

## Primary Homecare Limited

# Primary Homecare Limited

### Inspection report

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17 September 2019

18 September 2019

20 September 2019

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Primary Homecare Limited is a domiciliary care service, providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, there were 161 people using the service.

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

People received an extremely responsive service which was tailor made to meet their needs and aspirations. There were systems to provide people with end of life care which met their needs and wishes. There was a complaints procedure in place and people's concerns were promptly addressed.

The service was extremely well-led. Robust systems to monitor and assess the service provided helped the registered manager to identify where improvements were needed, and these were addressed quickly. People were asked for their views about the service and these consistently demonstrated a high level of satisfaction relating to the service they received. All staff spoken with were extremely passionate about providing high quality care to people.

People and relatives told us about how the care workers and other staff working in the service were caring and respectful. People were provided with a caring and compassionate service. People's rights to independence, privacy and dignity were promoted and respected. People's choices about the service were valued and used to plan their care.

Risks to people were assessed and mitigated, this included the risks of avoidable harm and abuse. Where people required assistance with their medicines, there were systems to provide this service safely. People's care visits were completed as planned. Recruitment of care workers was done safely. Care workers were trained in infection control and the appropriate equipment was provided to reduce risks of cross infection. There were systems to learn from incidents and use the learning to drive improvement.

People were supported by care workers who were trained and supported to meet their needs. 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. Where people required support with their dietary needs, this was provided. Where required, people were supported to maintain good health. The service worked well with other professionals involved in people's care.

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

The last rating for this service was good (published 13 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primary Homecare Limited 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?

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Primary Homecare Limited

## 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 undertaken 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

We gave the service short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 17 September 2019 and ended on 20 September 2019. We visited the office location on 17 September 2019.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. 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 all of this information to plan our inspection.

#### During the inspection

We visited the service's office on 17 September 2019. We spoke with the registered manager and the

managing director, who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the care manager, the senior care coordinator, three coordinators, a senior care worker and two care workers. We reviewed a range of records. This included 10 people's care records. We looked at five staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits were reviewed.

On 18 September 2019, we spoke with eight people who used the service on the telephone, and 11 relatives about their experience of the care provided. We spoke with three social care professionals who regularly work with the service and one care worker. We also received electronic feedback from one person's relative.

On 20 September 2019, we spoke with two people who used the service on the telephone, and six relatives.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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.

Systems and processes to safeguard people from the risk of abuse

- Care workers were provided with training in safeguarding adults and children from abuse and frauds and scamming. All staff we spoke with understood their roles and responsibilities in identifying potential and actual abuse and how these should be reported to the appropriate professionals who are responsible for investigating concerns of abuse.
- People who used the service were provided with information on potential frauds and scams and actions they could take should they feel at risk. The training provided to care workers had been effective because they had identified potential scamming activity and reported this to reduce the risks to people.
- People told us they felt safe with their care workers. One person said, "I know them and who is coming." Another person told us, "I honestly think [I'm safe]. All [care workers are] smart and polite, no need to ever fear them or be ashamed."
- The last quality assurance questionnaires received from people and their representatives from January to June 2019, 103 responses had been received, all said they felt safe.
- One social care professional told us how the service worked in partnership with them in ensuring a person who used the service was safe, "The service have been instrumental in working to [person's] safety plan."

Assessing risk, safety monitoring and management

- People's care records included risk assessments which demonstrated that the risks in their daily living were assessed and care workers were guided in how these risks were mitigated. This included risks associated with their living environment and mobility.
- Care workers received training in fire safety.
- A coordinator told us about the processes for when care workers could not access someone's home, this included looking in the windows, reporting to the office and staying at the premises until the person was located.

