not been aware of.

People told us that care workers asked for their consent before providing care and were happy that no tasks were carried out without their consent. People's comments included; "they do ask my permission", "Yes, she says things like 'what do you want me to do?'" and "Yes, she does ask permission." Staff understood that people had the right to make their own decisions and that they should presume a person had capacity to do so unless they had been told otherwise.

Staff supported people with meals when needed. This was limited to heating up prepared meals and making sandwiches, cereal etc. The registered manager said that people who have diabetes were prioritised as they needed to eat at regular intervals. If people were fasting for religious reasons staff supported them and monitored their wellbeing if they had health concerns. As most people used the service for re-ablement where they were needing support to regain independence, staff encouraged people to be as independent as possible. All people using the service could eat independently.

A small number of staff provided support with a person's healthcare and they had been suitably trained to do so. We spoke with one staff who had been employed to provide care for a person with complex health care needs. The staff member was satisfied with the training they had been provided with and had prior experience of working with people with complex needs. We confirmed this by checking the staff application forms and references. The person's care plan stated that staff must be trained, observed and assessed as competent before they carried out the healthcare procedures.

The service contacted people's GPs as necessary or supported them to do so and care workers had supported two people using the service to attend hospital appointments.

Is the service caring?

Our findings

The service assessed whether staff were caring from their initial interview where they were expected to complete a written test to assess their approach. The job application form asked applicants what they thought were the fundamental qualities a care worker should possess.

People and their relatives told us they had formed good relationships with their care workers and thought they were kind and caring. Relatives commented that; "she is very quiet, and suits him. They are well matched" and, "It is two way. We work as a team. She is a good match. She knows my mum." They said that the care workers would phone them if they needed to share information or ask a question. One relative said that the care worker had phoned to check on the person when they were in hospital which they thought was nice.

People using the service told us; "Oh yes, they are kind and caring", "Yes, she's fantastic. She's like a friend. She comes to me every day" and, "Yes of course she is. She is a great help."

People said that they thought their care workers respected their privacy and dignity and asked them how they would like things done. One person said their care worker always asked them how they would like to be washed. The provider was a Dignity in Care organisation.

The service aim was to "re-able" people and encourage them to regain their independence. The registered manager said that thirty people had regained full independence in the last year and no longer used a service.

The induction training staff completed included the Human Rights Act and the principles of doing things with and not for people. People told us they were involved in planning their care from the start.

The registered manager and assistant manager contacted people to see if they were happy with their care and offered them the chance to keep or change their care worker if they did not get on well with them.

Is the service responsive?

Our findings

This service provided a reablement service to people following a hospital discharge to support them to regain independence. They also offered a more long-term support package to some people. Care plans were in place for each person using the service. We found that care plans showed evidence of the service being responsive to different needs. One person's assessment and care plan was very detailed and gave staff very clear instructions on how to provide their care and what their preferences and detailed daily routines were. This person had very complex needs so the level of detail was needed. Other care plans had less detail but sufficient to meet the person's needs. One care plan did not contain enough information about the person's needs. We raised this concern with the registered manager and managing director and they reviewed and amended this care plan immediately after the inspection.

People said they were satisfied with the quality of the service and said the care was responsive to their needs. One person told us, "They fit in with me, not the other way around." Care workers showed a good understanding of person centred care.

The service's equality and diversity policy addressed discrimination of people using the service and of staff and required the service to pay due regard to people's protected characteristics. The registered manager said they tried to match people with care workers who understood their specific cultural, language or religious needs. The registered manager spoke a number of Asian languages and was able to assist with communication. One person had requested a care worker who spoke their language but the service did not have such a care worker so the registered manager said they assisted by making regular calls to the person and their family in their language to see if they were satisfied with the service. The service supported Muslim people who observed Ramadan.

At the time of the inspection the service had no male staff. Where people requested a male care worker the service could not accept their care package. The provider said they were trying to recruit male care workers. None of the people using the service or relatives that we talked to had a concern about the lack of male care workers.

The service listened and responded to people's concerns to improve the quality of the service. Most people and their relatives said they knew who to contact if they had a complaint. One person said, "No reason to complain, they are honest and good in the way they go about their job. Never had anything to complain about. Not been through official channels myself, apart from phoning the office. You phone them and they sort it out." Another told us, "I don't like complaining. I didn't complain. But I would know how to." A relative said, "I usually speak to the manager or the office to raise any issues. But no complaints so far, all has been ok." Another relative said they had raised a concern and it was listened to. Two others said they knew how to complain and that the complaints procedure was in the care folder in the person's home.

There had been eight recorded complaints in the last twelve months and records showed all had been resolved in 28 days as per the service's complaints policy. Most complaints were about late or missed visits. We noted that there had been no complaints in the previous two months which coincided with the service's

implementation of a new call monitoring system.

People said that the service checked on them to see if they were satisfied with the service and listened to their feedback. They said the registered manager phoned them and the assistant manager had visited. The calls were not always recorded.

The service had not provided end of life care as it is a reablement service. Some people stayed using the service on a private basis after their reablement but had also not required end of life care. The provider said that training would be provided if ever the service needed to support somebody with care at the end of their life.

Is the service well-led?

Our findings

The registered manager was experienced in the social care field. Staff told us that they thought the service was well managed. They said that the registered manager was supportive and that the registered manager and assistant manager were always available to them for advice and support. Staff did not raise any concerns.

Both the registered manager and assistant manager were undertaking a qualification in leadership and management at the time of the inspection. The recruitment and compliance officer was suitably experienced and qualified in managing domiciliary care services. There was a clear management structure including the directors of the company who had specific roles on the running and oversight of the service.

Although audits of medicines administration records had been carried out these were not available on the day of the inspection and the registered manager was not able to explain discrepancies to us. They sent these to us after the inspection.

The service quality monitoring form was comprehensive and asked people to rate the service and makes suggestions for improvement. The form was not used regularly as there was no agreed timescale for when the management team would make a quality monitoring call or visit to people in their six weeks of care. They did speak to people informally regularly but this was not always recorded. We recommend that a more systematic quality monitoring is implemented.

The management team carried out spot checks where they assessed whether the care workers were appropriately dressed, used personal protective equipment, referred to the person's care plan before providing care and other tasks. This helped them to see where improvements were needed and address any concerns with staff.

The provider and registered manager were open and transparent during the inspection and staff said they also found them open, listened to their suggestions and concerns and helped them understand their duties.

People said they were involved in planning their care and support and were asked for their feedback. The service had not sent out any quality assurance surveys at the time of the inspection as they had been operating for one year and were planning to do so. The registered manager said they were planning to set up a "service user forum" and hold a coffee morning in the office so that people using the service and their relatives/carers could meet.

We had feedback from the local authority who had commissioned care packages for people from this service. Feedback from the local authority was that the service was responsive and listened to concerns. They said the provider was easy to communicate with and that the service referred any concerns about the wellbeing of people using the service promptly to the local authority.

The registered manager showed a commitment to improving and to ongoing learning. They could give

examples of improvements they had already made and the provider told us they were committed to supporting the registered manager to develop their management skills and knowledge.

The service had regular contact with other professionals such as district nurses and social services.

People using the service and their relatives gave us positive feedback about the service, saying the service was "well managed" and "all fine."

Care workers completed daily records of the care they had provided. People told us they had folders containing their care plans and that staff completed the records every day. Relatives confirmed this took place.

Relatives told us; "I am so grateful for the service. We are more than happy. A life saver. Very thankful. Gives me peace of mind" and "For mum it is a great service. It is excellent."