



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Prime Care Community Services Ltd

**Unit 5
Talland Parade
High Street
Seaford
East Sussex
BN25 1PJ**

Lead Inspector
Debbie Calveley

Key Unannounced Inspection
25th May 2007 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Domiciliary Care*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Prime Care Community Services Ltd
Address	Unit 5 Talland Parade High Street Seaford East Sussex BN25 1PJ
Telephone number	01323 491975
Fax number	01323 873245
Email address	help@primecare.uk.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Prime Care Community Services Ltd
Name of registered manager (if applicable)	Vacant
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

1. That the Agency may provide home care for older people, over 65 years of age.
2. That the Agency may provide home care for Adults, between 18 and 65 years of age, and older people, over 65 years of age with dementia.
3. That the Agency may provide home care for Adults, between 18 and 65 years of age and older people, over 65 years of age with mental health problems.
4. That the Agency may provide home care for Adults, between 18 and 65 years of age, and older people, over 65 years of age with physical disabilities.
5. That the Agency may provide home care for Adults, between 18 and 65 years of age, and older people, over 65 years of age with sensory impairment.
6. That the Agency may provide home care for Adults, between 18 and 65 years of age, and older people, over 65 years of age with HIV/AIDS.
7. That the Agency may provide home care for Adults, between 18 and 65 years of age, and older people, over 65 years of age who are ill, recovering from illness or terminally ill.

Date of last inspection 27 September 2005

Brief Description of the Service:

The agency office is based in the centre of Seaford, in a building shared by other businesses. They are located on the first floor via stairs and are not suitable for physically disabled service users to visit. The service covers the surrounding towns and villages including Eastbourne and Brighton. The offices have extended and now offer a well-equipped training room and a separate office and meeting room for the manager. The office staff also have their own office as do the senior carers. The offices are well decorated with all the necessary equipment for the efficient running of a busy agency.

Staff visit the offices for training and supervision. The office is manned five days a week from 0830 - 1700 hours. There is a twenty-four hour phone service provided seven days a week.

The agency have extended their services in to Brighton and Hove City and due to this have a training office in Brighton so staff can meet more easily for supervision and training sessions.

It is registered to provide a range of care services to both private and social services clients who are aged over 18 years.

The philosophy of the agency is to promote independency and choice for all clients. Wherever possible clients are consulted on how their care is to be delivered.

SUMMARY

This is an overview of what the inspector found during the inspection.

This key inspection took place with an office visit on the 24 May 2007 and a subsequent day was used to contact service users and staff and audit the surveys received by post.

A fully completed Annual Quality Assurance Assessment was received by the timescale set.

The office visit comprised of discussion with the Registered Provider and other members of the management team and a range of documentation was viewed including the agency's policies and procedures, service user's care plans, staff handbook, service user's guide and recruitment files.

Ten service users were contacted for their thoughts on the service they receive and fifteen surveys were sent out by post to service users and other health care professionals.

At the time of writing this report six surveys have been received and verbal feedback from eight service users have been incorporated into the report.

The agency has maintained and improved its service by continual monitoring and auditing and listening to the views of the staff and the service users.

What the service does well:

There is a detailed Statement of Purpose and Service Users Guide written in plain English, which is provided to prospective service users, representatives and health professionals on initial contact. The service users guide is also available for viewing on the agency website. Service users spoken with confirmed that they had a service users guide and two said they had received a new one recently.

The agency provide a flexible service which takes into account the needs and preferences of service users to meet the outcomes identified in the service users individual plan. This was confirmed by the service users through surveys and one to one conversations.

The agency provide a comprehensive training programme, which enables care workers to meet the needs of the service users. Staff spoken with said they received training, which they found useful and informative. One carer stated the training encouraged her to apply for her nurse training.

There are dedicated team of supervisors that act as mentors to support and develop the care staff.

There is a good support system for those carers studying for the National Vocational qualification.

There is a simple and clear complaints procedure in place which service users and their representative's feel comfortable about using if they needed to.

The office management team are approachable and friendly. Service users and staff feel confident in being able to approach them for advice and support.

There is a strong management team with clear lines of accountability.

The Quality Assurance systems in place were seen as positive and effective and service users are consulted with on a regular basis.

From direct feedback from service users and from the surveys received, service users are consulted and involved in developing a care plan that meets their particular needs.

