

Primera Assisted Living Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Primera Assisted Living Limited is a domiciliary care service that provides care and support to people living with dementia, physical disabilities and older people. At the time of our visit, the service was providing care and support to 101 people living predominantly in North London.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. At the time of our visit, 98 people received 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

The service assessed and managed risks related to people's health, care and welfare. However, we found not all risks were thoroughly assessed. For example, where some people had certain health conditions, guidance was not always in place on how to support them safely.

We also found inconsistencies with how people's medicines were managed. Medicines records often contained unclear instructions and staff's competence on the management of medicines were not routinely assessed.

While recruitment checks were in place to ensure the right staff were recruited safely, we were not assured with how staff were deployed. We found evidence where, on several occasions, care workers attended to people later than their agreed timeslots. There were also cases where people did not receive their care visits due to staff deployment issues.

The service had not identified all of the shortfalls we found and where they did identify certain issues, these were not always addressed promptly.

People felt safe with the staff who supported them, and were protected from abuse. Staff followed the appropriate infection control measures to keep people safe from the risk of infections.

People received a comprehensive assessment of their needs before they received care. People had access to healthcare when needed. Staff supported people to eat and drink as per their wishes.

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.

Staff received appropriate support from their managers and training to be able to perform their roles and provide good care to people.

Staff were kind and caring and treated people with respect. People's values and religious beliefs were

respected by staff. Staff treated people with dignity while promoting their independence.

People received care and support that met their individual needs. Staff offered people choices and sought their views when providing care.

The provider managed complaints effectively and had systems in place to capture people's feedback on the care they received. People, their relatives and staff were comfortable to raise concerns and felt the service listened to them.

The provider worked in collaboration with other agencies to ensure people received good care and support.

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

Rating at last inspection

The last rating for the service at the previous premises was good, published on 2 November 2018.

Why we inspected

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

Enforcement

We have identified breaches in relation to managing people's risks, safe management of medicines, staff deployment and good governance, at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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.

Requires Improvement ●

Primera Assisted Living 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 was carried out by 1 inspector and 2 Experts by Experience who contacted people and their relatives by telephone for feedback on the 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, flats and/or specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The service had also appointed a new manager as the current registered manager was leaving the organisation.

Notice of inspection

We gave the service 48 hours' 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used information gathered as part of a monitoring activity that took place on 7 June 2022. 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 used all this information to plan our inspection.

During the inspection

We reviewed a range of records including 10 people's care records and several medicines records. We looked at 6 staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures, complaints and audits were also reviewed.

We spoke with 6 members of staff including 3 care workers, the registered manager, the newly appointed manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Following the inspection visit, we spoke with 9 people who used the service and 14 relatives about their experience of the care provided.

We spoke with a further 5 care workers by telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks in relation to people's health, care and welfare had not always been fully assessed.
- Where people had certain health conditions such as diabetes, depression and anxiety, high blood pressure and being prone to infections, control measures were not always implemented to ensure these conditions were safely managed.
- One person was at risk of choking due to dysphagia. Their risk assessment instructed staff to ensure their food was cut into small pieces. However, the service had not requested for specialist support from a healthcare professional to ensure the person received a comprehensive swallowing assessment, and had clear and specific guidance in place.
- For another person, their care plan stated they had a "leg problem", but did not specify what the issue was and how to support them safely.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks were safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The managers told us they were in the process of implementing a new format of care plans and risk assessments. They showed us examples of the revised records which were comprehensive and contained individual assessments of any identified risks. At the time of the inspection, the service had reviewed and updated about 10% of people's care records.
- Where people required support with enteral feeding or their tracheostomy, staff received appropriate training and were assessed as competent to deliver safe care in these areas.