Staffing and recruitment

- The registered manager and managing director told us that they continuously recruited to the care worker role to ensure that there were sufficient staff numbers. The registered manager said they would not take on new people to use the service unless they were assured they had the care workers to undertake the visits.
- People who used the service and relatives we spoke with said there had not been any missed visits and care workers were rarely late for their visits. One person commented, "Never had a missed call ever in four or five years, once it was really snowy and they all got around and did their duties." Another told us, "I get a list, I know who is coming and what time." Another person commented, "I am very happy, very good, if they are running late they call up, always come. They are good girls and boys, every morning I get an hour, always

stay that long, never rushed."

- Records of recruitment of new staff members demonstrated that appropriate checks were completed to ensure that they were of good character and able to work in this type of service.

#### Using medicines safely

- Care workers were trained, and their competency was assessed by a senior staff member in the safe handling and administration of medicines.
- Systems to ensure the safe administration of medicines, which may have variable doses, were in place to reduce the risks of people receiving too much or too little medicines.
- People told us they were satisfied with the arrangements for the support they received with their medicines, where required. One person said, "I do my own generally, but they will help pop them out if I have a new one." One relative commented, "I have never known of a time [family member] does not get [medicines]." One person's relative told us about when their family member was being supported by care workers with their medicines, "When I am present, know what they are doing is safe, think they are trained."

#### Preventing and controlling infection

- Care workers were provided with training in food hygiene and infection control. They also received information on how to support people with their oral care, where required.
- Care workers were provided with guidance in how to effectively wash their hands and personal protective equipment (PPE) including disposable gloves and aprons.
- People told us the care workers demonstrated good infection control. One person said their care workers, "Always wash their hands wear gloves and aprons, they are very clean." Another person commented, "They always wash their hands and seen them wear gloves. Always clean up after themselves."

#### Learning lessons when things go wrong

- There were systems to learn from incidents and use this learning to drive improvement. This included the introduction of different coloured folders for care plans for people who had made the decision that they did not wish to be resuscitated. This allowed the care workers, if an emergency arose, to quickly identify if this decision had been made.



# 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 remained the same. This meant 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

- Before people started using the service, a member of the senior team completed an in depth needs assessment with the person and/or their representatives, such as their relatives and other professionals involved in their care. This was used to inform the care plan which showed how people's assessed and diverse needs were to be met.
- Any assistive technology people used to maintain their independence and/or keep them safe was documented in people's care records. This included safety alarms, reminder devices for medicines, cameras and communication aids.
- One person's relative told us, "Primary did a full assessment before [family member] used the service, took three to four hours with me and [family member], sat with us and went through everything." They added that a staff member had worked with them to support their family when they moved between services to ensure a smooth transition, "We have even done a welfare exit strategy for when [family member] comes out of respite, it was [coordinator's] idea I would never have known to do that."

Staff support: induction, training, skills and experience

- People told us the care workers had the skills to meet their needs. One person's relative said, "Sometimes I get little tips off them, signs of what to look for [relating to family member's health condition] and what I need to do, I asked them what to do, they are more trained than me. We have got all that from the carers and we can look out for signs." Another relative commented, "They are trained to a good standard can't see anything wrong with them."
- Care workers had the opportunity to achieve qualifications and received training and to meet people's needs effectively. This included training in moving and handling, food hygiene, infection control, safeguarding, basic life support, and health and safety. Training was also provided in the conditions people may be living with, including dementia. The service employed an occupational therapist who delivered training to care workers in reablement and supported them to consider how to support people to achieve goals in their daily living.
- New care workers were provided with an induction which included training and shadowing more experienced colleagues. They were able to compete the Care Certificate, which is a set of standards care workers should be working to covering training and competency in equality and diversity, person centred values, fluids and nutrition and mental health, dementia and learning disabilities.
- One care worker told us, "I did a comprehensive induction programme, if you feel lacking in knowledge they will sort something out, I felt I needed more dementia knowledge, told my supervisor in a couple of weeks a session was set up. They are keen to meet the needs of people."
- A range of support for care workers was provided, this included group and one to one meetings and

annual appraisals. These gave care workers the opportunity to discuss their work practice, receive feedback and identify any training needs they had. All care workers spoke with confidence they felt supported to and listened to.