A flexible service is provided which takes into account the needs and preferences of service users to meet the outcomes identified in the service users individual plan.

A selection of service users were sent a survey to complete and six have been received at the time of writing the report. Written comments taken from the surveys included;

' Good boys and girls, look after me well' ' they always ask me if I need anything else before going' 'nothing is too much trouble' ' someone always lets me know if my regular carer is away' ' I look forward to their visit' 'always cheerful and helpful'.

What has improved since the last inspection?

Whilst there were no requirements set at the last key inspection performed on the 27 September 2005, the agency continue to improve and develop so that it exceeds the National Minimum Standards in some areas.

They have continued to develop their training programme to encompass the changing needs of service users. The management team are committed to staff development as it impacts on positive outcomes for the service users.

They have reviewed and changed their service users care plans to a more person-centred format.

What they could do better:

There are some areas of the care planning process that could be further developed and this was discussed in full during the office visit.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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User Focused Services (Standards 1-6)

Personal Care (Standards 7-10)

Protection (Standards 11-16)

Managers and Staff (Standards 17-21)

Organisation and Running of the business (Standards 22-27)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

The Commission considers Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2, 3, 4 5 and 6.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Service users are provided with clear information prior to receiving a service, and the processes in place for assessing new service users ensure that their identified needs can be met.

EVIDENCE:

There is a detailed Statement of Purpose and Service User's Guide in place. These were reviewed, updated and improved upon in March 2007 to encompass any changes in the agency structure and the services provided by the agency. The Statement of Purpose contains all the relevant criteria as

listed in Schedule 1 of the Regulations. The Service Users Guide is informative and written in plain English and covers all the necessary information as required in Schedule 5. The Service Users Guide is sent to all service users, this was confirmed by three service users that were spoken with. All service users are informed of any changes to services or prices by receiving an updated copy.

Since the last key inspection a website has been set up and contains information regarding the agency and the Service Users Guide which has proved beneficial for prospective service users, their representatives and social services in choosing the agency which best meets their needs.

Two surveys received mentioned the web site and they had found it helpful.

The agency have developed a contract that is written in plain English and compatible with the initial pre assessment document and to accommodate changes in the needs of the service user. Where service users are funded via the Local Authorities the agency abides by the terms and conditions in the contract. Service users who are self-funding are provided with a contract, which includes all the information required under this standard.

The pre-admission assessment has been developed since the last key inspection and is now more comprehensive, taking into consideration the holistic needs of each individual as well as the physical needs. From discussion with service users following the office visit it was confirmed that they are involved and consulted regarding their care package.

Detailed policies and procedures are in place in relation to confidentiality. The agency is very aware of the need to protect service user's personal information and this is clearly explained in the contract and Service Users Guide. Staff spoken with confirmed knowledge of these and spoke of practices in place to ensure confidentiality.

The services provided by the agency are flexible and reliable. The senior team managers endeavour to ensure that the service users get continuity of care. It was previously identified that there had been issues regarding carers arriving late and service user's not being informed of a change of carer. The agency states that this is an area that was focused on to improve and with the implementation of a computerised care management system, the agency now can efficiently match key workers to service users, cover holidays and match the skills to service user's needs.

The feedback from six service users and two representatives were positive regarding the flexibility and reliability of the carers.

'Very reliable, never let me down' 'Always inform me if I am getting a different carer' 'Could not ask for a better service' One survey said 'do not always tell me of changes'.

Personal Care

The intended outcomes for Standard 7 – 10 are:

7. The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
8. Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
9. Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
10. The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

The Commission considers Standards 8 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10.

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Service users are enabled and assisted in making their own decisions and taking control over their own lives, and are supported to be as independent as possible within a risk assessment framework.

EVIDENCE:

The care plans of six service users were viewed and there have been changes to the format previously used. The care plans are more person-centred, and contain sufficient information to care appropriately for the service user. As discussed during the office visit, there are areas to be further developed to ensure that staff are sufficiently informed of related health matters that could impact on the care they are giving. Daily log sheets are completed on every visit to the service user. All care plans are monitored internally by a system

of spot checks, reviews, supervision, and management visits to the service user's home.