Using medicines safely

- We were not assured people received their medicines safely at all times.
- While staff received training in safe management of medicines, they were not assessed to ensure they were competent to administer medicines.
- Where people received 'as required' (PRN) medicines such as painkillers, guidance was not in place to instruct staff on when to administer these medicines. For one person who was prescribed a painkiller, we found 2 occasions where staff did not leave enough time between doses. This placed the person at risk of experiencing side effects.
- Medicines administration records (MAR) often contained conflicting instructions. For example, 1 person's

MAR stated to administer 1 tablet of a medicine twice daily; instructions also said to administer half a tablet of this medicine twice daily. For another person, their MAR instructed to administer 3 tablets of a medicine once a week, as well as, to administer this medicine on Mondays, Wednesdays and Fridays. These discrepancies meant there was an increased risk of people not receiving their medicines as prescribed.

While we found no evidence that people had been harmed, systems were either not in place or robust enough to ensure people received their medicines safely and as prescribed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual told us all people who received support with their medicines would have a review of their MAR and appropriate guidance from reputable sources would be implemented.
- Where support with medicines were part of people's care plan, people and their relatives told us staff assisted them as required. One person told us, "It is the first thing they (staff) ask me when they arrive as to whether I have done this (taken my medicines)." A relative told us, "[Staff] is very on the ball with this and makes sure that [person] is taking her medication. She (staff) actually administers this and if there are any concerns with it, she lets the office know."
- Any gaps in people's MAR were identified and addressed during the medicines audits which the registered manager carried out regularly.

Staffing and recruitment

- Staff were recruited safely but we found issues with staff deployment.
- While some people had no issues with staff punctuality and were happy to be notified of any staff running late, several people and relatives complained about staff attending their care visits later than planned which had negatively affected their care and daily routines. A relative explained that on 1 occasion their relative did not receive their first care visit until 12:20pm when this should have taken place between 9:30am and 10am. The relative said this was "far too late" and as such they had been forced to help the person to get up. They told us they found it quite difficult.
- Other comments from people and relatives around staff punctuality included, "There are times when they are late", "There is no arrangement as to when they come" and "They don't ring if they are running late."
- We found there were occasions when people did not receive care due to staff failing to attend their calls. One person told us, "This Sunday just gone, I did not have a visit." A family member said, "They didn't turn up this Saturday." The registered manager told us missed visits were mainly due to staff sickness and issues with new staff.
- We reviewed the service's electronic call monitoring data for the month of November 2022 and found that for 33% of the calls, staff had no travel time which could have affected call punctuality. Our analysis also revealed a significant number of short and/or late calls, which correlated with the feedback people and their relatives provided.
- We asked staff for their views on rostering and 4 out of 8 care workers commented on the lack of travelling time to get from one person to another.

Based on the above, staff were not effectively deployed to ensure people received their care visits as planned. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nominated individual told us issues around rostering had been raised by people, relatives and staff, and they were working to address them.

- Staff were recruited safely. Pre-employment checks included proof of identification, written references, employment history and DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff received training in safeguarding and knew how to identify and report abuse. If abuse was suspected, a staff member told us they would, "Ask the person what happened, call the office and make a report." The staff member also said, "Contacting the office is the most important thing. If something urgent, I'll be calling 999 and social services."
- People felt safe and comfortable with staff who supported them. People told us they were protected from any mistreatment. Comments included, "I do feel safe with [care worker]", "I have no concerns about safety" and "100% safe".

Preventing and controlling infection

- Staff followed infection prevention and control measures to protect people from the risk of catching and spreading infections.
- Staff had access to appropriate personal protective equipment (PPE) when providing care to people. One person told us, "[Staff] puts on special shoes, gloves and a face mask." A relative told us, "They use full PPE like aprons, gloves and masks when they come in. They regularly wash their hands. The carers use their own PPE and when they leave, they take it off and leave it in a bin in the garden."

Learning lessons when things go wrong

- The staff team continuously learned from past mistakes to provide better care to people.
- Lessons learnt when things went wrong were communicated to the staff team through meetings and memos.

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 our last inspection we rated this key question good. The rating for 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 received a full assessment of their needs prior to receiving care. This was to ensure the team were able to meet people's care and support needs effectively.
- Staff liaised with people and their relatives to establish a care routine that suited them. The service also communicated with the local authority to ensure people received a smooth transition of care and to request for any additional support, such as, cleaning of the person's home if needed.
- Staff reviewed people's needs on an ongoing basis which enabled people to receive the right care. A relative told us, "I think they have spent quite a bit of time discussing [person's] care needs and requirements. They have worked with me to put together a detailed care plan of what is required. They have involved me with the selection and placement of regular carers." The relative also said, "On the very first visit that [person] had, a supervisor was present and attended for the whole of the lunch and dinner visits to check things were being done properly."

