

Select Primecare Limited

# Primecare

## Inspection report

62 Downs Grove  
Vange  
Basildon  
Essex  
SS16 4QL

Tel: 01268553222

Website: [www.selecthealthcaregroup.com](http://www.selecthealthcaregroup.com)

Date of inspection visit:  
23 October 2019

Date of publication:  
05 December 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Primecare is a residential care home providing personal care to up to 41 people aged 65 and over. At the time of the inspection, 33 people were using the service.

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

People told us they felt safe and the staff knew how to recognise and report any suspicions of abuse. Some people's risk assessments did not have enough information. Medicine systems needed to improve, and some staff required additional training.

The service was in the process of moving from paper to electronic care recording. Consequently, information was held in several different places and was not always consistent and did not always reflect people's needs.

Some improvements were needed to ensure information was reflective of professionals' involvement. The registered manager needed to develop links with the local dental service, to ensure people's oral health care needs could be met. We have made a recommendation about oral health care.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

People enjoyed the food and were supported to eat in a safe way. There was enough staff to meet people's assessed needs.

The quality of the service was monitored, and a range of audits had been completed. However, they had failed to identify the improvements the inspection identified. The registered manager gathered people's views and used this information to look at ways they could improve the service.

Staff were kind and caring toward people's needs. People were encouraged to take part in stimulating and meaningful activities.

People and their family members, and visitors were encouraged to make comments, complaints, or compliments about the service.

Rating at last inspection: The last rating for this service was Good (26 April 2017)

### Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

#### Enforcement

We have identified breaches in regulation in relation to Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12: Safe care and treatment (a) (g) This is because robust systems were not in place to assess the risks to the health and safety of service users when receiving care or treatment. The proper and safe management of medicines needed to be improved.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and the local authority to monitor progress. We will 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Primecare

## Detailed findings

### Background to this 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

This inspection was carried out by three inspectors 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.

#### Service and service type

Primecare is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 unannounced and was carried out on 23 October 2019.

#### What we did before the inspection

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 any 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 13 people and seven relatives about their experience of the care provided. We also spoke with eight members of staff including the operations director, the registered manager, the deputy manager, care staff, and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including some policies and procedures.

After the inspection

We continued to seek clarification from the provider to confirm what action they would be taking in response to our inspection findings.

# 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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The service was in the process of moving to electronic care recording. Consequently, information was held in several different places both on paper and electronically and was not always consistent. This made it difficult to establish what information was the most up to date and accurate when reflecting people's care needs, risks and how to manage them.
- This risk was minimised when people were supported by regular staff who knew them well. However, if new or agency staff were employed there was a risk they would not be able to access the necessary information on how to keep people safe.
- Some people's risk assessment lacked detail, for one person we noted important information had not been carried over to their care plan regarding risks to their skin and how to manage those risks. This person had since developed a pressure ulcer after being admitted to the service. On a review of their care notes, which provided a record of their daily care, these showed the person had not always been turned every two hours as advised by the district nurse.
- Personal Evacuation Plans (PEEPs) were in place for each person, however, these did not reflect people's mobility needs accurately.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A fire assessment had been done, and the registered manager told us horizontal evacuation fire drills were carried out every six months.

### Using medicines safely

- Systems to make sure people got their medicine on time and in the right way, needed to improve.
- Some people were being given their medicine covertly, but this wasn't completed in line with current guidelines. Giving medicine covertly is when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. For example, information was not always clear about the process for disguising these medicines. The arrangements to regularly review the continued need were not clear.
- Information had not been obtained from a pharmacist to find out if the method being used was appropriate.
- One person required medicine to be administered in a special way, which required additional training. Staff had not been trained to administer this medicine. The registered provider instead relied on the local hospital if this was needed. Following the inspection, the registered provider quickly sourced a training course for staff to complete.

- Staff had been given mandatory training in medicines and had their competency checked by the registered manager every six months. However, some staff did not always know how to support people in the best way to take certain medicines.
- Records had not always been completed when prescribed creams had been applied.
- People we spoke with told us they received their medicines safely and as prescribed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- An accident report for one person had been completed for an unwitnessed fall, resulting in an injury, but this had not been handed over to the registered manager for further investigation. Following the advice of inspectors, the registered manager raised a safeguarding concern with the local authority.
- The local authority organisational safeguarding team had supported the registered provider, to look at how the service could provide safer care to people. At the time of the inspection, the registered manager was working with the local authority to investigate three safeguarding concerns.
- People told us they felt safe with the staff who supported them. One person said, "I feel quite safe here, because the staff listen to me, and do what I ask them."
- Staff had been trained in safeguarding and knew how to raise concerns correctly.