Detailed risk assessments are in place to ensure the service users and the staff safety. There were risk assessments for the property, moving and handling and for medication. These are updated regularly, and as required. There are policies and procedures in place should a service user wish to view their personal files. It was discussed that it would be beneficial to document the decision of where to keep the care plan in the home with the service user. The management team and carers spoken with were aware of the accessibility of advocacy services should a service user need this support.

Feedback from service user's said that staff were always polite and treated them with respect and ensured that their dignity was maintained. One service user said 'the staff always cover me up and ensure my glasses are put back on'.

The care plans evidenced that service users were addressed by their preferred name.

The agency aim to provide support to service users and enable them to retain their independence. Some carers will be involved with service user's finances under strict guidance from the management team. Feedback from service users included, 'capable and caring staff' 'always ask if there is any thing else they can do before they leave' 'nothing is too much trouble' 'sometimes a little rushed, but always ensure I am comfortable before leaving'.

The agency policy is that staff administer medication only after they have attended an appropriate training course and that the staff are competent and confident to provide this service. This is clearly stated in the Statement of Purpose and in the contract of terms and conditions. There are comprehensive policies and procedures in place for staff to follow and adhere to.

Protection

The intended outcomes for Standards 11 - 16 are:

- 11.** The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
- 12.** The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
- 13.** The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
- 14.** Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
- 15.** Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
- 16.** The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

11, 12, 13, 14, 15 and 16.

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

There are detailed policies and procedures in place to promote and protect the health, safety and welfare of service users.

EVIDENCE:

Senior staff follow an assessment process, which includes a risk assessment in respect of the environment in service user's individual homes. From discussion with the management team, it was confirmed that these risk assessments are updated regularly and that staff assess on a daily basis and feedback to managers when environmental or personal changes occur during their visit.

The service user and representative will be involved in this process and Social Services are informed if it is required.

The risk assessments identify risks in respect of use of equipment, the environment, risks to service users or staff during manual handling procedures. There was evidence to demonstrate all staff had up to date training in manual handling and the care plans viewed included detailed risk assessments. There are policies and procedures on Control of Substances Hazardous to Health and the relevant checks had been carried out for their use, by staff in service user's homes. These checks ensure both staff and service users are not at risk. Risk assessments in respect of all safe working practices are carried out in line with Health and Safety Executive legislation to ensure neither staff nor service users are at risk.

There are a range of policies and procedures on Health and Safety and these are also included in the staff handbook and now also on the agency website.

The agency maintain an accident book in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

Feedback from staff showed that they were knowledgeable of the process to follow when an accident or incident occurs in the home of a service user.

Systems are in place to ensure that the staff have the required car insurance in place, and this was confirmed when viewing the recruitment files.

There are detailed policies and procedures in place concerning the Protection of Vulnerable Adults. A member of the management team has attended several courses recently, which enables her to share her knowledge with the carers. She is joint Chair and a member of the Executive Committee of a local authorities Practitioner's Alliance Against Abuse of Vulnerable Adults (PAVA) and is part of the Protection of Vulnerable Adults Multi-Agency Strategy Group. She also works closely with Age Concern. The staff spoken with confirmed knowledge of the Multi Agency Guidelines and that they had received a training/awareness update within the last two years. This was also evidenced in the training files seen.

It was confirmed that staff do not hold keys to service user's homes, and that service users are fitted with a key safe on agreeing the contract and service to be provided. There are systems in place for emergency situations such as loss of the key.

The records viewed demonstrated that staff are recording events in the appropriate place and are regularly monitored.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

17. The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
18. Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
19. Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
20. The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
21. Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

The Commission considers Standards 17, 19 and 21 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

17 18, 19, 20 and 21.

Quality in this outcome area is **excellent**

This judgement has been made using available evidence including a visit to this service.

Robust recruitment policies and procedures are followed in order to protect service users.

Care workers are provided with comprehensive training to develop their skills and ensure the individual care needs of service users can be met.

EVIDENCE:

The agency continues to follow robust recruitment policies and procedures in order to protect their service users.

Recruitment files of six staff members were selected and viewed. They contained all the necessary information required.

The agency provides staff with an induction training of at least three days, which includes two shadowing visits with an experienced care worker. A structured induction and foundation training programme has recently been

implemented that meets the Skills for Care criteria and all staff complete an induction workbook.

