

Primary Homecare Limited

Primary Homecare Limited

Inspection report

Lower Farm Park
Norwich Road, Barham
Ipswich
Suffolk
IP6 0NU

Tel: 01473833533
Website: www.primaryhomecare.co.uk

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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?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

Primary Homecare Limited is a domiciliary care service providing care to people in their own homes. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

Where they do receive personal care, we also consider any wider social care provided. At the time of inspection there were 99 people who used the service who received personal care. This agency also offers a rehabilitation service to people.

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

Primary Homecare Limited provides an exceptionally caring and responsive service. People and their relatives were extremely complimentary about their experience and would recommend the service to others. One person said, "They do so much so well. They're efficient and very professional in what they do and they genuinely like to care." One relative told us, "Oh God, yes I'd recommend them. It's a godsend for us. [My family member] seems a lot happier."

There were several special examples of where staff had gone the extra mile to ensure people received a tailor-made service. People's life choices were respected including staff protecting people from being discriminated against, appreciating and championing diversity and ensuring people's privacy and dignity are central to their care. People told us their care workers were exceptionally caring and respectful. People were enabled to lead their best lives, as independently as possible on their terms.

The management team and staff worked in partnership with people, relatives and other professionals to achieve person-centred care and excellent outcomes for people. One professional said, "I have several customers that are supported by primary home care who are flexible and responsive to the customers' needs and expectations". People said that they had a small group of staff that knew them, their situation and their support networks well. People received their care visits at the times they expected and for the length of time agreed.

People felt safe and trusted the staff that supported them, because staff were well trained and respectful. One person said, "They speak to me so nicely and listen to everything."

Risks to people had been assessed and were managed safely. People's care records were re-assessed regularly and guided staff on how to assist people safely and encourage their independence.

Staff felt supported and valued in their role by the management team and there were enough staff appropriately recruited and employed to meet people's needs.

People received their medication as prescribed and staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

People's communication needs were detailed in their care plans. Care plans also detailed people's preferences of support, for example, gender of staff or preference of language if not English. Staff understood equality and diversity and ensured people's privacy and dignity was respected.

Staff understood the importance of gaining consent from people. 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.

People and relatives felt able to raise any issues with the staff and management team and were confident these would be addressed.

Systems to monitor the quality and safety of the service were in place. Care records were on an electronic system that had many functions and led to better management oversight and monitoring of service delivery. The provider was committed to providing high quality care and the service worked well in partnership with others to ensure the best outcomes for people.

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

Rating at last inspection

Rating at the last inspection was outstanding. (Published 17 September 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service , which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an inspector and two Expert by Experiences. 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. This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This meant they and the provider were legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of this inspection there was not a registered manager in post, but they had applied to CQC to become registered and subsequently approved. Both the director and operational manager were involved with the day to day running of the service.

Notice of inspection

This inspection was announced. We gave the service short notice of the inspection. This was because we requested data and information before our site visit to analyse prior and explore on the day.

Inspection activity started on 6 July 2022 when we gave notice and requested data. The site visit was completed on 12 July 2022. Telephone calls were made offsite to people who used the service and relatives on 14 and 18 July 2022. We had meeting via Teams with the management team on 25 July 2022 when we gave feedback.

What we did before the inspection

We reviewed our systems and information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with 24 people and relatives in total (11 people and 13 relatives) about their experience of Primary Homecare.

We spoke with the provider and operational manager and a care co-ordinator. We received electronic feedback from 13 members of staff and three health and social care professionals who work closely with the service.

We reviewed a range of records for six people, which included risk assessments, care planning, daily notes, medication records, safeguarding investigations, complaint outcomes. We examined records relating to four staff. We also viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight records.

Is the service safe?

Our findings

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

At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed and kept under review. One person said, "The carers cover my step stool with a towel, so I don't slip, and get me my walking frame. It keeps me safe having them to help with a shower."
- People using the service were involved in the care planning and risk assessment process, so they could decide what level of support they wanted from the service. One person said, "They are ever so good. Of course, they understand what risks there are for me and they place items by me and make sure I know." Another person told us carers understood their needs and any risks they may have. Saying, "They have been here twice to assess and then check it's all going alright."
- Employed registered physiotherapists were available to complete falls risk assessments and facilitated rehabilitation classes to prevent frailty or rehabilitation from a fall. Therefore, risks of falls were better prevented and managed.

