

Select Primecare Limited

# Primecare

## Inspection report

62 Downs Grove  
Vange  
Basildon  
Essex  
SS16 4QL

Tel: 01268553222

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

Date of inspection visit:  
08 October 2021

Date of publication:  
11 November 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Primecare is a residential care home providing personal care to up to 41 people aged 65 and over. At the time of the inspection, 26 people were using the service.

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

People were being cared for safely. All risk assessments were currently being updated onto an electronic care planning system and the new registered manager was on target to complete this. Staff knew people very well.

Systems were now in place to monitor accidents and incidents and ensure safeguarding concerns were referred in a timely manner. Learning lessons from these to reduce the risks of issues occurring again were discussed with staff. There were enough staff deployed at the time of the inspection to meet people's needs. We observed positive interactions between staff and people. Staff worked as a team to meet people's needs. People's medicines were well managed.

Prior to people moving into the service their needs were assessed. These assessments were used to develop the person's care plans. People enjoyed a varied and nutritious diet. Staff worked with external professionals to promote people's health and wellbeing. Improvements had been made to the environment; however, we have made a recommendation about supportive environments for people living with dementia. 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.

A new manager had just started at the service and staff were positive about their appointment. Following the inspection, the manager was registered with CQC. The provider and the management team carried out the appropriate checks to ensure the quality of the service was continuously moving forward.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 October 2020) and there were breaches of regulation. 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

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe,

effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primecare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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?

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 well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Primecare

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as 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

At our last inspection the provider had failed to robustly assess risks relating to the health safety and welfare of people. 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.

- The registered manager was in the process of transferring the paper care plans to an electronic care planning system. The registered manager had made appointments for relatives and people that use the service to be involved.
- At the previous inspection risks to people had not always been assessed, recorded and appropriately managed. At this inspection improvements had been made and risks were managed appropriately. Staff we spoke with knew people and their associated risks well. A relative told us, "Staff do seem caring, [family member] had a fall and staff let us know straight away. They have now put an alarm mat in place to let the staff know if [family member] gets up in case of falls."
- The registered manager had worked with relevant agencies to support people who could become anxious or distressed. Guidance was provided on how to safely support the person and staff knew how to respond to reduce the distress or the risk of injury to the person and others. We observed two occasions during the inspection where staff responded positively and quickly to diffuse situations where a person's distress might have escalated.

### Systems and processes to safeguard people from the risk of abuse;

- There was a system in place to manage safeguarding concerns. At the previous inspection some incidents were not recognised as safeguarding; therefore, the concerns were not escalated to the Local Authority for investigation or forwarded to the Care Quality Commission. The registered manager had now taken responsibility to analyse all accidents and incidents and report all identified as safeguarding referrals to the Local authority and inform the Care Quality Commission when required.
- Staff demonstrated a good understanding of safeguarding procedures. One staff member told us, "Staff tell us about any bruises or marks which are unwitnessed, we are now aware these should be investigated and reported."
- Safeguarding's, incidents and accidents were shared with staff, so everyone remained aware about people at risk and how to support them accordingly.

### Staffing and recruitment

- The registered manager and staff worked flexibly to meet the needs of the people using the service. Staff

were attentive to people's needs and responded to people's requests straight away.

- Staff told us there were enough staff to meet people's needs and keep them safe.
- People and relatives told us there appeared to be enough staff to meet people's needs. However, one relative told us it was sometimes difficult to find staff if they wanted to ask a question. We fed this back to the registered manager.

#### Using medicines safely

- Medicines were managed safely and stored securely. Regular temperature checks were made on storage to ensure medicines maintained their effectiveness. There was clear guidance for staff to follow if people were prescribed 'as and when' (PRN) medicines.
- All medicines were recorded appropriately. Records show medicines given as prescribed.
- Audits were completed regularly and picked up any shortfalls which were dealt with straight away.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record accidents and incidents.
- Where things had gone wrong, systems were in place to learn from such incidents and improvements made. A recent safeguarding incident where discrepancies had been found with people's finances was being managed well, and dealt with in an open and transparent way, including working with the police and the local safeguarding team.



# 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.

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

- Care plans contained information about people's individual needs and included their preferences in relation to culture, religion and diet. People and relatives were involved in the review of their care needs. This supported people to receive personalised care.
- One relative told us, "I have been involved with [family members] care plan and also their end of life care plan if they were to become ill."