The managers, senior staff and care staff all have written job descriptions that have recently been reviewed and defined, which clearly outline their areas of responsibility and accountability. All staff are given a copy of the staff handbook, which includes grievance and disciplinary procedures.

The management team are committed to staff training and have invested considerable time and effort in to developing a comprehensive training programme. This is constantly being reviewed and improved. All the staff receive mandatory training in Moving and Handling, Infection Control, Health and Safety, Medication, Basic First Aid and Basic Food Hygiene. Mandatory training for staff with this agency has been extended to include Catheter Care, Dementia Awareness, Stoma Care, Diabetes, Strokes and Pressure Area Care; this ensures that the staff have an awareness of conditions they may come across in the community. Regular updates are provided and recorded on the training records.

Care staff are provided with training to develop their skills and ensure the individual care needs of service users are met.

To compliment the training programme and identify training, needs there is a supervision system, which includes shadowing, mentoring and monitoring underpinned by detailed supervision policies and procedures. Regular staff meetings give staff the opportunity to discuss areas they would benefit from training in. Staff are encouraged and supported in completing National Vocational Qualifications.

Evidence of regular supervision and appraisals were seen. Staff spoken with also confirmed that they receive regular supervision and have received annual appraisals. There was also evidence on the staff record of spot checks being performed. The computer spreadsheets are beneficial in ensuring that staff are receiving the necessary supervision and support.

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

- 22. Service users receive a consistent, well managed and planned service.
- 23. The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- 24. The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 25. The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
- 26. Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- 27. The service is run in the best interests of its service users.

The Commission considers Standards 22 and 26 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

22, 23, 24, 25, 26 and 27.

Quality in this outcome area is **excellent**

This judgement has been made using available evidence including a visit to this service.

The service users receive a consistent, well-managed service supported by robust policies and procedures, which ensure that the service user's rights and best interests are safeguarded.

EVIDENCE:

The agency operates from suitable premises in the town centre of Seaford. Since the last inspection the agency has acquired more office space, which has provided a dedicated training room and meeting rooms.

There has been a recent change to the management structure, which has left the Registered Manager's post vacant at this time. There are however structures in place to ensure that this change has not affected the running of the agency. There are clear lines of accountability in place.

The agency maintains all the records required for the protection of service users and the efficient running of the business in accordance with this

standard. Due to the expansion of the agency the agency now have an in-house finance department who are directed by a full time accounts manager, this has proved beneficial in managing the business growth in two separate local authorities and private service users.

All records are used and stored in accordance with the Data Protection Act 1998. Service users are able to access their personal records on request.

There is a detailed but simple compliments and complaints procedure in place. Any complaints are monitored through the line management arrangements in the company. The CSCI have not received any complaints in relation to the service provided by Prime Care. Feedback from service users and their representatives confirmed that where any issues have been raised they felt the issues had been handled satisfactorily. A social services professional confirmed that when they have raised an issue it has always been dealt immediately with a full explanation.

There are detailed policies and procedures in place for staff to follow, and are available to view in the office, in the staff handbook and also on the agency website. The policies are implemented and updated by the agency management team and regularly reviewed, as mentioned previously the last update was in March 2007.

To monitor the service performance the agency employs a range of Quality Assurance systems, which are based on the principles of Investors in People. These include spot checks in service user's home, six-monthly reviews in which the service users are encouraged to highlight any shortfalls in the service. These are then audited and action taken by the area team leader to address any problems identified. The audit and results were viewed along with the action taken by the agency to address the shortfalls highlighted by the service users, also available were the positive points, which are conveyed to the teams of carers.

Member of the senior management team also undertakes visits to service user's homes, timesheets are regularly checked, telephone checks are made and there is a clear statement of quality.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion
 "N/A" in the standard met box denotes standard not applicable

User Focused Services	
Standard No	Score
1	4
2	3
3	4
4	3
5	3
6	3

Managers and Staff	
Standard No	Score
17	4
18	4
19	4
20	4
21	4

Personal Care	
Standard No	Score
7	3
8	3
9	3
10	3

Organisation And Running Of The Business	
Standard No	Score
22	4
23	4
24	4
25	4
26	3
27	4

Protection	
Standard No	Score
11	4
12	4
13	3
14	4
15	4
16	3

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Domiciliary Care Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

Commission for Social Care Inspection

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