Using medicines safely

- Medicines were safely managed. The service provided varying levels of support with medicines. Where they took responsibility, people were complimentary about the safe management. One person said, "They help me and make sure I get the right dose etc. They make sure I know if there are any that need topping up."
- People had individual medication administration records to ensure they received their medication as prescribed. These were regularly audited.
- People's medication and the support they needed to take their medicines was recorded in people's care plans. The technology used meant if medicines were changed this could be quickly updated.

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Managers were keen to understand how incidents occurred and what could have prevented them. Investigations, as appropriate, were made and lessons noted and shared.
- Staff knew when to report any accidents or incidents so action could be taken to address any concerns and learn lessons.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were systems, policies, processes and practices that were essential to keep people safe identified, implemented and communicated to staff. Staff had a handy pocket manual given to them for reference post induction and training.
- People told us they felt safe. Comments included, "Yes I do feel safe. They've been with me so long, they know what helps me." A relative feedback. "I'm quite confident that my relative is completely safe with any

of the carers."

- Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare. One staff member said, "I have just completed safeguarding update training. I know I can discuss any issues with our safeguarding lead." Managers understood their safeguarding responsibilities.

Staffing and recruitment

- Robust recruitment procedures were followed to ensure the right people were employed to work in the service. This included disclosure and barring service checks (DBS), references and employment history. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The provider was aware of the need to assess staff health before employment and ensuring staff had the right to work in this country.
- There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. One professional said, "Primary are always willing to make changes to the support provided, sometimes at very short notice, in order to meet the desired outcome required."
- Comments from people and relatives about staffing included, " They've never missed me and they're not usually late." And some people said they didn't get a roster and would prefer to have one. This was fed back to managers and they agreed to address this. Others accessed the planned roster electronically through an App that the office staff used to plan rosters and routes of the staff visiting.
- Our analysis of route planning and visit times showed that the complex system was well managed and thought through to optimise the best routes using global positioning system(GPS). In addition, no calls were missed and staff stayed for the agreed times.

Preventing and controlling infection

- People supported were protected from the risk of cross infection. A relative said, "We don't have any concerns about this. Everything has always been spotless when I've come after them."
- Staff had completed food hygiene training and therefore had the skills to follow correct procedures in the kitchen regarding safe food preparation.
- Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment (PPE).
- People told us staff always wore PPE appropriately. People confirmed that staff arrived wearing face masks. One person said, "Yes, they do wear PPE and they wash their hands regularly too and put fresh gloves on. They're quite good at wiping everything down when they finish."

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 this inspection this key question has remained good. 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

- People's needs were assessed before the service started, to check whether they could meet the person's needs safely and effectively. A staff member told us, "Upon becoming a client, people get an assessment of their surroundings which includes their mobility and abilities of doing daily tasks on their own. The company has an occupational therapist who decides the moving and handling equipment needed by the client."
- A care plan was created following the assessment process, so staff knew what care people needed and when.
- People's care plans considered people's diverse needs. For example, around people's heritage, beliefs, cultural requirements and lifestyle choices. Where needed care staff were given support to understand British culture and colloquial terms used in language.
- A recent development that the service offered was the services of a registered physiotherapist and their team. Their skills were updated in line with current recommended best practice. This is beneficial to people to enable them to maintain their physical health and recover from any injury. Thereby maximising people's independence.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. The breadth and detail of training was comprehensive. The agency had its own training rooms and equipment. None of the training was delivered in a tick box manner, but with creativity and passion. For example, diversity and inclusion training was three days.
- The online training for staff can be altered into a person's first language to aid understanding and background filters and colour altered to support staff with dyslexia.
- New staff received induction training which included a personal introduction to the people they were recruited to support. Experienced staff worked alongside them to teach best practice and ensure that the new staff member followed the individual care plan.
- Staff had supervision and appraisal meetings. This gave them the opportunity to talk about their work and reflect on their practice. During COVID 19 there had been an increase of staff leaving due to mental health needs around anxiety and exhaustion. Primary Homecare offered support and understanding and were flexible to staff needs. Additionally, they offered paid counselling sessions for staff benefit. Staff were encouraged to do additional training and/or gain qualifications to help them with their career progression.
- Staff told us they received effective support from senior staff. Staff spoke of annual appraisals and being able to raise matters at staff meetings that were acted upon. All staff told us they felt very well supported in their roles. One staff member told us, "I have a good rapport with the coordinators and other office staff and I am comfortable with speaking to them all about any issues which may arise."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where it was part of the agreed package of care people were supported to eat and drink.
- People's care plans contained information about the support they needed in this area, so staff knew what support to offer people and if people had any dietary preferences. Care staff were creative in encouraging people with little appetite to eat. Interesting presentation of food was used to encourage people to eat.
- One person said, "They make me my food, do a bit of shopping, walk my dog, do the washing up. Anything I need them to do really."
- The service worked well with other local agencies to ensure people were able to access healthcare services. The health and wellbeing of people was monitored and support to refer to a suitable health professional was actioned by care co-ordinators or managers. A person said, "If I've got a red mark on my skin, that I can't see, they'll tell me so I know about it. They'll ask me what cream I'd like on it. I know to call the doctor if it gets worse." Whilst another person said, "They can recognise the signs, when I'm not doing well, and they can turn things around within 15 minutes."

