

Primary Access Limited

# Primary Access Ltd

## Inspection report

12 Hill View Road  
Romsey  
Hampshire  
SO51 0PP

Tel: 01794367791  
Website: [www.primaryaccessltd.co.uk](http://www.primaryaccessltd.co.uk)

Date of inspection visit:  
09 April 2019  
10 April 2019

Date of publication:  
08 May 2019

## 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:

Primary Access Limited provides care and support to younger people with learning disabilities, autistic spectrum disorder and or physical disabilities living in 'supported living' settings. This is so that they can live in their own home as independently as possible. At the time of our inspection the service was providing support to nine people.

People's experience of using this service:

- People were protected from abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm.
- Individual risks to people were assessed and managed to keep people safe.
- People received their medicines as prescribed.
- The service was person centred and assessed people's needs and individual preferences.
- Staff told us that the training they attended was good and gave them the skills and knowledge they needed to support people. However not all self-employed staff had undertaken refresher training.
- Health care professionals such as district nurses, the GP, and the community mental health team had been involved in people's care.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were supported to express their views and staff were knowledgeable about people's preferred communication methods.
- People were supported to pursue their own hobbies and interests.
- Relatives and staff were very positive about the management of the service.
- The service had links with the local community to enhance the lives of people using the service.

Rating at last inspection:

- At the last inspection in October 2016 the service was rated Good. At this inspection the service remained good.

Why we inspected:

- We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within our published timeframe for services rated good. We will continue to monitor the service through the information we receive.

## 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 ●

# Primary Access 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection was completed by one adult social care inspector.

Service and service type:

- Primary Access Limited provides care and support to younger people with learning disabilities, autistic spectrum disorder and or physical disabilities living in 'supported living' settings. This is so that they can live in their own home as independently as possible. At the time of the inspection the service was providing support to nine people.
- The service provides support to seven people who live together as tenants in one of two houses owned by the service. Each person has their own room and shared communal areas such as kitchen, living room and dining room. The service also supported two people living in their own homes.
- The service had a manager registered with the Care Quality Commission who was also the owner. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. They are referred to as the "registered manager" throughout the report.

Notice of inspection:

- We gave the service 24 hours' notice of the inspection visit because it is a small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to talk with us.

What we did before, during and following the inspection;

- Before the inspection we looked at information we held about the service.

- We used information the provider sent us in the Provider Information Return (PIR). 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 received feedback from two health and social care professionals who worked with the service

During the inspection:

- Inspection site visit activity started on 9 April 2019. We visited the office location to speak with the registered manager and management staff.
- We also visited both properties where people received care and support.
- We reviewed staff recruitment, training and supervision records for four staff.
- We looked at records of accidents, incidents, complaints and compliments.
- We reviewed the care records and risk assessments for four people.
- We reviewed audits, quality assurance reports and surveys.
- We spoke with the registered manager, managing director, manager and operations manager and three members of care staff. People receiving care and support were not able to speak with us due to their communication needs.
- On the 10 April 2019 we telephoned and spoke with the relatives of three people receiving care and support and a further two members of care staff.
- After the inspection we asked the registered manager to send us further documents which we reviewed. These were received within the agreed timescales.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- There were processes in place to minimise the risk of abuse.
- Relatives we spoke with said their loved ones were cared for safely.
- One person's relative told us, "I have no concerns at all that [name of person] is safe. They are in a safe environment I have never felt that their safety was an issue".
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns.
- Staff told us they could raise concerns with management at any time and felt they would be listened to and their concerns acted upon.

Assessing risk, safety monitoring and management:

- People had risk assessments in place to manage risks. For example, accessing the community including travel to and from work placements. One care plan we viewed evidenced that the person could be 'over friendly' towards dogs when in the community and directed staff to be vigilant as this could expose the person to possible harm.
- Environmental risk assessments were carried out to ensure people and staff safety when in people's homes.