Learning lessons when things go wrong

- Since the last inspection, the registered manager had worked collaboratively with the Local Authority and made several changes to the service. They had been proactive in involving people, their relatives, and staff to find solutions when events had occurred and to make improvements to the service.
- Accidents and incidents were monitored. In the months leading up to the inspection, a high number of falls had occurred. In response, the registered manager had terminated the employment of some people and was looking to work with the local authority to look at ways of reducing the occurrence of pressure ulcers, urinary tract infections (UTIs) and falls.

Staffing and recruitment

- Since the last inspection, a new registered manager had been recruited.
- The registered manager carried out a dependency assessment to consider how many staff would be needed. Staffing numbers were adjusted if people's needs changed.
- At the time of the inspection, the service had no vacancies and there were enough staff on shift to respond to people's needs. One staff member said, "There is enough staff."
- Recruitment checks had been completed on prospective staff waiting to start work.

Preventing and controlling infection

- Infection control audits were carried out by the registered manager which looked at a range of areas.
- Staff were seen using gloves and aprons and washing their hands.



# 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.

At the last inspection, this key question was rated as Good. At this inspection, this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- An assessment was carried before people moved in but did not always identify all the issues adequately. For some people, the assessment process had not identified people's needs robustly enough. For example, one person required a specific medicine to be administered and this had not been identified. For another person, their personal preferences and medicine section had been left blank. For another person, who required repositioning with a slide sheet, this had not been included.
- The registered manager had not always carried out the assessment process, as this had been delegated to other staff members who may not have been experienced or competent to assess people's needs thoroughly.
- Since the registered manager had started, they had introduced new, and more robust assessments.

Staff support: induction, training, skills, and experience

- Staff were given an induction, which had recently been extended in response to staff feedback to provide new staff with more time for learning. The Care Certificate was then completed to consolidate learning. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- A range of mandatory training was provided, and staff were supported to completed additional training in health and social care. However, when people had additional care needs such as oral health, Parkinson's, dysphagia, or epilepsy, or required certain training to meet people's additional needs, training had not been given. One staff member said, "I have not had dementia training but my relative had dementia, so I knew what to do. It would be nice to have dementia training."
- After the inspection, the registered manager provided us with an action plan confirming that they would undertake a full skills audit on all staff and ensure specialist training would be provided.

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

- If it was required, referrals had been made to the Speech and Language Team (SALT) and guidance about how to support people to eat safely had been retained in the care plan. However, for one person this information was not clear.

We recommend the registered manager undertakes a review of all people's care records and ensure they are consistently reflective of professional's advice.

- People laughed and smiled during lunch and enjoyed the food. One person said, "The chef comes round to give us the choices for the day. The other day they convinced me to try fish in parsley sauce. I'd never had it before, it was lovely."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were not always supported to access dental treatment in an effective and timely way.
- The registered provider did not have links with local general dental services and people were not being supported to access emergency or out-of-hours dental treatment if this was required.
- Care records showed the service worked with several external agencies including GP surgeries, district nurses, occupational therapists, speech and language therapy and the local hospice.
- Care plans included guidance about how to support people to maintain their oral health
- Whilst staff had been provided with informal guidance, they had not received formal mandatory oral health care training, and the registered manager had not carried out observations on staff to ensure staff supported people in the correct way.

We recommend the registered provider reviews CQC guidance 'smiling matters' and implements best practice in relation to oral health care.

- People and their family members told us health professionals were quickly involved if this was needed. The involvement of health professionals was clearly recorded within people's care plans.

Adapting service, design, decoration to meet people's needs

- The premises were suited to people's needs and people were seen to be choosing to move around freely.
- There were two people, who had dementia, they lived on the first floor. They could freely access the stairs. Whilst those people chose to use the lift, the registered manager had not assessed the potential risks should those people access the stairs.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had not always been undertaken in accordance with best practice principles. For example, if people were being given covert medication, a meeting to establish if this was in the person's best interest had not been carried out or recorded.
- Standard applications had been made to the local authority if any restrictions on people's liberty were being imposed, and some had been authorised. Conditions on such authorisations were being met.
- People had given their consent to care and treatment and this information had been retained within their care plan.

## 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.

At the last inspection, this key question was rated as Good. At this inspection, this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were kind and caring and our observations on the day supported this. One person said, "The staff have never been unkind. They are thoughtful. " A relative said, "All the staff are brilliant. Nothing's too much trouble for them."
- Staff were warm and friendly and took the time to sit and chat with people.

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

- We saw staff including people in decisions about their care and support rather than telling them. For example, asking people what they would like to do, where they would like to sit and what they would like to eat or drink.