Staff support: induction, training, skills and experience

- New staff completed an induction when they joined the service, including completion of the 'Care Certificate' which is a set of standards social care and health workers should adhere to in their daily working life. Staff confirmed as part of their induction they had shadowed an experienced member of staff before they were able to work independently. A staff member told us, "I am still shadowing. I am doing all the eLearning, practical moving and handling and the care certificate. There is a lot of training, but I enjoy it."
- At the previous comprehensive inspection in December 2019 staff had not always received training to meet people's specific needs such as oral health, Parkinson's, dysphagia, or epilepsy. At this inspection improvements had been made and additional training to meet people's needs was now included. A staff member said, "We have some practical training, we had first aid, CPR. I like the hands-on training. Fire safety training was very good. We can always ask for more training as well."
- Staff felt supported and were given opportunities to review their individual work and development needs through supervision and team meetings. A staff member said, "We have supervision and meetings. We also have a staff huddle, so we will pull the staff together to update them about something. We don't always do it daily but will do it every now and then."

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

- Staff had a good understanding of people's nutritional needs. Some people were at risk of choking. Those people were provided with a range of modified textured food and drinks in line with the specialist advice.
- The lunchtime mealtime experience was positive for people. People chatted in the dining rooms. Whilst most people had chosen fish and chips, we could see individual choices as part of this meal, with some people choosing peas or beans and one person who had curry sauce with their meal.
- The registered manager explained the chef asked people what they wanted earlier but was looking into how they could support people living with dementia to make their choice at the time of the meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People and their relatives told us healthcare support was sought promptly when they needed this. A relative told us, "They do let me know if a GP is called and they let me know about [family members] COVID-19 booster being done."
- People's healthcare needs were monitored, and they were involved in making decisions about their care. People had access to professionals, such as a GP, dentist, optician and district nurses.

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

- The provider had made considerable improvements to the environment which included new flooring, redecoration and new furniture and equipment.
- The registered manager was working towards making the environment more supportive for people living with dementia. This included securing funding and being involved in a project to introduce biodynamic lighting. Biodynamic lighting aims to bring the qualities of natural daylight indoors.
- The registered manager agreed some areas of the service also needed improvement to support wayfinding such as pictures, or objects of interest. Corridors and bedroom doors looked the same and had no distinguishing signs or prompts for people to clearly identify their room.

We recommend the provider reviews best practice guidance on creating a supportive environment for people living with dementia.

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

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

- Staff had a good understanding of the MCA and the importance of gaining consent before providing any care. People were encouraged to make decisions for themselves. One staff member told us, "We assume people have capacity and speak to people." Another staff member said, "It is all about person centred care and trying to communicate using different methods, we offer a visual choice so people can pick different things and make a choice."
- Decisions had been made in people's best interests and in consultation with professionals and the persons family when people had lacked the capacity to make a specific decision.
- Where people were being deprived of their liberty, applications had been made to the local authority and authorisations put in place.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the providers system for monitoring quality and safety was not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- Managerial and provider oversight of the service had improved.
- Audits were being used more effectively to identify any shortfalls to the quality and safety at the service. A more robust approach to risk reduction was used. This included monthly analysis of accidents, incidents, safeguarding concerns and complaints which was used to prevent reoccurrence.
- At the previous inspection in September 2020 concerns were identified in respect of infection control procedures in the service. At an infection control assurance inspection in January 2021 improvements were made, and at this inspection we noted these improvements had been sustained. One relative told us, "They do take COVID-19 seriously, the staff wear masks and we take tests before our visits."
- People and relatives were positive about the care at Primecare. One person said, "It is not quite the same as home but very good, and the carers are good." A relative told us, "My [family member] is really happy. I always ask them if everything is okay and if staff are looking after [family member] as if they were not happy, they could come home."
- Staff told us their initial impression of the new registered manager was positive. One member of staff told us, "So far I could not ask for a better manager, they seem very knowledgeable." Another staff member said, "I have a good relationship with the new manager."
- The new registered manager was transferring care plans onto an electronic care planning system. This had been identified in previous inspections and had still not been achieved. However, the registered manager was committed to achieving this by the deadline in their action plan and most were already on the system.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager and the provider were aware of their responsibilities including those under duty of

candour. Relevant statutory notifications had been submitted to the CQC.

- Throughout the inspection the registered manager and the area manager were open and transparent about recent challenges and how they had addressed these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's feedback was listened to, a couple of concerns were raised both in recent surveys and to us about missing laundry and when we fed this back to the registered manager, they were fully aware and working on improvements in this area. However, another survey response described the laundry facilities as first class.
- The registered manager told us the last surveys were sent out prior to them starting so they plan to send these again at the end of the year.
- Staff meetings provided staff with an opportunity to feedback their views and suggestions for improvements.

Working in partnership with others

- The service worked in partnership with other health professionals. Links with the local hospice service were established.