

Primavera Domiciliary Care Services Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Primavera Domiciliary Care Services Limited is a domiciliary care service providing the regulated activity of personal care to older people aged 65 and over in their own home, some of whom were living with dementia. At the time of the inspection the service was supporting 20 people.

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.

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

People and relatives feedback about the service that they received from Primavera Domiciliary Care Services Limited was positive. People told us that they felt safe and received care and support from a regular team of care staff.

People and relatives told us that care staff were kind, caring and respectful and that they received care and support that upheld their privacy and dignity.

Management oversight systems in place enabled the registered manager to identify issues and improve the quality of care people received. However, completion of these and oversight to ensure required improvements were made, needed to be further improved upon.

Staff knew who to report their concerns to if they suspected people were subject to any form of abuse. The registered manager had systems in process to escalate and investigate concerns raised.

Risks associated with people's health and care needs were identified and assessed so that care staff had clear guidance on how to support people safely.

People received their medicines safely and as prescribed.

Staff recruitment processes ensured that only those staff assessed as safe to work with vulnerable adults were recruited.

People were supported by a team of care staff that were appropriately trained and skilled to do so.

People's nutrition and hydration needs were assessed and appropriate support provided where required.

Care staff were observant when supporting people and where concerns were identified with people's health and medical needs these were reported and appropriate assistance sought to address these.

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/ did not support this practice.

People and relatives knew who to speak with if they had any concerns and were confident their concerns would be addressed and resolved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 7 January 2019). We found breaches of Regulations 9, 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

Since the last inspection we recognised that the provider had failed to display their CQC ratings on their website as required. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted the fixed penalty and paid this in full.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Good ●

Primavera Domiciliary Care Services 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

This inspection was carried out by one inspector and one Expert by Experience who called people and relatives to obtain feedback about the quality of care they received. 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

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed the action plan that the provider submitted following the last inspection in January 2019. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included five people's care records and eight people's medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two people who used the service and 11 relatives about their experience of the care provided. In addition, we spoke with five care staff.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Medicines management and administration was not safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care plans contained information about people's identified risks. Control measures had been documented and explained to care staff so that people could be supported to manage and minimise those risks, enabling them to remain safe from avoidable harm. One relative told us, "The risks are assessed and they had discussions with me about my fears and they made observations of any risks they saw in the home."
- Risk assessments covered risks associated with falls, choking, specific health conditions such as diabetes, skin integrity and the environment.
- Risk assessments were reviewed periodically or sooner where change in a person's needs had been noted.
- People received their medicines safely and as prescribed.
- The registered manager documented people's support needs where medicines had been prescribed, which included information around the medicines prescribed, when and how they were to be administered.
- Medicine administration records were complete, and we did not identify any significant gaps or omissions in recording. One relative told us, "Yes, they do support with medication, they make sure [person] takes them. There is a big improvement over medication."
- Care staff received regular training on medicines management and administration. To assess competency, the registered manager regularly observed care staff administering medicines as part of the spot check process. However, a specific medicine competency assessment had not been completed. Following the inspection, the registered manager sent us evidence confirming that they had assessed each staff member's competency in medicines administration.
- Medicine administration records were checked and audited monthly to ensure people were receiving their medicines on time and as prescribed. Where issues were identified these were immediately addressed with the relevant care staff member and the staff team to promote learning and improvement.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe with the care and support that they received. One person told us, "I do feel safe there is a very kind lady that supports me with everything." Relatives also told us that they felt

reassured knowing that care staff were supporting their relative. One relative stated, "He is quite safe; nothing has come up about safety."

- Care staff had been trained in safeguarding vulnerable adults and were able to demonstrate clearly how they would identify signs of abuse and the actions they would take to report their concerns. Care staff also listed external agencies they could report their concerns to confidentially but were confident that the registered manager would address their concerns.
- The registered manager understood their responsibilities around reporting concerns to the appropriate authorities where required.

