

## Select Primecare Limited

# Primecare

### Inspection report

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### 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

Primecare provides personal care and accommodation for up to 41 older people. On the day of our inspection there were 39 people using the service. At the last inspection, the service was rated good. At this inspection we found the service remained good.

The registered manager was present during our inspection. 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.

There were enough staff to meet the needs of people who used the service. People were supported to have maximum choice and control over their lives and staff cared for people in the least restrictive way possible.

Staff understood how to keep people safe and could describe the correct steps they would take if they were concerned that abuse had taken place. Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people who used the service.

The registered manager and staff involved people to make decisions about the service. People told us that staff understood their needs and preferences, and they received effective care and support from well-trained staff.

Staff had developed caring relationships with the people they supported. Family members told us that there was a positive atmosphere and people were encouraged to take part in activities that they wanted to pursue. A wide range of activities were on offer to people.

Medicines were managed safely and staff members understood their responsibilities. The registered manager undertook regular audits and improvements were carried out when these were needed. The quality of the service was monitored and assessed continuously.

People who used the service, family members, and visitors were encouraged to make comments, complaints, or compliments about the service. Further information is in the detailed findings below.

## 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 ●

This service remains good.

Staffing levels were appropriate to meet the needs of people who used the service, and call bells were responded to quickly.

The registered manager knew how to keep people safe and staff had been trained in how to recognise signs of abuse.

People received their medicines safely.

### Is the service effective?

Good ●

This service remains good.

Staff were suitably trained and received regular supervision and appraisals.

People's dietary needs were met and they had access to health care if they required it.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

This service remains good.

People's right to privacy and dignity was considered.

Staff treated people in a kind way.

### Is the service responsive?

Good ●

This service remains good.

People's needs were assessed before they moved in and care plans reflected people's needs.

People's needs for social interaction were met and there was a wide variety of activities for people to participate in.

People knew how to make a complaint if they wanted to.

**Is the service well-led?**

**Good** ●

This service remains good.

The registered manager supported staff to carry out their role to the best of their ability.

A quality assurance system was in place, and the service looked at ways it could continuously improve.

People and their families told us the manager was approachable and managed the service well.

# Primecare

## 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 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.<sup>1</sup> This was a comprehensive inspection.

The inspection of Primecare took place on 22 and 23 February 2017 and was unannounced, which meant that the provider did not know that we were coming. The inspection was carried out by one inspector, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service and specialises in dementia care.

Before the inspection we looked at previous inspection records and intelligence we had received about the service and notifications. Notifications are information about important events the service is legally required to send to us. We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. During our inspection we watched how staff interacted with people and we spent time observing the support and care provided to people, this helped us to understand their experiences. We observed care and support in various communal areas, at night, during meal times and peoples activities.

As part of the inspection we spoke with the registered manager, the area manager, ten people who use the service, five family members, nine members of staff and two health care professionals. We also approached commissioners to obtain their views of the service. Healthcare professionals were approached for comments about the service and any feedback received has been included in the report.

We inspected the care plans of seven people and looked at information about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents and incidents, complaints, clinical governance, audits and policies and procedures. Looking at this information helped us to understand how the registered manager responded and acted on issues related to the care and welfare of people.

# Is the service safe?

## Our findings

People told us they thought the service they received was good and that they felt safe living at Primecare. One person said, "I feel very safe here, as someone will come and help me if I need it."

We found people were kept safe from the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse and had received the appropriate training. When one person was asked if they understood what abuse was they said, "Yes, if someone was not very nice to me I would complain to the registered manager." A family member said, "I feel my family member is safe here because staff frequently ask how they are."

There were enough staff available to meet people's needs and people told us that staff responded to them quickly. We saw that people did not have to wait for a buzzer to be answered, because staff answered promptly and assisted them straight away. One person told us, "If I press my buzzer someone is there within minutes, so there is always enough staff to answer you if you need them. I never have to wait." Another person explained, "I need two members of staff to help me. I never have to wait for two to come, and they never say to me that I have to wait because they are busy." A family member explained, "Yes there is always enough staff on duty, there always seems to be staff around."