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

- Some people required support with their dietary needs, such as the preparation of food and drink. This was clearly recorded in their care plans which guided care workers on what support was needed and how this was to be provided.
- Where people had specific needs associated with their diet, such as diabetes and dysphagia, information sheets were in their care records, which identified the risks associated with their conditions and how these could be recognised and reduced.
- People who required a higher calorie diet to maintain a healthy weight or required a softer diet and/or thickened fluids, their care records provided guidance for care workers how this was provided. Information of recommendations and assessments undertaken by the Speech and Language Team (SALT) was incorporated into people's care records.

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

- The registered manager told us they worked well with other professionals involved in people's care. This was confirmed by a social care professional who said, "They are up front regarding capacity if they can provide a service or not, they are very careful with communication do not contact us unless need to... if they contact us we know they need assistance. We have a high regard for Primary they support people with out of the ordinary needs, do their best to meet that need."

Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us the care workers supported them to access health care support where required.
- People's relatives told us care workers were skilled in identifying issues which may affect their family member's wellbeing. One person's relative said, "The main one [care worker] has picked up when pressure ulcers starting, they know what to look for and they tell me before they are coming up. They see [family member's] skin when helping with washing, they are excellent pick it up so quickly before they develop and [family member] is not in pain." They said that when this happened, they informed the relative who could then call healthcare professionals for an appointment. Another relative commented, "They tell me if there are any problems, a couple of weeks ago they told me [family member] had a sore on their foot, I got the chiropodist to have a look."
- People's care records demonstrated where concerns about people's health were noted, appropriate actions were taken such as contacting health care professionals, with their consent, to arrange for appointments. The records provided guidance for care workers about how people's specific health care needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had signed consent forms to show they consented to the care provided, and for example, having their photograph taken, being supported with their medicines and how records were used, which was in line with legislation.
- People and relatives told us care workers always asked for their consent before any care was provided. One person's relative said, "[Care workers] knock the door and say is it alright to come in? they don't assume anything." Another relative commented that the care workers were, "Always asking and checking."
- Staff had been provided with training in MCA and were knowledgeable about the subject and why they should always ask for people's consent to provide care.
- People's care records identified their capacity to make decisions and the arrangements for support they required to make decisions if they did not have capacity, including decisions made in their best interests.

# 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 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 and relatives commented about the caring and respectful service they received, which made them feel valued. This included the comments from people and relatives regarding the time and attention care workers gave to showing people they were cared for, such as supporting people to get ready for outings with their relatives.
- One person said, "They are an absolutely marvellous lot, they really are, can't fault them." Another person told us, "They are first class could not want any better... they go the extra mile, if I run out of milk they will bring me some in... [care worker] treats my house as it were [their] own, that is respect. I could not wish for better." Another person said, "They respect me I have used them for several years and look forward to seeing them... Always have a laugh and joke together." One person's relative commented, "They are delightful, courteous and respectful to my [family member] and I, treat our house with respect. No minor grumbles."
- All of the staff, including the managing director, registered manager, coordinators and care workers knew the people they supported very well. One person's relative said, "They know when [family member] is not well and depressed, they know [family member] so well." Staff spoke about people in an empathetic and compassionate way. They were passionate and committed to show people they mattered and were cared for.

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

- People told us that the care workers listened to them and acted on what they said. One person said, "They are lovely all very good, do what I ask, and they know me now so know what I want." Another person said about their care workers, "They say anything I can do for you? Even do my washing up... Primary only send me [gender of care workers] they know that is what I want... I'm diabetic have problems with my feet they ask me how I want them cleaned... they listen to how I want things done, they never get annoyed if I can't walk properly or spill my tea because I am old."
- One person's relative told us when the care workers were supporting their family member with their meal they always ensured the person's choices were sought, "They ask what [family member] would like and takes [family member] to the fridge so [they] can choose. They don't just get something out and give it [family member]."
- People and relatives told us they were always consulted about the care provided. One person's relative said, "We are very involved, recently reviewed the risk assessment." Another relative commented, "They are persuading and encouraging to [family member], they know how to do it. I have told them it is important for [family member] to do tasks and keep occupied and independent, they do what I have asked. [Family member] is happy."