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.

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

- The provider and managers had a good understanding of the MCA and staff received training to support their practice in this area.
- There were systems in place to ensure people consented to their care, if they had capacity to do so, and to ensure the principles of the MCA were followed when people lacked capacity to make decisions about their care.
- People told us staff gave choices to them and respected decisions and requests, which helped to ensure people consented to care delivery on an ongoing basis. One person explained, "I can talk to them about anything and they really do listen. On occasion I haven't felt like a shower and they just adapt on the spot."

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 improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong, visible person-centred culture. Staff, in all roles, were highly motivated and offered care that was exceptionally compassionate and kind. For example, one person the staff supported lived with anxiety and a degree of confusion. Sometimes they rang the office 10 plus times a day. Staff answering the telephones had developed a sensitive, consistent approach. Their kindness and reassurance had helped reduce the persons anxiety levels. A genuine friendship had developed, which provided company and reduced the persons feeling of loneliness.
- In order to develop the relationship and connection the provider had displayed the person's art work on the office walls. This had developed genuine empathy and was a talking point for staff and the person.
- People shared examples of the exceptional care and support they received and of the positive relationships they had with the staff. All staff were described as very kind, very caring and lovely. Comments included, "They're everything you could wish for – kind, cheerful, friendly and polite." One person described the respect they were shown by staff; "I feel respected, it's the way we communicate together. They're always friendly from the minute they get here to when they leave. I feel they respect my body and the way they deal with me." A relative shared how the care staff were considerate and thoughtful with their elderly family member, taking the time to explain things; "When they want them to do something, they ask rather than tell. They will say something like, 'I'm going to do this now, is that okay?' It's so respectful."
- Equality, diversity and a human rights approach to supporting people's privacy and dignity was well embedded in the service. For one person this involved a coordinated plan to support them to engage with the service. This involved meeting care staff in a safe space, developing trust and gradually increasing the care staff team. The person was anxious about change and this included their personal appearance. Staff worked over an extended time period to develop a trusting relationship. This was based upon respecting the person's lifestyle choices, but through gentle support the agency kept the person safer than they would have been. This planned approach enabled the agency to succeed in supporting the person where others had not.
- People received consistent timely care from familiar staff who understood their needs and got along with them. The planning and forethought that went into ensuring consistent and trusted staff were available was exceptional. One person who'd had the same staff for some time said, "They're a lovely group of carers. I know all their names; they're very good girls." Rostering systems were meticulously planned with any absence managed with the person at the forefront to ensure they were comfortable and aware of staff absence.

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

- People and relatives where appropriate, were central to decisions around their care and support. One person told us, "They do anything I need them to do. Nothing is too much trouble. They do my shopping, make my meals even walk my dog." Staff understood the importance of holistic care and that the family pets welfare affected the person's wellbeing. A relative said, "They go through everything with [family member]. They review it regularly. It feels very much like it's driven by us rather than them."

- Communication methods were flexible to ensure people were listened to. One person explained that they were 'very involved' and could alter the care support when needed. They said, "If I need to change something, I just email so I've got a record of it too." They explained the administrator, "responds immediately and says it's fine. It's put in motion." Methods of communication were used to suit the individual and best meet their needs. For example, use of pictures, or a service that could translate information.

- People spoke of the flexibility that was built into the service. People needs were scheduled for regular review, but if events changed then the agency would change the care and support needed. For example, people spoke of returning from hospital stays and being involved in a detailed review of their care to ensure any changes were known and supported. A relative said, "We do have reviews, but when I need to change anything I ring the office and they liaise with the Council. The company can 'up' the care as and when needed."

- One social care professional told us staff were, "Not only very knowledgeable in their field but are always happy to attend reviews and make positive suggestions on how to improve the lives of the customers.". One staff member said, "We always act quickly to change anything to suit our clients' needs."

- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. Staff offered sensitive, respectful support and care. One social care professional explained that the care staff worked well with people with distressed behaviour and came to them with solutions of support that would benefit the individual person. They said, "Primary Homecare advocate for their customers with care and compassion which is demonstrated as they 'go the extra mile'. I would definitely recommend Primary Homecare to a colleague and would rate them as outstanding."

