

Primrose Healthcare Services Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Primrose Healthcare Services provides care to people that live in their own homes. Services are provided to older people, people with mental health issues, physical and learning disabilities and sensory impairment.

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

The leadership of the service required improvements as the registered managers were unable to work well together. One of the registered managers was not involved in the day to day running of the service which is a requirement of their registration. There were times during the inspection where the registered manager was not open and transparent about who was employed at the service. There were aspects of the records that required improvement particularly around the background of people and guidance on health care conditions. People, relatives and staff however were very complimentary about the management of the service.

Risk associated with people's care was assessed with steps taken to reduce the risks. People told us that they felt safe with the care staff. The management of medicines was undertaken in a safe way and systems were in place to ensure that people's medicines were not missed. There were sufficient numbers of staff to provide care. There were systems in place to monitor whether staff were late for a call or if they had not turned up for a call.

Care plans contained information around people's wishes around care routines. Staff were aware of the care that people needed. Staff also communicated the needs of people through care notes and meetings. People were asked their consent before any care was delivered. Health care professionals were consulted in relation to the care delivery.

Systems were in place to ensure that staff received appropriate training and supervision to ensure that safe and effective care was delivered. People fed back that staff were caring and considerate towards them. People maintained good relationships with staff and were treated in a dignified and respectful way. People told us that they were supported with their independence. People were supported towards the end of their lives.

There were systems in place to review the quality of the care including audits, surveys and spot checks. Where shortfalls had been identified, actions were taken to address this.

Rating at last inspection

This was the first inspection at the service.

Why we inspected

We inspected earlier than was planned due to concerns that were raised around some elements of how the service was being managed.

Follow up

We will continue to monitor intelligence 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 caring?

Good ●

The service was Caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Primrose Healthcare Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by three inspectors. Two were present at the office and one made calls to people, relatives and staff.

Service and service type

Primrose Healthcare Services provides personal care and support to people living in their own homes. Services are provided to older people, people with mental health issues, physical and learning disabilities and sensory impairment. At the time of the inspection 12 people were receiving a regulated activity.

The service had two managers 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. Both registered managers were present on the day of the inspection.

Notice of inspection

Our inspection was announced. This was to ensure that the registered managers would be present at the office. The inspection took place on the 30 May 2019.

What we did before the inspection; During the inspection; and After the inspection.

Our inspection was informed by information we already held about the service. We also checked for feedback we received from members of the public and the local authority. We checked records held by

Companies House.

The provider was not asked to complete a provider information return prior to this inspection as we inspected sooner than was planned. The PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

At the office we spoke with the registered managers. We reviewed three people's care records, medicine records, audits, recruitment records for all staff and other records about the management of the service.

After the inspection we rang and spoke with three people, two relatives and four members of staff.

The registered manager provided us with information related to staff meetings and recruitment. This information was used to form the judgements.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. These included assessments of the environment, moving and handling, skin integrity, falling and nutrition and hydration.
- One person was at risk of falls. There was a care plan in place that detailed how staff should use the hoist and that they needed to consider that the person had a weakness in their arm.
- Staff were knowledgeable about the risks associated with people's care. One told us, "When I hoist [the person] I put some towels not to hurt him." They told us that they did this to protect their skin from the moving and handling equipment.
- In the event of an emergency there was a business continuity plan in place. For example, if staff called in sick there were staff on standby to cover the call including the registered manager.
- When an accident or incident occurred staff would complete a form and notify the registered manager. The registered manager would analyse all the accidents and incidents to look for trends. For example, staff completed an incident form where bruising had been found on a person's leg. After investigation it was established that this was from their insulin injection given by the district nurse. This was updated in the person's care plan.

Using medicines safely

- People told us that staff supported them with their medicines where necessary.
- Staff had a good understanding of what to do when administering medicines as they had received appropriate training and competency checks. One member of staff said, "I will check to make sure the clients names, it's the right dosage and accurate to what's on the MAR (Medicine Administration Record) chart, the right time and the right route as well before I give out the medication."
- MARs contained details of the person's medicines, any allergies they had and how they person needed to take the medicine for example with water. We saw that there was 'as and when' guidance in the care plans so that staff knew when a person should be offered pain relief.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff providing care. One told us, "Oh yes, definitely. They [staff] make me feel comfortable."
- Staff understood what constituted abuse and the actions to take if they suspected anything. One staff member told us. "Abuse could be sexual, physical, psychological, financial. Straight away, I'm going to let my manager know because I've suspected abuse." Staff received safeguarding training and also discussed any potential safeguarding incidents during team meetings.

- We saw that where there were any concerns raised the registered manager would refer this to the Local Authority and undertake a full investigation. We saw posters in the office to remind staff of their duty to report abuse.

Staffing and recruitment

- There were appropriate numbers of staff to provide care to people. People told us that staff always turned up and stayed for the full length of the call. One person said, "They [staff] are always on time, if they've been late they always ring and tell me, so I'm not left hanging in the air."