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

- Care workers had the opportunity to become dignity champions and sign up to the social care commitment. They were given Dignity in Life 10 Dignity Do's pocket guides and information of how to take the pledge and become a dignity champion.
- People's personal records were stored securely in the office to ensure they could not be accessed by others. People's care records guided care workers to ensure that people's rights to privacy, dignity and independence were always promoted and respected.
- People told us their independence was always promoted and supported. One person said, "They know me, and I trust them. They know what I can't do, never push me if not up to it but never take over if I am." Another person commented, "They are kind, all pretty good. They help me to have a shower, I can do most of it myself, just need help getting in and out, they put their hand on my back just to give me confidence."
- People's relatives told us about the support care workers provided to their family members which had positive outcomes to their wellbeing. One person's relative said, "[Care worker] is getting [family member] to walk with the frame, says come on [family member] let's get your frame and [family member] does it, walking has improved in the last couple of weeks."
- One person's relative told us that when supporting their family member with their personal care needs, "The staff make this more dignified for [family member], sometimes I can hear them all singing in the bathroom and make this unpleasant task far more enjoyable and dignified for [family member]."
- People told us how they felt their privacy was respected. One person said, "I know what I tell the carers does not go any further I can trust them." One person's relative commented, "Close the curtains, when on the commode, they cover [family member] up in case we come in."

## 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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Without exception people and their relatives told us how the service provided was extremely individualised and responsive to their specific needs. A relative said the care workers, "Are absolutely brilliant in the way they care for my [family member], and certainly understand my [family member's] needs, in a professional manner and caring way." Another relative commented, "There is nothing they could improve on, I just think they should know how brilliant they are, they work so hard, if I phone up or need to talk and even if they are busy they always make time."
- People's care records demonstrated that their care was tailor made to meet people's specific needs. One person's relative said, "The manner which they research the needs part is very good, [coordinator] listens very carefully to what we say and they respond to needs of the person rather than the needs of Primary, they go out of their way to meet them." One social care professional told us, "Some of the people we support have complex specific needs, the care staff build up a rapport and are persistent, they build a bespoke service [to meet people's needs]." To demonstrate the service provided high quality care, they were finalists in the Excellent Service Delivery category in 2019, the winners were yet to be announced.
- All of the staff we spoke with including the managing director and registered manager were extremely passionate about putting people first and ensuring high quality care was provided at all times. The registered manager led by example and coordinators and care workers shared their passion for providing an extremely high standard of care.
- The service employed an occupational therapist and they supported people to identify and achieve goals, such as walking short distances. Bespoke plans were in place to help people to achieve their chosen goals. We were told about at least two examples of people who had been able to attend a family event and achieve their dreams due to the work that the staff did to support them with their mobility. This had really made a difference to those people's sense of wellbeing and pride in what they could do.
- In addition, the employment of the occupational therapist meant emergency assessments could take place to reduce the time that people may have to wait for equipment. They looked at ways of avoiding hospital admission and reducing falls by changing equipment or moving and handling techniques. This had a really positive impact for people who were enabled to remain at home with support rather than have to go into hospital.
- People told us how the exceptionally high standard of responsive care they received made a positive impact on their wellbeing. One person said, "Last week I was down, and the carers recognised it, I did not know what was the matter... they had noticed I wasn't myself and knew why before I did, they were so kind and talked to me." One person's relative said, "Staff go over and above what's expected, cannot fault the staff, they are part of the family, literally awesome... [family member's] face lights up when they see the

carers, one in particular... One carer found [family member] on the floor after a fall, can't say how well they treated [family member]. They stayed with [family member]. They called emergency team, called the office to get [care worker's] other calls covered, when I got here the carer had it all sorted." Another relative told us about how the staff encouraged their family member to walk with reassurance. "[Family member's] walking has improved to a certain extent they are so positive."