Staffing and recruitment

- People and relatives told us that they received care and support from a regular team of care staff who arrived on time. Where care staff were running late, most people and relatives confirmed that they were informed. One person told us, "They generally come on time and they call if they are going to be late."
- Care staff told us that rotas were sent to them weekly but that they were allocated permanent people they supported so knew their rota well. Where rotas were changed the registered manager communicated the changes to care staff by phone and sent them an amended rota.
- Care staff also stated they were always allocated enough travel time.
- The registered manager completed the appropriate checks to ensure that care staff recruited to work for the provider, had been assessed as safe to work with vulnerable adults. Checks included verification of people's identity, conduct in previous employment, right to work in the UK and a criminal records check.
- However, despite these checks being completed we did find that the registered manager did not always obtain a full employment history and did not verify any noted gaps in employment. The registered manager gave assurance that they would adhere to obtaining information when recruiting staff as listed on Schedule 3 of the Health and Social Care Act 2008 to ensure potential staff were appropriately checked and vetted for suitability to work with vulnerable adults.

Preventing and controlling infection

- People were protected from the risk and spread of infection.
- Staff had received training in infection control.
- The service ensured that all staff had access to personal protective equipment such as gloves and aprons so that people could be protected from the risk of infection.

Learning lessons when things go wrong

- There had been no documented accidents or incidents since the last inspection.
- The registered manager showed us systems in place for staff to report and record accidents and incidents which would record details of what happened and actions taken.
- The registered manager explained that they worked proactively with the care staff team to promote learning, development and improvement to prevent any type of accident or incident from occurring through supervision and regular staff meetings.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to act in accordance with the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People were supported to make their own decisions as far as possible.
- The service ensured that people had consented to the care and support that they received where possible. Care plans had been signed by people confirming this.
- Where people lacked capacity to make specific decision, the registered manager had assessed this. Together with relatives and involved health care professionals, where required, best interest decisions had been completed and documented.
- Staff demonstrated an understanding of the MCA and how its key principles were to be applied when supporting people.

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

- People's needs and requirements were always assessed prior to any care delivery. This enabled the service to determine whether they could meet the person's needs could effectively.
- The assessment took into consideration the information provided by the referring agency and then looked at any gaps in information and all identified risks.

- A care plan was then developed based on all information that had been gathered. Care plans were reviewed regularly to ensure information remained current and reflective of people's needs.
- People and relatives confirmed that they had been involved in the care planning process. One person told us, "Yes, I had to tell them what I needed them to do at the start; so, I was involved."

Staff support: induction, training, skills and experience

- People were supported by care staff that were appropriately trained and skilled in their role.
- People and relatives stated that they believed care staff were suitably skilled and knew what they were doing. One person told us, "Yes, they do what they are supposed to do and they know what they are doing." A relative stated, "The ones he has currently are really good, they are quite knowledgeable."
- All care staff received an induction before starting work with people. This included training in topics such as safeguarding, moving and handling and infection control, introduction to clients and shadowing more experienced members of staff to ensure they understood their role.
- In addition to training, staff also received appropriate support through regular supervision and annual appraisals. One care staff member told us, "She [registered manager] will ask me how the work is, explain the work, if there are any problems. It's [supervision] good because if there are any issues you have the time to speak with her."

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

- People were supported to eat and drink to maintain a balanced and healthy diet where this was an identified and assessed need.
- Where people had specialist dietary requirements including any cultural or religious needs, these were recorded in people's care plans.
- People and relatives all explained the level of support that they received with meals as part of the care call. One relative told us, "They make him sandwiches. He gets them to do what he wants to eat."

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

- People were supported with their health care needs by the service where this was required.
- We were given examples and saw records confirming where the service had been involved to ensure people had access to the appropriate health care services.
- Care plans documented people's health and medical needs with information around any support needs in relation to these. Where change were noted and people required specialist input, the registered manager told us their first point of contact would be involved relatives and the person's GP so that the appropriate health care service could be accessed.
- Care staff recorded their observations and changes in needs at each visit on daily recording sheets which enabled information exchange between care staff to ensure most current information was available for care to be delivered effectively and in response to people's needs.