- The registered manager had systems in place to ensure that they were aware of staff had not turned up to a call. They told us, "I plan to get an electronic monitoring system in June. In the meantime, staff understand that they have to ring and let us know." They told us that staff messaged them to let them know they had arrived at each call.

Staff confirmed that there were enough staff to cover the calls. One told us, "They [the service] haven't got much clients at the moment, so I think they're fine." In the event of staff absence, the registered manager also attended calls.

- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Preventing and controlling infection

- People were protected against the spread of infection as staff were following good practices. People told us that they saw staff wear protective equipment and wash their hands regularly. One told us, "They [staff] wear gloves and they always change them."

- Staff received training on the importance of good infection control. Staff were provided with stocks of gloves and aprons and were able to pick up more from the office when needed. One member of staff said. "We get gloves, they are in the homes as well and hand sanitisers they are in the office. The manager will sometimes drop them off at the client's home."

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives felt that staff were effective and skilled in the care they provided. One person said, "When you have physical problems, it can feel dehumanising, but they actually make me feel good. That psychological support as well as the physical support makes such a huge difference."
- Staff were provided with a full induction and assessed as competent before they delivered care independently. This consisted of e-learning, face to face training and shadowing another member of experienced staff. The registered manager told us, "I talk about how we work, policies etc. I then book them in for shadowing with experienced staff. Once that is done I will give them a contract."
- Training was detailed and appropriate to the care that staff provided. Staff were all required to complete the care certificate [The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.] One member of staff said, "I obviously did the training because in this business you cannot do the job without training."
- Staff were supervised in their role to ensure that they were delivering the best care. The registered manager undertook group and individual supervisions with staff. One member of staff said, "I've done it [supervisions] three times now. Yes, it's helpful we get to ask questions and raise concerns."

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. We checked whether the service was working within the principles of the MCA.

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- We spoke with the registered manager about the MCA. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Although there were no people that lacked total capacity to make decisions the registered manager was aware that assessments of capacity needed to take place where there was a doubt.

- Staff had received training and had a good understanding of the principles of MCA. One told us, "Mental capacity act is someone has capacity unless proven otherwise and it depends on certain areas. Some have capacity to what they want to wear but maybe not what they want to eat. It depends on their stage, but it needs to be proven."

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

- Prior to people starting care an assessment of their needs were undertaken to ensure that staff could meet their needs. One relative said, "The local authority arranged Primrose, they were able to set up with Primrose to take the care. They [the service] did a lovely seamless handover."
- The registered manager told us, "We do an initial assessment prior to taking on the package and will then do a more in-depth assessment when they are in their home." We saw that these took place.
- People told us that they were matched well with the staff that provided care. One person said, "I don't know how [the registered manager] chooses them [staff] but she's done a great job because they've all been excellent, without fail." The registered manager said, "As we get the assessment, so we can match staff with them and make sure we can meet their needs."
- The manager and staff used recognised good practice and national tools to ensure that people's care was provided appropriately. For example, there was evidence in care plans that used NICE guidance to assist them with care for example in relation to moving and handling.

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

- People told us that they were supported with their meals. One person told us, "They do [cook meals] when I need to, I don't always need help but if I'm having a particularly bad day they will do a meal for me in the morning."
- People's eating and drinking was monitored. If there was a concern, then a food and fluid chart was put in place to review what people ate and drank.

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

- When staff had a concern with a person's health they ensured that the appropriate health care professional was consulted.
- Staff worked with professionals to support people with their healthcare. For example, staff followed guidance provided by a physiotherapist to support a person to walk more independently. A relative of the person fed back about this by saying, "We are happy with the care provided. They [staff] played a big part in [person's] progress." One member of staff said, "If a person refused medication I'd let the office know and document it and I will inform the GP."
- Staff worked well as a team to provide effective care to people. One member of staff said, "We are a small team and we are working very hard." Staff communicated changes in care needs by completing daily notes and speaking with the registered manager.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us that staff were kind and caring. One person said, "I've actually found them [staff] excellent, they've been wonderful, every single one of the ladies. They've been not only kind but caring and they've also been very good at what they've done." Another said, "Staff ask if I've had a nice morning and enjoy the rest of your day. It's like having a friend really."
- Staff understood the importance of developing good relationships with people. One told us, "People can get frustrated, I try to calm them down and reassure them that they need to take one step at the time, they need to go with the process. And they feel better after you talk to them."
- People were asked whether they had any religious or cultural needs as part of the assessment process and staff supported them with this. The registered manager said, "One person likes to go to Church at a particular time. We give him that right to enjoy that particular thing in the morning, so we make sure they have the call before then."

Respecting and promoting people's privacy, dignity and independence

- People were treated in a respectful and dignified way. One person told us, "They [staff] always cover me with a towel and they won't leave me there. They always tell me what they're going to do as well."
- Staff told us that they would respect people when providing care to them. One member of staff said, "When I'm giving them personal care in the morning I shut the door if it's open because they have family living in. I cover them with a towel and I ask them before I carry out the steps." One person said, "It makes a huge difference to feel that you're still a human being and being treated as one."
- Care plans contained information on how much support people needed and what they were able to do themselves. Staff were encouraged to support people to remain independent. One member of staff said, "I try to put them [people] in my shoes because most of them are able to do certain things for themselves."