The registered manager made sure there were arrangements in place to manage risk appropriately. For example, specific risk assessments were carried out when people needed them, such as, eating, drinking and mobility. When a risk was identified, a care plan was in place and provided detailed guidance to staff about how to support the person in such a way as to reduce the risk.

Clear policies and procedures were in place and staff were clear about the way in which accidents and incidents should be managed. Staff could explain what steps they should take when someone had hurt themselves. The registered manager undertook a monthly review of the accidents and incidents that took place at the service and looked at the ways they could reduce the risks to people.

We looked at the way medicines were managed and found this to be safe. Medicines were safely stored in locked trolleys inside secure medication rooms and suitable arrangements were in place for obtaining, storing, administering, and disposing of medicines in a safe way. One person said, "Medicines are more or less always on time, and the staff member who gives them out will always make sure you take them."

We inspected the way staff were recruited into the role and found this to be safe.

# Is the service effective?

## Our findings

People told us that staff understood their needs and preferences, and they received effective care and support from well-trained staff. One family member explained, "The staff here are well trained. I can tell from the way they give care to people." All of the staff told us they received a good level of training which helped them to be confident in their role. We checked records and found staff had been given appropriate training and individual development plans were in place.

The provider was working within the principles of the Mental Capacity Act (2005) when supporting people to make decisions about their care. Most but not all of the care plans were signed by the person to confirm their agreement related to the care and support provided. When we found that people had not signed their care records, we spoke with the registered manager and they assured us that they would review everyone's records to make sure that people or their representatives had signed these.

The registered manager liaised with other professionals whenever they identified a concern related to capacity and consent. Staff understood the importance of consent and explained to us how they gained people's consent to their care and helped people to make choices on a day to day basis. We saw people were not restricted to move around, and staff were aware of where people were, if they were wandering they went to them and offered assistance with a caring approach.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual needs. We noted two people who required assistance to eat waited a long time to be assisted. We spoke with the registered manager and they made immediate changes to the way the dining area was staffed.

People told us they had enough to eat and drink and enjoyed the food on offer. One person said, "We do have a choice of meals, and the food is very good." Another said, "I do have enough to eat and I enjoy the food." Another person explained, "I can have the choice of two meals, and if I don't like that they will give me something else."

We inspected how people were supported when they needed help to eat or drink in a safe way or were at risk of poor nutrition, and we found this was effective. For example, people were routinely assessed against the risk of poor nutrition and this information was used to update risk assessments and make referrals to relevant health care professionals. When Speech and Language Therapists (SALT) were involved, guidance for staff was clearly recorded within the care plan. For example, information about the correct texture of food and how the person should be supported to eat safely was available to guide staff.

People and their family member's told us that health professionals became quickly involved if they were needed. One family member said, "I do feel [Names] health needs are met. A chiropodist comes in regularly and someone to test the eyes. I know [the registered manager] is aware of their health issues." Another person explained, "I did have a sore on my back, so the staff came and frequently turned me over when I was in bed and now it has gone." Information in people's care plans recorded the involvement of health and social care professionals and we saw staff working with various agencies to make sure people accessed

health professionals when their needs had changed. One person said, "If you need an appointment at the hospital, and your family can't take you a member of staff will go with you."



## Is the service caring?

### Our findings

People who used the service were complimentary about the standard of care and told us staff were kind and caring towards them. One person said, "I am treated with respect here. If you look over there, you will see a notice that say's I only want a female member of staff to help me, and that always happens."

Staff gave people choice and control over their day to day lives, by regular staff. One person said, "I am always asked what clothes I would like to wear for the day." Another explained, "I often have a regular staff member so they know what I like."