Respecting and promoting people's privacy, dignity and independence

- Promoting people's privacy, dignity and independence were core values of the service.

- We were given consistent exemplary feedback of how staff delivered personal care in a dignified way with total regards to the privacy of people. One person said, "I sit in a chair and they put the towel around me as quickly as they can. I never feel embarrassed or undignified with them. We have our routine and it's all very private."

- Staff were passionate about treating people in a person-centred, dignified way and they spoke respectfully of the people they supported to remain independent. One person told us, "They absolutely listen, I have chosen what I need them to do. If I need them to do anything extra they are lovely. Like they will water my plants for me when I can't quite manage.". Another person spoke of how staff enabled them to retain their independence and dignity on their terms despite failing eyesight. "My being able to do things independently comes from what they do each time. I like to do as much as I can and they know that. They have never stepped in unless I've asked them to" They gave an example of getting dressed and choosing an outfit. "I have a go first and if I can't find what I want, they do it."

- People's social needs were understood. People were supported to maintain and develop their relationships with those close to them, their social networks and community. One example of many was a person who had become depressed due to so much loss in their lives and had become isolated. Care staff supported the person to make community connections such as clubs, garden centres and shops that were based upon previous interests and hobbies. This provided company and social stimulation for the person. We were told by managers monitoring the situation that the person's "Mood picked up and they look

forward to the carers visits and once more having a social life they can enjoy."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. It has remained 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; 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

- People's needs were met in a personalised manner. Care workers and managers knew all of the people who used the service remarkably well and this was demonstrated during the inspection as well as feedback from people and their relatives.
- People were consulted, empowered, listened to and valued in planning their care and support. A staff member explained, "We make continued updates to the care package that is moulded to the client." One person felt a staff member had made 'an amazing difference' in supporting them to speak to doctors and nurses and conveying the outcomes to relatives. A relative spoke of how a staff member so carefully looked after her relatives' skin and ensured her on going comfort. In addition to, "Encouraging her to drink and laugh and smile." People truly received personalised care.
- People valued having the same care staff that they knew and trusted. Therefore, the managers had identified ways to ensure the desired staff were available even when things didn't go to plan. Pool cars were available to staff if their own transport was unavailable. Drivers were also provided for care staff when they were unable to drive themselves. An electronic messaging service informed care staff of severe weather warnings, road closures or accidents that could impact on times of visits. This quick responsive approach ensured people got their usual care staff to support them.
- Care plans were very detailed and included personalised information around individual's needs, including specific detail about their likes and dislikes. For example, one person required support to remember to drink and not become dehydrated in between care visits. The level of detail recorded by care staff to monitor this was exceptional. The notes were regularly reviewed by the care coordinator to evaluate care staff intervention. Adjustments were made and innovative strategies were used to entice the person and remind them to drink and eat high fluid snacks. The approach meant the person was able to remain living independently in their own home. This demonstrated the effectiveness of the personalised plans and oversight in improving outcomes for people.
- Care workers were able to tell us exactly how people liked their care delivered and were aware of small details. The most up to date and relevant information was available to care staff through an electronic App. One relative told us how they were able to monitor their family's care from a distance including assurance around administration of time sensitive medicines. Another person was emotionally overwhelmed with how well the carers treated them. Their relative said they were extremely happy with the service, "The consistency and reliability knowing that the carers would visit every day", made them very happy.
- People and relatives told us the care and support they received exceeded their needs and expectations. Care staff were described as "Exceptional." A relative wanted to say thank you for a care staff suggesting a

GP visit was necessary, because the level of confusion assessed by care staff was indeed an infection – not the development of an ongoing condition. Comments included, "They talk to my relative on their terms. They are respectful and caring – they are genuine when they greet them and say goodbye." A relative said the agency made an "Amazing difference to both mine and my relatives' life." Another person said, "I can ring up and ask for an early call if I have an appointment to get to."

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 were assessed and set out clearly in people's care plans. These included impaired hearing, vision or speech, or difficulty processing information due to impaired memory.

Accessibility and inclusiveness were the aims of Primary Homecare.

- Primary Homecare were mindful that older people can lose quality of vision and supplied their newsletter in large print format. They also aimed to improve accessibility in other areas of people's lives; for example, signposting for loans of equipment such as magnifying glasses and lamps, or accessing the Blind Society for talking newspapers.