- People received care from a small team of care workers which provided a high level of continuity, consistency and met people's preferences. One person said, "Nothing is too much trouble... honestly they really are good, four or five [care workers] all the same. Nice [care workers] fall over backwards to do what they can. My [relative] says they can see a difference in me since I started using Primary." One person's relative commented the provision of regular care workers made an extremely good impact, "This is good for [family member] who has dementia. It is nice for [family member] to have the same faces."
- People told us that the service was extremely flexible. One person commented, "If I have an appointment I let them know and they will come a different time, you know where you are with them. I had an x-ray at 11am so they came earlier to get me ready, that's how they work." One person's relative told us how the care workers had supported their family member to get ready for a planned outing, they talked about how much effort the care workers had made to start the day off in a positive way to make it a special one. The care worker had used initiative to ensure that what was a possibly stressful situation into a more relaxed and enjoyable one for the person using the service and their relative.

#### 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 methods of communicating, including verbal, non-verbal and using technology to assist communication was documented in their care records. Information was available in other accessible formats for people who required this, such as larger print and easy read.
- Several compliments were received by the service. One stated that a person living with dementia was supported by a care worker who put a song on their mobile telephone to which the person sang along to. A coordinator also told us how they supported a person who lived with dementia and who used limited verbal communication, they sang songs with the person, who could remember the words. This demonstrated a very good understanding of the person and their individual needs.
- People's relatives told us how they felt the care workers communicated with their family members effectively, relating to their diverse needs. One person's relative said, "They are very good at communicating with [family member who] does not say much these days because of the Alzheimer's, they take the time, look at [family member] keep eye contact when talking and they get a reaction from [family member], like putting their thumb up or smiling when they say something funny." Another relative commented, "They are good at communicating with my [family member]."
- A coordinator told us how a person, who used another language than English as their first language, had previously used the service. They had worked with the family and developed cards to help the person communicate their wishes, such as when they wanted a drink. This attention to detail had really helped the person to be able to have a voice and make their wishes known.

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

- Some people received, as well as their personal care, support with their social needs. This was clearly documented in their care records, including the positive outcomes this was designed to achieve for people and the creative ways the service had supported people to meet their needs.



- One person's relative told us about how the care worker had discussed with the person what they enjoyed doing and was able to support the person to renew an interest in knitting. The care worker and the person had been out and chose knitting needles, wool and a pattern. The relative said when they saw their family member who was living with dementia knitting, "I never would have thought [family member] could do that." The time that the care worker had taken to listen to the person when they told them about their life and then taken to provide the appropriate support had enabled the person to renew a hobby and gave them a real sense of achievement.
- In June 2019 a care worker won the Suffolk Day award, which was sponsored by Care Careers East. This was because how they had supported a person to attend a music festival. One staff member told us about how the team had worked together to make a person's social goal happen. The care workers had spent considerable time and effort into planning so that the person was able to receive the support they needed to enjoy the event. The person had really enjoyed the event which would not have been possible without the care workers going the extra mile.
- Examples of how the service was responsive to people's goals, needs and choices to improve their wellbeing included, supporting people to walk to an identified point where they had their photograph taken when they had achieved their goal, attending their allotment to renew social contacts with their friends and achieving personal care targets, which was done gradually by building trusting relationships. All of these examples showed how the staff team worked tirelessly to ensure that people's individual needs and personal wishes were met, however seemingly impossible this seemed at the start of the process.

#### Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint but had not needed to due to the high quality care they received. However, they said when they had shared information with the service immediate action was taken. One person told us, "A couple of weeks ago I mentioned that the carers could wipe down the glass in the shower when I have finished. Now they all do it." One person's relative commented, "Sometimes the carer does not match [family member's] personality, not the carers fault. It is my [family member's] personality and the [condition]. We tell [coordinator] and they make changes readily and permanently. [Coordinator's] approach to my [family member's] needs are outstanding."
- Records and discussions with staff demonstrated that concerns were addressed quickly to improve people's experiences, which reduced the need for them to make a complaint.
- There was a complaints procedure in place which explained how people's concerns and complaints would be addressed.

#### End of life care and support

- Care workers received palliative care training in their induction. Care workers told us about the support they had provided to people at the end of their lives. Care workers spoke about the care and support they provided to people at the end of their lives in an extremely passionate way.
- The registered manager told us of examples of how people were supported at the end of their life which met their needs and wishes. This included supporting a person to participate in a family photograph and watch their family playing a game from a chair rather than their bed.
- The service won and were highly commended in the End of Life category in the Suffolk Care Awards in 2017.
- We saw thank you cards, and letters received by the service for the end of life care provided. One said, "I want to thank you all so very much for the loving care and friendship you gave to my dear [family member]."
- People's decisions about if they wanted to be resuscitated was included in their care records. The registered manager told us that following our inspection visit they had included people's end of life decisions into their care records, including if there were any funeral arrangements arranged and where they wanted to be cared for at the end of their lives.



## 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 outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service had a history of providing high quality care for people using the service which was seen in our inspections and in external awards achieved. This included in the Suffolk Care Awards highly commended for End of Life Care and Inspiring Leaders and Managers in 2017, winning Care Service of the Year and the registered manager won the Inspiring Leaders and Managers in 2018. In the Great British Care Awards in 2018, all three of the coordinators were nominated, with one of the coordinators winning the Home Care coordinator category. The service were also finalists in the Home Care and Putting People First – Personalisation categories.
- Without exception people told us they felt the service was excellent and they would recommend it to others. One person told us the service had previously cared for a relative and when they needed care they wanted to use Primary Homecare Limited again, "So you can tell how satisfied I am with them. I can't say anything bad about any of them. I would recommend them to anyone." Another relative said, "The service so far is outstanding, if that is what you look for at your inspection, they are outstanding."
- The registered manager had worked in the service for 17 years. All staff spoke with including coordinators and care workers, were extremely complimentary about how the service was managed and how they felt there was always someone available to support them.
- The registered manager was proud of the development opportunities for care workers and all staff. This included the opportunity to develop into other roles within the organisation, and some care workers had gone on to do other studies in the care industry, several of whom returned to work for the service in the holidays.
- Records and discussions with staff confirmed that the registered manager listened to what care workers and other staff said and recognised the importance of valuing people and staff's comments to continuously improve the service, learn from mistakes and use the learning to drive improvement. One care worker told us, "You can tell [registered manager] handpicked her team they all have good qualities. ... my supervisor knows all the clients and is on first names terms with them and about their needs. They have a can do attitude. Mention something to [supervisor] and it is sorted. I recommend [name] as a supervisor. They are a committed supportive caring agency."

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 understood their responsibilities relating to the Duty of Candour, in line with the provider's policies and procedures.

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

- The registered manager and all the staff we spoke with were extremely passionate and committed to providing a high quality service to people. They all shared the values of putting people first, ensuring they received high quality care and continuously developing the service. One staff member told us, "We work really hard here, we all live and breathe what we do, passionate and want the best for clients. They are happy with the service they receive."
- The service subscribed to the National Institute for Health and Care Excellence (NICE) to ensure they kept up to date with good practice. Where changes were required, the provider's policies and procedures were updated, and care workers were informed.
- Checks on the performance of care workers were undertaken, including when working in their usual day to day jobs. One person's relative said, "Supervisors have been in from the office and checked on the workers, they keep an eye everything is okay."
- The registered manager and provider had a robust programme of checks and audits which helped them to identify potential shortfalls and quickly act on them. The registered manager had a clear understanding of what was happening in the service. Coordinators told us, they also undertook care visits, where required. This assisted them to speak with people and care workers to check all was going well.