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to be able to carry out their work effectively.
- Newly recruited staff members received a comprehensive induction comprising shadowing experienced staff and completing the required training, including the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A staff member told us their induction was "pretty good" and "quite comprehensive". They also said, "They showed us step by step how to do things like using the hoist and sliding sheets."
- Staff were supported with regular training as applicable to their roles. Training areas included moving and handling, GDPR, infection control, nutrition and food safety. A staff member told us, "We always do a lot of refresher course just to update us." A second staff member said, "If anything, I can call and ask for advice."
- Most people and relatives we spoke with told us staff were competent in carrying out their work. Comments included, "She appears to be well trained from what she does for [person]. She is very professional" and "She is well trained and we trust her totally." However, a few people felt some of the more inexperienced care workers needed more training. We raised this with the provider who told us they would investigate and ensure all staff received the necessary training and support.
- Staff were supported via regular supervisions and appraisals.

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

- Where needed, staff supported people with their eating and drinking needs, as per their preferences.
- People and their relatives were satisfied with the support they received regarding preparation and serving

of meals. One person told us, "We do all the shopping, and if we want something prepared in the morning, [staff] is happy to do this." Feedback from relatives included, "The carers do communicate with us if [person] has refused to eat a meal, but I am happy that his dietary needs are being met" and "[Person] does not drink much water, but the carers do encourage her to do so. They certainly always top up the water in her jug or in her glass which is always on the table."

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

- Staff supported people to live healthy lives and access healthcare services where required.
- Most people managed their own healthcare appointments with the help of their relatives but staff monitored people's health and reported any concerns promptly. A relative told us, "The office has always let us know if the carers have felt that [person] needed to be seen by a GP." A second relative told us, "If [person] is poorly, [staff] will contact me and also the agency if need be."
- The service maintained a close working relationship with other organisations, including the local authority and health services, to ensure people's needs were met effectively and they received good care. The registered manager referred people to specialist services when they needed any specific care or treatment, such as, support with wound management and catheter care.

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 MCA 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.

- Staff complied with the principles of the MCA and worked in people's best interests.
- People were offered choices and encouraged to make day-to-day decisions about their care. One person told us, "They let me do what I want rather than in any way forcing me to do anything."
- Information on people's mental capacity was documented in their care plans. Staff gained people's consent before providing care. One person told us, "He does ask me before he does anything."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Staff were kind to people and treated them with respect.
- People and their relatives spoke positively about the staff who supported them. Feedback from people included, "I find them very kind and sociable", "I think he is excellent, always asks me how I am and is very polite; he is always very comforting in the words that he uses" and "[Staff] is a very very kind person; she has manners and I can find no fault with her." A relative told us, "The carers are very kind and polite. They come in with a smile and are all very respectful."
- Staff respected people's faith and cultures, and supported them with their religious needs. A relative described how staff took care of and showed great respect to a person and told us that in an African tradition of respect, staff addressed the person as "Mama-Mama" which both the relative and the person liked. Another relative told us, "Staff read the Bible and do some singing with [person]. [Person] will often engage with that, as she likes this."

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

- Systems were in place to capture people's views and enable them to be in control of their care.
- Management staff regularly contacted people and their relatives. We reviewed records of contacts staff had had with people and their relatives.
- Feedback from people and their relatives confirmed their involvement in the planning of their care. A relative told us, "They always phone my sister and myself to discuss this (person's needs) and to find out whether [person's] needs have changed in any way."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of preserving people's dignity and respecting their privacy, and spoke to us about how they achieved these.
- People and their relatives were reassured with how staff conducted themselves. A relative told us staff treated a person with respect and dignity. They explained how well staff communicated with the person despite the communication difficulties the person had.
- Staff supported people to be independent by allowing them to do more for themselves. One person told us, "She (staff) does encourage us to do things and gets me to exercise my limbs." A relative explained, "When they are feeding her, they try and put the spoon in her hand, so that she can put her food in her mouth herself." A staff member said, "I let them (people) do as much as they can do."

