

Primrose Healthcare Services Limited

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## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Primrose Healthcare Services is a domiciliary care agency providing personal care to people with a variety of health care needs including people living with dementia. The service was providing care to 53 people at the time of inspection.

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

An electronic system had been implemented for recording, we saw that this was effective in monitoring the service but the registered manager needed to ensure this was kept up to date. Risks to people were assessed and care was planned to reduce risks to people.

People told us they felt safe and knew how to raise concerns if they had any. People were supported to take their medicines safely by appropriately trained staff. Good infection, prevention and control measures were in place to help staff keep people safe in their own homes.

There were enough staff to meet people's needs and staff knew people well. The registered manager monitored calls and call times and to address any issues with late calls.

Care plans were completed and included information about people's needs, staff escalated any concerns to other healthcare professionals.

The registered manager was involved in people's care and sought regular feedback from people and their relatives. Staff felt supported and received appropriate training to carry out their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was good (published 25 June 2019) and there was a breach of regulation. At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this

occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primrose Care Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-Led findings below.

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## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 09 June 2021 and ended on 10 June 2021. We visited the office location on 09 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the provider who was also the registered manager and care workers. We reviewed a range of records. This included six people's care records and six medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at feedback from people, further recruitment records and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Staff were aware of individual risks to people and how to support them in these areas to keep them safe.
- One person was at risk of pressure damage to their skin. This was documented in their care plan and risk assessed. There were clear instructions for staff on what equipment and cream they need to use to support this person.
- Staff knew people well and were able to describe people's needs. One person had a catheter and their care plan included information for staff on how to identify an infection or a problem with the catheter. Staff knew how to care for the catheter and follow the care plan.

### Staffing and recruitment

- There was mixed feedback on staff arriving for calls on time. One person told us, "If they are going to be late or if something has gone wrong along the way they will ring me from head office to tell me". Another person said, "I have had them turn up a lot later than expected, they mostly let me know but a few times they haven't".
- We informed the registered manager that people did not always receive a call to inform them a staff member was running late. The registered manager told us that the agency's policy was to always call people as soon as possible and that they would review this.
- Each staff member had undergone a Disclosure and Barring Service (DBS) check. A DBS check helps ensure staff's suitability to work in this type of care.
- People told us that they were mostly cared for by the same staff members. The registered manager explained that staff worked in teams to ensure continuity and people expressed that they were happy with this arrangement.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe with staff. One person told us, "I trust them, I think they are super". Another person told us "I feel very safe with them. I know that when they are helping me they are doing everything I want and they are very careful. They are very careful handling and lifting me."
- Staff knew how to recognise a safeguarding concern and what to do if this occurred. One staff member said, "First I would go to the office or I could go to the council and CQC."
- The provider recorded and investigated any safeguarding concerns and kept a log of this. We could see that the provider acted appropriately when dealing with safeguarding concerns.
- Staff received training in safeguarding and were supported by the registered manager who was the

safeguarding lead. Staff and people knew who to go to should they have any concerns.

- The registered manager reviewed accidents and incidents and shared outcomes with staff members on the staff platform. This allowed for lessons to be learnt and improved practice to be carried forward.

#### Using medicines safely

- People were supported to take their medicines by staff who had been appropriately trained. One person told us, "They help me with my eye drops and they do these very well for me."
- Electronic medicines administration records (EMARs) were kept to record medicine administration. This showed that people received appropriate medicines at the correct times.
- People's care plans contained information about the medicines they took. There was a policy in place to support people with medicines they took as they required them. The provider was in the process of implementing individual protocols to support staff to know when to give medicines as required.

#### Preventing and controlling infection

- Staff wore PPE when in people's homes. A person told us, "They always wear masks, gloves, aprons and shoe coverings." The registered manager told us that they ensured adequate PPE was left in people's homes.
- Staff followed good infection prevention and control (IPC) practices when in people's homes and there was a policy to support them with this.
- Staff had received training in IPC and had group supervisions to inform them about COVID-19. The registered manager shared regular updates with the staff on the staff platform to ensure staff had the latest information.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, we found the provider was in breach of Regulation 17. We saw at this inspection, improvements had been made and the provider was no longer in breach of regulation.

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

- At our last inspection, there were two registered managers who did not have a shared oversight of the service. At this inspection, there was one registered manager who was clear about their role and the plans for the service. The registered manager had implemented an electronic system to support with recording and the oversight of the service. This had improved any concerns surrounding eligibility of handwriting on records as at the last inspection some records were difficult to read. We saw that the electronic system was effective in monitoring the service but the registered manager needed to ensure the system was kept up to date.
- Audits were in place to review a variety of areas of the service such as medication audits, timeliness of calls and recruitment files. A recent recruitment audit had been completed and it had been identified that files did not contain all appropriate documentation and the registered manager was in the process of reviewing this.
- The registered manager carried out spot checks to review how care was being delivered and completed review calls for people every three months to assess how their care package was going.
- Staff told us they felt supported and valued. One staff member said, " They are supportive and a good company to work for."

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

- People spoke positively about the care they received. A relative told us, 'The carers have built up a good rapport with my relative, they know him, he knows them. If there's a problem they will let me know.'
- The provider gained people's views on the service. They shared feedback from recent reviews that had been carried out. One person said, 'I appreciate the carers, I think they are doing a great job.'
- The provider knew people well and was accessible to people and their relatives. It was clear from speaking with them that they put people first and wanted to achieve good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider demonstrated duty of candour when things went wrong. One person told us that they had called the office to discuss a care call that had been late and no one had contacted them. The person told us, 'They apologised that no one had called and said they would monitor this more closely going forward.'
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary

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

- The registered manager told us that the service supported staff and people with their own individual wishes. One person could not attend church due to the COVID-19 restrictions. A member of staff who shared the same religion attended the care call on a Sunday to sing hymns with the person.
- The registered manager sought feedback from people and their relatives. The registered manager made phone calls and completed face to face reviews to gain peoples views and they acted on them.
- Regular team meetings were held and the staff had a group platform which allowed them to share information. One staff member said, "Team meetings are now on Zoom. Supervisions are regular and we talk about if I need more training and each client overview."
- Spot checks and reviews were carried out with staff members. We saw evidence of the registered manager checking on how staff provided care to people.

Continuous learning and improving care; Working in partnership with others

- The provider explained to us that they were going to introduce a Human Resources manager to support with their recruitment practices.
- The provider was a member of a managers forum which kept them up to date with best practice and encouraged shared learning.