Respecting and promoting people's privacy, dignity, and independence

- Staff knocked on people's doors before entering and called people by their preferred names. When talking about people's needs, staff did this quietly and discreetly.
- Independence was supported and encouraged, and we observed that staff encouraged people to do what they could for themselves.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection, this key question was rated as Good. At this inspection, this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Everybody with the exception of one person said they were satisfied with the care and support they received. We discussed our findings with the registered manager who confirmed that a review would be carried out, with the person.
- Care plan documents were in place. The registered manager told us they were in the process of transferring everyone's information from paper to electronic. One person had a specialist diagnosis and a care plan was not in place for this person. When we highlighted this to the registered manager they told us this would be implemented straight away.
- Staff told us they provided person-centred care, which meant care was tailored to people's individual needs and wishes. A staff member said, "Everyone's different, for example, [named person] likes the duvet just off their feet so they can do their foot rotations, [named person] likes to take their meals downstairs and [named person] likes to use the toilet before meals otherwise they won't eat."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed around the home.
- The registered manager kept a record of concerns and carried out an investigation when complaints had been made.

There was a lack of evidence complaints had been responded to and apologise made when it had been established the registered provider may have been at fault. The operations manager confirmed that they would send a copy of a complaint response after the inspection, however this was not submitted.

We recommend that responses are retained, in line with best practice when dealing with a complaint.

- Without exception, people told us they knew the registered manager and would happily approach them if they ever had any concerns. No one we spoke with could fault the service One relative said. "The staff are always very kind and helpful to me. I've got no complaints."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs including any sensory impairments had been identified with guidance in place for staff to follow to help people express their views.
- A staff member told us a pictorial book had been created to help people communicate with staff.

However, we did not see this book being used on the day of inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were offered to people, which enhanced their life and wellbeing. The staff member said, "It's all worthwhile when I see people laughing, and having fun. I don't mind being silly to achieve that."
- An activities coordinator was in post and looked at ways for people to get involved with the activities on offer.

End of life care and support

- The service had formed a positive relationship with their local hospice and worked in partnership to support people at the end of life. A healthcare professional from the hospice told us, "We work well as a team, they will phone us if they are worried about someone and we come out and do an assessment."
- When people were diagnosed end of life, the hospice provided a detailed care plan for staff to follow.
- Staff had been given training by hospice staff in mouth care and guidance on how to support people with pain relief to ensure people were comfortable and pain-free.
- Plans were in place for more formal training to be delivered to staff so staff would be able to competently assess and manage people's pain.

# 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 Good. At this inspection, this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The registered manager and the staff team completed a range of audits to assess and monitor the quality of the service.
- Despite completing a range of audits, the registered provider had failed to identify the issues we found during the inspection. For example, medication audits were completed monthly by the registered manager but did not identify the concerns we had found.
- The local authority safeguarding team had been working with the registered manager to improve people's outcomes. Whilst some progress had been made, concerns had previously been raised regarding accidents not being investigated, and injuries being inadequately recorded. At this inspection, we found a similar occurrence and requested the registered manager raise this as a safeguarding concern with the local authority.

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

- People, relatives and visiting health professionals spoke positively about the registered manager and staff. A visiting health professional told us, "Since the management changed, the whole atmosphere has changed, we have more confidence in the service now; [named registered manager] is very good, the new management has made a massive difference."
- Staff told us the management team were supportive and the registered manager had made lots of changes since they joined the team. One staff member said, "I love what [name of registered manager] stands for. We share the same values and you can go to them about anything."
- Regular meetings were held, and staff were informed when concerns about the service had been raised. This was used at staff meetings to share information and look at how practice could be improved.

### 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 registered manager was visible, approachable and had made a number of changes to the service. One staff member said, "The manager supports me all the way through. They are the best thing that has happened to this place." One person said, "[Name] of manager has been up here twice this week. They pop in to see how I am. They are very pleasant."
- A deputy manager and a team of senior staff and nurses supported the registered manager. Staff were clear about their roles and responsibilities.
- People had confidence in the registered manager. One person said, "The registered manager is funny. You

can always have a laugh and joke with them." Another person said, "The registered manager is very nice. They are always checking on us."

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

- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager had informed CQC of events as required.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were given opportunities to be involved in the service. We saw relatives and residents' meetings took place. Minutes of the meetings showed people's views on all aspects of the service were asked for and acted upon.
- Satisfaction surveys to obtain people's, relatives and staff views were sent out annually.
- Actions had been taken in response to the feedback which showed the service listened to people and staff. For example, staff had commented that the induction for new staff could be improved. In response it had been lengthened and now included two weeks of shadowing experienced staff to help new staff learn about their job role.
- The registered manager had worked in partnership with the local authority and St Lukes Hospice.
- The registered manager worked in partnership with other organisations to keep up to date with new research and development.