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 good. The rating for this key question has remained 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

- Staff were responsive to people's individual needs.
- Although they were being updated, care plans and assessments were person-centred and contained clear directions for staff about people's daily routines and support needs, including information on people's personal care preferences, food and drink choices, and likes and dislikes.
- People were empowered and had the ability to govern their own care. One person told us, "If there is something that I don't want on a particular day, I will tell [staff] and she will accept this. A relative told us, "I was given choices about the type of carer that was needed and the times that we needed them and the number of them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicated with people in ways they understood.
- Where people had communication difficulties, their care plans outlined the most effective ways to interact with them in a meaningful way.
- Staff explored alternative means of communication to engage with people for whom English was not their first language. A relative told us, "[Person] does not speak English, but the carer does use Google Translate (a translation software) to try and interact with [person]."

Improving care quality in response to complaints or concerns

- Most people were happy with their care and had no complaints. However, a system was in place to manage complaints effectively.
- We reviewed the complaints log and found all complaints, however minor, were clearly documented. Records showed details of any investigations, correspondences with complainants and outcomes.
- People and their relatives knew how to complain if they needed to. A person told us, "I have never had any problem with the carers, but if I did have a complaint, I would raise it." A relative told us, "I have not had any concerns that I have needed to complain to the agency about. If I did have one, I have the office number and I have some information from them which may well give me an insight into what I need to do."

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection but if the need arose, staff were trained and prepared to support people 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Quality assurance systems were in place but not always effective.
- Management audits were not robust enough as they did not reveal the shortfalls we found in relation to the safe management of people's medicines. The absence of PRN protocols and staff's competency assessments meant that the service did not fully adhere to their medicines policy.
- Where the service had identified issues around managing people's risks and staff deployment, actions had not always been taken to ensure the issues were resolved in a timely manner. For example, a staff survey carried out by the service in June 2022 revealed the difficulties staff faced in their daily work. Suggestions from staff which had not been acted upon at the time of the inspection included, "Sometimes there is not enough time to get to the next person when on buses" and "no lunch breaks for care workers".
- While the managers told us they were in the process of implementing changes to improve the service, they did not have a clear improvement plan in place to demonstrate the steps they were planning to take and details of any timescales. This meant we could not be assured of how and when the positive changes would be achieved and sustained.

Based on the above, systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The managers acknowledged our feedback and following the inspection, the nominated individual provided us with details of how they were planning to improve the service.
- There was a clear management and staffing structure in place and staff, including managers, understood their roles and responsibilities.
- The registered manager told us they felt supported in their role.

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

- There was an open and fair culture where managers ensured people were in control of the care they received.
- People and their relatives were overall satisfied with the service they received. Feedback included, "I think it is good and I cannot find any fault so far. I think they are competent at what they do" and "I am very happy

and satisfied with the care and support provided to [person] so far."

- Managers were accessible and approachable, and people and their relatives knew who they were. One person told us, "I have a good rapport with [staff] who I think is a manager."
- The registered manager was aware of their responsibility to be open and honest if anything went wrong.

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

- The staff team involved people and their relatives in decisions related to people's care, to ensure the service they provided was good, effective and responsive to people's needs.
- The service sought feedback from people, their relatives and staff regularly through satisfaction questionnaires. The feedback was analysed, and improvement ideas were shared within the team.
- Management staff engaged with people and their relatives through regular visits and telephone calls. This enabled the team to monitor and improve the quality of service. A person told us, "On the phone, someone from the office asked me about the carers."
- The service worked in partnership with other organisations, including the local authorities and multi-disciplinary agencies, to ensure people received the right care and support which met their individual needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not always ensure risks relating to people's health, care and welfare were consistently assessed and mitigated. The provider did not always ensure people's medicines were safely managed.
Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The provider did not always ensure quality assurance processes were robust enough to assess and monitor risks within the service.
Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing How the regulation was not being met: The provider did not always ensure staff were deployed effectively to meet people's needs safely.