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 told us that they were supported by a regular team of care staff that were kind and caring. One person told us, "They [care staff] are caring and kind." Relatives' feedback about care staff was positive and included, "They [care staff] are caring, understanding and patient", "They [care staff] are very good, they are caring and they have a joke with her. I think they are first class" and "Very caring and kind and whatever I request they will do it, five star!"
- People and relatives told us that care staff had established a positive relationship with their relative which was respectful of people's equality and diversity. One relative told us, "They [care staff] have a good relationship with [person]." Another relative stated, "She [care staff] understands the Islamic way of things."
- Care staff demonstrated knowledge about the people they supported. Care staff confirmed that they cared for the same people on a regular basis and so had got to know them well including their likes, dislikes and their preferences. One care staff member told us, "We [person] get on really well. I am more of a friend for my client." Another care staff stated, "I treat people like my family and I work with passion."
- People's care plans documented their religious and cultural needs. Care staff demonstrated an awareness of people's support needs in relation to equality, diversity and people's protected characteristics. One care staff member explained, "As long as people need help, I am there to help. I have seen people's religions and I follow their way to support them."

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

- People and relatives confirmed that they had been involved in making decisions about the care and support that they and their relative received from the assessment of need to making day to day decisions. One person told us, "I had to tell them [service] what I needed them to do at the start. I was involved."
- Care plans documented people's care needs along with their preferences on how they wished to be supported with these.
- Care staff understood the importance of involving people with every aspect of day to day living and giving them choice and autonomy. One care staff member told us, "You give people the choice and encourage. I will try to persuade her, make it easier for her but you still have to give them the right to choose."

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was always promoted and maintained. Relatives also confirmed this. One person when asked whether staff respected their privacy and dignity replied, "Yes, they are very good." A relative stated, "They are very respectful of her boundaries."
- Care staff gave us numerous examples of how they respected people's privacy and dignity. One care staff

member explained, "I support people to go to the toilet privately and close the door, knock the door before entering and introduce yourself before you enter the person's home."

- Care plans documented how care staff were to promote people's independence whilst supporting them. One person's care plan recorded, '[Person] is independent getting in and out of the chair. [Person] would like to remain independent in her own home.'
- Care staff understood the importance of promoting people's independence. One care staff member explained, "You help them [people], empower them, talk to them, showing them how to do things on their own."

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 requires improvement. At this inspection this key question has now improved good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider failed to demonstrate that people were receiving care that was person centred and responsive to their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received care and support that was personalised and responsive to their needs and preferences.
- Care plans documented people's needs and preferences on how they wished to be supported. Care plans were reviewed every six months or where change had been noted.
- Since the last inspection, the registered manager had introduced a form called, 'What is Important to me'. This enabled the service to gather person-centred information about the person, family relationships, religious and cultural preferences, and how they like to live their life. This gave care staff personal information about people enabling them to build trust and respect with them and respond to their needs accordingly.
- Care staff told us that care plans were informative and gave them the clear information and direction on how to support people with their needs and any associated risks. One care staff member explained, "The care plan is there, information about the person is in there. You read what is there and read what the previous carer has written so that you know what has been going on. It gives information about risks and directions on how to support."

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.

- Where people had specific needs relating to the way in which they communicated or the support required around their communication, this was recorded within the person's care plan.
- This included information about any support aids that the person may use to support them with their hearing or their eye sight.

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

- The registered manager demonstrated a positive ethos towards ensuring people were supported to be socially active within the community where possible.
- We were given examples of how the service supported people to attend day centres and luncheon clubs where required.
- Care staff also spoke of spending time with people just to have a chat and socialise, running errands for them and accompanying them to appointments where this was possible. One care staff told us, "I care about my clients because if I see something concerning I will always let the family know and the office. I just don't close the door and leave. I talk to my clients and I like to have a conversation with them and know about them, that's very important."

Improving care quality in response to complaints or concerns

- People and relatives told us that they knew who to speak with if they had a complaint or issue to raise and were confident that their concerns would be addressed. One person when asked what they would do if they were not happy stated, "I would tell them. I am not backwards in coming forward." One relative responded by saying, "I have brought up some issues with [registered manager] and we seem to have found a balance."
- Systems were in place to record, investigate and respond to complaints that were received. We saw records confirming that the systems in place had been followed in line with the provider's complaints policy.