Staffing and recruitment:

- Relatives told us that there were enough staff to meet people's needs. One relative told us, "I visit [name of person] regularly and there are always enough staff when I do".
- As people's needs changed, the registered manager approached the funding authority for a review of people's support to make sure that they could provide enough staff to meet people's needs.
- The provider recruited regularly to maintain staffing levels in line with agreed care packages, and covered absence with employed staff.
- The provider's recruitment process was robust, and included the necessary checks that candidates were suitable to work in the care sector.
- The provider kept the necessary records to show recruitment processes were followed.

Using medicines safely:

- Medicines management systems were in place and people received their medicines as prescribed. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- The provider had processes in place ensure that when people required support with medicines they received them safely, according to their needs and choices, and as prescribed.
- Records relating to medicines for people were accurate, complete and up to date.
- The provider had a policy in place regarding medicines administration. This provided guidance to staff to help ensure people received their medicines safely.

Preventing and controlling infection:

- People kept their rooms and the house clean with support from staff.
- Staff followed cleaning schedules and had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong:

- The management team reviewed all incident reports to identify lessons and how they could improve people's care.
- The incident logs included details of the type of incident, the people and professionals involved and any actions taken.

# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before a placement was offered to ensure the service was suitable for them. A detailed support plan was then written for each person which guided staff in how to support them.
- People receiving support and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so support could be provided in accordance with their needs and preferences. One relative told us, "[name of person] has made great progress since Primary Access became involved. They are now enjoying life and are much more relaxed".
- Where people had more complex needs, the provider worked with health and social care professionals such as the community mental health team (CMHT)
- Care plans contained the information staff needed to support people according to their needs and choices.

Staff support: induction, training, skills and experience:

- Relatives we spoke with all told us that care staff appeared to be well trained and had a good understanding of the people they cared for.
- One relative told us, "I think the staff are well trained and know how to care for [name of person] I have no worries at all".
- Staff completed a thorough induction based on the care certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were supported by frequent supervision with the management team. This enabled staff to talk about any requirements they had for training and to receive feedback on their work.
- Staff completed training such as moving and handling, safeguarding, medicines management and nutrition as well as training specific to people's individual needs, such as Autism. One member of staff told us, "I had a good thorough induction as I was new to care work and feel totally supported".
- The service used a number of 'self-employed staff' to support people on a regular basis. These were staff who had previously been employed by the service but had returned on a self-employed basis. We looked at the training records for three self-employed staff and identified that refresher training in relation to safeguarding, autism awareness, medicines management, moving and handling and health and safety had not been completed for one person. We brought this to the attention of the manager and registered manager who, following our inspection, sent us details and dates of when refresher training would be undertaken and completed for this member of staff. The registered manager told us, "As self-employed staff they are responsible for their own training and it is something we should have picked up. Going forward all self-employed staff will become part of our own training set up. This will ensure all staff working for Primary Access Limited are up to date and work within our training policies".

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

- People were supported to maintain a balanced and varied diet that met their nutritional requirements.
- People were involved in meal planning, food shopping and food preparation with support. We saw plentiful supplies of food available for people in the two homes we visited.

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

- People were supported to access health care professionals when necessary.
- We could see from the records that health care professionals such as district nurses, the GP, and dietician had been involved in people's care.
- Care plans had been updated according to the advice given by healthcare professionals and we could see this information was being followed.
- Healthcare professionals told us that staff contacted them if they had any concerns or needed to clarify any advice. One health and social care professional told us, "The staff have had to manage some difficult situations regarding people's mental health. Where needed they have sought relevant support".
- If people were not able to attend healthcare appointments themselves then the provider would support them to do this. A relative told us, "The manager supported [name of person] and me to attend hospital for dental treatment. They were with us all through the day. It really helped reduce the anxieties [name of person] and I had on the day".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance: 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 make decisions any made on their behalf must be in their best interests and as least restrictive as possible:

- Care plans reflected that consideration had been given to decision making and capacity. The provider had systems in place to ensure they would work within the principles of the MCA when required to do so.
- Records showed people consented to their care and support plans.
- Care staff sought consent each time they carried out personal care with people.
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interest decisions if people lacked capacity.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives and health and social care professionals were very positive about the care provided. One relative told us, "I think the care is very good. Nothing is too much trouble for the staff and they know everyone so well. I am very reassured that [name of person] is happy, contented and well care for". Another relative told us, "Yes it's a good service. [name of person] gets out and about with support. They go shopping, to church, and to watch his favourite football team. It was important for us when [name of person] moved area that they maintained their local links. The service supports them to do so every week which is good for them". A health and social care professional told us, "Staff try and empower people to meet their needs and dreams and further encourage them with regular praise".
- Staff treated people with kindness and respect. One person was upset during our visit to their home. A member of staff took the time to reassure them and offered to speak with them privately. The person was very happy with this support.
- Staff told us, "We know people here well. Anything people want to do, we help them to achieve." and "We put people at the centre of everything we do here".
- Care plans were detailed with regards to people's preferences, likes and dislikes. Staff had a good understanding of these.
- People's cultural and religious beliefs were respected. People's care plans detailed what was important and how to support them to follow their preferred beliefs.
- Daily notes completed by staff members were detailed and written in a respectful manner.

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

- Relatives told us their loved ones could make choices about their care. One relative told us, "[name of person] is very much in control of their life. The staff support them to do this and we are also involved if needed".
- Relatives told us they had been involved in creating care plans with their loved ones and the service to achieve the best outcomes. We saw that people were consulted, with support, regularly about changes that needed to be made to their care. People were involved in reviews and updates of their care plans.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people's privacy and dignity was respected. We saw that people could have time alone away from staff members.
- Staff were respectful of people's privacy and dignity. All staff had received training in dignity and we observed staff to be respectful when visiting people's homes.
- Staff supported people to be as independent as possible, to promote their wellbeing. For example, people were supported to visit their family homes, attend college and access the community when they wanted to

do so.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The registered manager planned care and support in partnership with people and where appropriate their relatives.
- People's needs were reflected in care plans which contained detailed information about how they wished to receive care and support.
- The registered manager and staff understood the Accessible Information Standard [AIS]. The standard sets out a specific approach to identifying, recording, sharing and meeting the information and communication support needs of people who use services. The registered manager told us, "We work with people we care for and their families to identify the most effective way of communicating with someone in a way they can fully understand". For one person this was achieved using pictures, 'smiley face symbols' and hand gestures.

Improving care quality in response to complaints or concerns:

- The provider had systems in place to record, investigate and respond to complaints.
- There had been no formal complaints since our last inspection.
- Relatives told us they were aware they could complain but had not needed to. One relative told us, "I have never needed to complain. Any minor issues are usually dealt with very quickly. Another relative told us, "Never needed to make any type of formal complaint. If I have any issues I just pick up the phone and call them and it gets resolved".
- The registered manager understood their responsibilities under the Duty of Candour which must be met by all providers. It sets out the actions that they should follow when things go wrong, including making an apology and being open and transparent.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There were effective management systems in place to promote person-centred care.
- The registered manager was supported by the management team and a staff team who understood the need to deliver good quality care.
- There was a positive culture within the staff team, and staff told us they enjoyed working for the service. One member of staff told us, "We all get on well and work well as a team".
- Our feedback and the provider's own surveys showed that people were satisfied with the care and support they received.

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

- The management and staff team were clear about their roles. A staff member said, "Whatever we do, it is about promoting independence and giving people an excellent quality of life".
- The provider had systems and processes in place to monitor the quality of the service.
- There were regular quality checks on care files, care logs, medicines records, and other records.
- There was a positive risk-taking culture at the service. People were supported to safely achieve their goals and be as independent as possible.
- Policies were in place at the service and guided staff what to do in case of incidents such as fire or bad weather.

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

- Relatives told us they were regularly asked their views about the service.
- Relatives completed surveys which asked for their views of the service. The results were analysed by the registered manager and used to continuously improve the service.
- Staff meetings took place so any issues about the service could be discussed and people's views obtained. Staff were also given the opportunity to raise any ideas or concerns about the service during their supervision meetings.

Working in partnership with others:

- There was a coordinated approach to people's care. Partnership working with people, their relatives and external healthcare professionals ensured people received care that was effective and appropriate to their needs.

- The management and staff team worked well with other professionals such as speech and language therapists and dieticians to achieve good outcomes for people. Relatives we spoke to were positive about the way the service worked with them.