- Care plans directed staff in how to communicate effectively with people and adjustments were made. For example, one person's first language was French and therefore Primary Homecare ensured the main staff member supporting the person conversed in French. This enabled a trusting friendship to develop between the person, their family and the agency. A relative said, "Each carer is compassionate, caring and very professional."

- Information about the service was available in different formats if requested. Lip readers, sign language and interpreters would be sourced if needed. The service had a person set to deliver training in sign language to staff, so that they could have the skill to introduce themselves and a baseline to converse. This was particularly relevant for one person who needed staff to be confident and understand them.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and felt comfortable to raise issues without fear. Most people said they had never had any reason to complain. Comments included, "I'm confident if I rang the office to complain they would be impartial and look into it for me." Another person said, "If there was anything that worried me, I would ring up the office." A relative explained that there were no reasons to complain because their relative's needs were all being met, "The amount of feedback and communication is very good."

- When concerns were raised Primary Homecare used an external organisation to examine them to see how they could improve their practice and service to people. We were given examples of actions taken and improvements made as a consequence; such as, an extended and more detailed induction for staff recruited from overseas and additional spot checks on medicines compliance for newer staff.

- The service also received many compliments from people and their families. These were disseminated to staff to highlight the good practice, shine a light on individuals and also embed the values and aspirations of the company. This demonstrated a commitment to learning from all feedback from others.

End of life care and support

- The service did provide end of life care and support for those who needed it. People were supported to plan for and have a dignified, comfortable death in their own home, if that was what they wanted. At the time of our inspection no one was in receipt of this support but had been in the recent past.

- We saw examples of care and support being adapted to meet people's changing needs; for example, increasing the amount of hours provided towards the end of their lives. Care staff also stayed beyond their contracted times to ensure people did not die alone.

- Staff were well trained and knowledgeable in supporting people and their families at the final stage of their life. There was clear and prompt communication between, doctors, nurses and pharmacists to ensure the correct medicines were in place to be administered as needed to keep a person comfortable. People received the best care in a compassionate way to ensure a dignified death of their choosing.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed 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; 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 management team were engaging, transparent and clearly passionate about wanting to provide a high-quality service to the people they supported.
- There was not a registered manager at the time of the inspection, but a manager was in post and their application had been submitted to CQC and subsequently approved. There has been a gap of a registered manager because the previous manager appointed left before registering with CQC.
- There were action plans in place linked to audits completed. The monitoring and driving improvements were part of the culture within Primary Homecare. Our feedback on further potential developments was positively received.
- Managers understood the types of incidents that needed to be reported to CQC and had notified us of relevant events. We were able to follow up and found actions had been taken as indicated.
- The provider was open and transparent when dealing with any issues or concerns. They understood their responsibility to apologise and give people and explanation if things went wrong.

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

- The service had an open culture and staff were confident any concerns or issues they raised would be dealt with appropriately by managers. Staff morale was positive, and staff told us they enjoyed their jobs. One staff member said, "I can't fault the office staff nor the managers. They always respond to questions and issues asap. We do get regular supervision and frequently asked if we have any concerns or suggestions to improve services."
- All staff members told us that they felt able to raise any concerns or even whistle blow should they need to. In the reception was a suggestion box along with a 'tuck shop'. The well-being of staff was thought about and signposting to resources and self-help techniques were available.
- The values of Primary Homecare were part of the mission statement in their statement of purpose. It was evident that all staff followed the same principles and worked to the same aim to enable people to live in their own homes for as long as possible. Hence, wrap around services had been developed alongside the personal care element of this care agency. People were able to access, shopping, gardening, general maintenance, laundry and even dog walking from people they knew and could trust. This along with access to occupational therapist and physiotherapists enabled people to remain in their own homes.

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

- The management team made themselves easily accessible to people using the service, their relatives and staff. This gave them the opportunity to share any concerns or feedback about the service. Surveys were regularly sent to people to seek formal feedback to drive improvements within the service. Comments were positive about the service and included, "They do everything well but the fact they chat to me and do anything I want is very good."
- Staff were able to feedback through their supervisions and team meetings that were regular and ongoing. Staff meetings were used to discuss events that had not gone to plan. Training was updated if needed. One staff member said of Primary Homecare, "It's always trying to find new ways to improve and make things better." Another staff member said, "They will really listen to our concern and suggestions regarding our client's wellbeing and safety." People were truly at the heart of the service in terms of learning and developing a better care agency.
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses. A social care professional told us, "I have worked with this agency for a number of years and found them to be one of the best in their field. I have several customers that are supported by primary home care who are flexible and responsive to the customers' needs and expectations."
- The managers and staff understood the importance and benefits of working alongside other professionals.