End of life care and support

- At the time of this inspection the service was not supporting any one with end of life care.
- The registered manager had ensured that all care staff had received training in end of life care so that if the need arose, people could be sensitively supported.
- Care plans currently did not always record people's wishes on how they wanted to be supported at the end of their life. The registered manager explained that this was a sensitive topic to discuss with people, with not everyone wanting to enter the discussion. Going forward, the registered manager, stated they would consider ways in which end of life wishes could be obtained as part of the needs assessment.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection poor management oversight processes in place meant that the provider had failed to identify issues that we identified as part of the inspection process. The provider had also failed to keep accurate and complete records for each person in relation to the care and support that they received. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had implemented specific checks and audits to monitor and oversee the quality of care and support people received. These included checks of records pertaining to medicines management and administration, care plans and daily recording notes.
- In addition to the audits, the registered manager also carried out regular spot checks which included observing care staff practices to ensure that staff were working towards the required standards.
- Whilst we noted the improvements in the management oversight processes put in place, we did find one medicine audit that had not been robustly completed. Minor omissions in recording had not been identified. This was highlighted to the registered manager who agreed that going forward checks and audits would be thoroughly completed.
- Where issues were identified, the registered manager had taken appropriate actions to address these which included sharing issues with the care staff team so that further learning and development could be implemented.
- Care plans were detailed and reflective of people's needs and requirements. People and their involved relatives had been involved in the care planning process and told us that care was delivered according to their needs and wishes.
- The registered manager and care staff team understood their roles and a clear management structure was in place. However, we found due to the small size of the service, the registered manager involved in the day to day delivery of care. This meant that there was a risk that the registered manager would be unable to regularly monitor the quality of care delivery, with the potential of issues of reviews not taking place, unsafe medicine management and administration practices and poor care planning re-emerging. This was especially a risk if the service was to expand going forward. We discussed this with the registered manager

who acknowledged our feedback and gave reassurance that all improvements made would be sustained and embedded and a management structure would be put in place to support this.

- There was an on-call system in place for any out-of-hours issues that may arise. Staff told us that the registered manager was always available to support them.

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

- The registered manager strived to ensure that people received a person-centred service which achieved good outcomes.

- People and relatives named the registered manager as the person they always spoke to about their care and support needs. One relative told us, "I think they are a fantastic organisation. As I said I am in contact with [registered manager] all the time and they make sure [relative] is comfortable at home."

- The registered manager told us they visited all the people they supported on a weekly basis to ensure care delivery was as they required. The registered manager also regularly delivered care and support where care staff had been unable to due to illness or leave.

- Care staff spoke highly of the registered manager who they found to be approachable at any time. Care staff told us that the registered always supported them with any identified issues or concerns. Feedback from staff included, "[Registered Manager] supports me with anything, she steps in and sorts out things for me" and "Whenever there is an issue I will call her and she attends to the situation immediately."

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

- Following the last inspection in November 2018, the CQC identified that the provider had not clearly displayed their CQC rating as required on their website. A Fixed Penalty Notice was issued and was subsequently paid by the provider. Remedial measures were also taken and the CQC rating was clearly displayed on the provider website.

- The registered manager demonstrated an understanding of their legal responsibilities in relation to being open and honest with people when something went wrong. Complaints and safeguarding records confirmed this.

- Where required, the registered manager was aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

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

- People and their relatives were encouraged to engage with the service so that with the feedback received the service could learn and improve people's experiences.

- We saw evidence of telephone monitoring that had been carried out, as well as feedback obtained through the completion of satisfaction surveys. The most recent quality assurance exercise had been completed in April 2019. Feedback was positive. One relative had commented. 'Excellent! They [service] take notice and try to create solutions for all situations.'

- Care staff told us that the registered manager always involved them in the management and day to day running of the service, listened to them and considered their ideas and suggestions for improvement. Monthly team meetings allowed the care staff team to meet, share experiences and exchange relevant information. One care staff member told us, "We talk about clients, general things. There is opportunity to share and learn, staff can speak and [registered manager] does listen."

- The service worked in partnership with a variety of involved health care professionals to maintain the health and wellbeing of people where required. This included GP's, social workers, hospital discharge teams and district nurses.

- The service also worked in partnership with the local authority as well as other similar domiciliary care services to share experiences and practices and to learn.