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

- People were regularly asked for their views about the service in six monthly questionnaires. The last quality assurance questionnaires completed by people and their representatives January to June 2019, of the 103 responses received 100% said they would recommend the service and said they felt safe. There were no responses received which were below excellent, very good or good. This was also the case for the previous three six monthly questionnaires completed, which demonstrated continuous satisfaction of people who used the service.
- Records of reviews for 2019, where people were asked for their views of the service, also showed high satisfaction, included comments made by people about the difference their care made to them. Two people stated that they were happy because errors by the pharmacy had been picked up by their care workers and action had been taken to address them. Each review was followed by a letter to the person from the registered manager thanking them for their comments, and if any changes had been requested, the letter identified how these were being made.
- People were extremely complimentary about the care provided and their coordinators who they had regular contact with and who asked for their views about the service. One person's relative said, "Communication is excellent, [coordinator] is always so very helpful, the service is excellent." Another relative commented, "I am impressed with the interest the company take in us, they call and visit, check up on the carers. [Coordinator] looks after us, checks the carers and asks for our opinions on them and the care and if we are happy with them and if we want any changes."
- When compliments were received from people using the service and others, these were recorded on a certificate and presented to the care workers involved. We saw several photographs of care workers with their certificates on the walls in the office and in the newsletters provided to people and staff. One person said, "We even get a newsletter, I recognised a couple of my [care workers] who had certificates it made me feel happy." The service operated a carer of the month and carer of the year system, nominations could come from people using the service, relatives, professionals and/or colleagues.
- Several methods of engaging care workers and other staff were in place, this included one to one supervision and appraisal meetings, on the job supervision and group meetings. Newsletters were provided to care workers with for example, training topics and any changes they needed to be aware of. A suggestion box was in the entrance foyer to the service, to enable staff to make suggestions to improve. The registered

manager told us this was another way of engaging staff in the ongoing improvement of the service.

- The service had dementia care coaches who supported care workers and shared their own knowledge. In addition, care workers had completed training and were dementia friends.

#### Continuous learning and improving care

- The registered manager provided information of continuous improvement in the service, since our last inspection. This included fraud and scamming training. The service were also looking at using more technology, such as computerised care planning systems. The service used a consultant to check the service and how it was running and make recommendations to improve.
- The registered manager had made contact with the local authority Trading Standards, and training was provided to care workers in frauds and scamming. Since this had been introduced, there were several examples of how this had benefitted people who used the service, such as care staff being able to recognise when people were at risk of being scammed and referrals being made to the Trading Standards to reduce the risks.
- Two staff members had attended training in medicines accredited by the Royal Pharmaceutical Society. Following the training the service implemented some changes to the existing training for care workers. A staff member was attending a three day first aid course which would enable them to provide first aid training to care workers.

#### Working in partnership with others

- The managing director told us how they belonged to and worked with several organisations to improve the care of people living in the community. This included the Suffolk Association of Independent Care Providers, where good practice was shared. They also told us how they attended local events and shared their good practice with organisations providing health and social care support to people.
- A professional who the service worked with told us the registered manager had made contact with them and, "She understands the social responsibility in keeping people safe."
- One social care professional told us, "We deal with the care coordinator for the area, they are available and amenable sorting our issues and work to an agreed plan, problem solve before contacting us. A lot of people use Primary and, as a team, we are confident people are being supported." Another professional told us, "I have a good rapport, liaise with [coordinator] and other way round, if any problems contact me and see if I can offer any advice and shine a light. They work with one of my clients, the service is effective and responsive. If issues it is dealt with, I find they are very open to change and listening to anything we have to say and would act on it."
- The managing director told us, how they were working with another community organisation, to provide items to people, such as non-perishable foods, when they returned from hospital, if they did not have support to provide these items. Development of community contacts were being made, such as supporting people to access services when they were lonely.