Not everyone at the service could tell us about their experiences of living there because of their dementia, so we spent time observing care. We saw staff treating people with dignity and respecting their privacy. We observed staff knocking on doors and we could hear a cheery "Good morning" when they went into support people. We saw staff checking with people when they offered care or support. One person explained, "The staff will always close the door if they are giving you a wash, and cover you up."

Important relationships were promoted. For example, one person said, "The staff here will help in any way. My husband was in here first and then I came in. They found a room for both of us, and we are treated with respect as a couple."

People and their family members told us they were always made to feel welcome and could visit whenever they wanted to. One person told us, "I can visit any time here. The staff are always very friendly."

During the inspection, people were well presented and looked comfortable with staff who were caring and friendly towards them. We saw staff talking to people in a polite and respectful manner. For example, after lunch, when staff were escorting people using walking frames, they were doing this in a kindly manner and not rushing them. We saw that when staff carried out tasks for people they bent down as they talked to them, so they were at eye level.

Regular meetings were held with people who lived at the service, with notes of the meetings available for people who wanted them. People were encouraged to express their views and when they made recommendations these were taken into account. For example, residents meetings were held to discuss activities and menu options. Information on advocacy was available to people who used the service but no one required this at the time of the inspection.

## Is the service responsive?

### Our findings

People received care and support specific to their needs. People and their family member's repeatedly told us that they felt staff understood their individual needs and preferences, and provided care in a responsive and personal way. One person said, "They do try and give you the same care staff, but they all seem to know how you like to be treated. I have never needed to tell a different staff member in the morning what to do."

Meaningful activities were offered to people, and they told us this enhanced their life and wellbeing. The registered manager and staff were continually looking at innovative ways to enhance people's sense of wellbeing and quality of life through the activities they offered. People were supported to follow their personal interests and hobbies. The service had an activities coordinator's in post, and people told us about things they liked to do. We saw that people enjoyed doing a wide range of activities from attending concerts and musical events, keep fit sessions and movement to music, cooking, watching classic films, musical bingo, crafts and arts, shopping trips, bowls, sing a longs, and pamper sessions.

One person said, "We can do things we enjoy. There is quite a few of us that like the keep fit we can do in our chairs." A family member said, "This is a very happy home. The people are well looked after."

Policies and procedures were in place to ensure complaints were recorded and thoroughly investigated. A complaints form was available in the home's entrance hall next to a secure box which encouraged people to make anonymous comments about the service if they wanted to. We noted the service had received a number of compliments. People we spoke with knew how to make a complaint but said did not have reason to do so. One person said, "I have nothing to complain about here." Another person explained, "I have never had to raise any concerns here, but if I did [the registered manager] would deal with it."

## Is the service well-led?

### Our findings

Everyone we spoke with held the registered manager in high regard and told us the service was well led. People, family member's, and staff described the management of the service as approachable. One person said, "[The registered manager] will often come and say Hello to you." A family member said, "You can always speak to [the registered manager] they are very approachable." Another person explained, "The staff here are very happy and they have a laugh and a joke. They seem to get on well as a team."

The registered manager understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe. We saw the service had a well-defined management structure that provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service and staff told us they felt included and consulted.

We saw there was a positive culture in the home and staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service. Staff told us the manager led the service well and offered positive support. One staff member commented, "The manager is really good. They are approachable, and when you raise things they sort it out."

The registered manager and staff involved people to obtain their feedback. People told us they gave their feedback in a number of ways, through meetings and surveys. People told us their meetings were friendly and informal, and they felt able to speak about any issues they may have. Feedback had been sought about the service through a quarterly questionnaire.

We looked at records related to the running of the service and found that the provider had systems in place which continually reviewed the quality of the service and looked at ways it could improve the service being offered to people. A number of audits were in place and data about the service people received was continually monitored in order to look at ways of improving the quality of the care that people received. We noted that some people's records had been left on the table in one of the lounge areas. We spoke with the registered manager and they assured us they would investigate our findings and make sure that all records were locked away securely.