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

- People and relatives said they felt involved in the planning of their care. One person said, "They just make sure that I got everything I want. They're ever so good. I'm very pleased with them, they always ask me if there's anything else I want."
- Staff told us that it was important to involve people in their care. One told us, "Putting the individual in the centre of the care and getting involved in their day to day activities is important."
- We saw from the care plans that people and relatives were asked what they wanted their care routine to be and staff understood this. People were asked their preferences on what time they wanted their call and whether they wanted a male or female carer.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- There were care plans which were personalised and included information on how staff could support people with their emotional needs. For example, one care plan stated that staff should ensure that they did not move the person's things around as this would cause them anxiety.
- People told us that the staff were flexible in relation to changing the times of calls. One told us, "If I need to make alternative arrangements with time or I need to cancel an appointment, they seem very flexible. I'm very happy."
- However, we fed back to the registered manager that there were care plans that required more detail on people's backgrounds. They told us that they would address this.
- Staff were aware of the care that people required. One member of staff said, "They [people] all have a care plan in their home. We see the package of care before we go and meet the client."
- Care plans contained information on people's preferred routines and their likes and dislikes. For example, one care stated that the person liked listening to music and talking books and when they preferred their morning call to be.
- Staff recorded people's care in daily diaries to ensure that staff attending would know what care had been delivered. The daily records matched with the person-centred care plans.
- End of life care was planned around people's wishes. We saw feedback from one relative that stated, "On behalf of the family I wanted to thank Primrose for the excellent care you showed towards mum albeit for such a short time prior to her passing." Another said, "Thank you all so much for all the support you gave to my father. You provided an excellent service and what was a difficult time for the family." End of life care training had been booked for staff with Princess Alice Hospice.

Improving care quality in response to complaints or concerns

- People and their families told us they understood how to complain and felt listened to. One person said, "I could always tell [registered manager] if I have a problem, but I haven't needed to complain. All I have to do is explain it to the carers and they've always managed to work around my needs." One relative said, "I know who to contact if I wanted to complain."
- There was a complaints policy in place and people were provided with a copy of this.
- There had been no complaints at the service but there had been compliments received. These included, "Staff are very good at making my porridge and are always on time" and "The nurses [carers] have been very helpful and kind."

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.

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;

- Although there were two registered managers at the service only one was involved in the day to day running. This was due them not being able to get on well together. During the inspection we found that the registered manager was not always open and transparent about the running of the service in particular in relation to whether their family member worked for the service. This meant that we were unable to confirm that all staff had received appropriate recruitment checks until after the inspection. Both registered managers needed to ensure that they were able to meet the legal requirements of their registration.
- The records at the service required some improvements to ensure that they were accurate and up to date. Although staff were aware of people's health conditions there was insufficient information in care plans on what these meant to people. We also found that the handwriting in the daily notes was not always easy to read. We fed this back to the registered manager who told us that they would address this. We will check this at the next inspection.

As an accurate record was not being kept of all persons employed for the service and records were not always detailed around the needs of people this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives were positive about the registered manager that was present at the service. One person said, "They've given me excellent care, so happy with them all, really grateful to (registered manager). She goes above and beyond the duty to keep me safe and cared for, I've been very impressed with them as a whole." Another said, "She [the registered manager] does come and see me sometimes. We tease each other, she's very friendly."
- Staff were complimentary about the leadership and told us that they felt supported. Comments included, "She [the registered manager] is open minded, and she listens when you talk. She will help" and "I love working because of the flexibility and the manager is open to decisions. There's no pressure, if you want a day off or time off she will try as much as possible if she can get someone to cover."

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

- The registered manager continuously sought the opinions of people and their representatives to improve the quality of care. People received calls and visits from the registered manager to seek their views. One told us, "They do ask if I'm happy with what they're providing and I'm happy. I did tell them how much I appreciate them." The registered manager told us, "I monitor the calls. I'm always in contact with the family."

I do spot checks every week".

- Announced and unannounced spot checks took place in people's homes to check on the quality of care. One member of staff said, "the manager has been with me twice or three times for spot checks and one to assess when I'm with the client." We saw from one spot check a member of staff was not wearing their identification badge. This was addressed with the member of staff and the actions recorded.
- People and relatives were regularly asked to complete feedback forms regarding the quality of care. One person said, "If I've got a query Linda will ring and find out and come back to me and they respond pretty quickly."
- Staff attended meetings to share and discuss how they could improve care at the service. The registered manager or the senior carer was also available outside of working hours. One member of staff said, "If I have a problem immediately they answer the phone if there's something urgent." Another said, I can contact them anytime if there are any concerns. 100% they support me."

Continuous learning and improving care; Working in partnership with others

- Systems were in place which continuously assessed and monitored the quality of the service. These included audits of care plans, training, MAR charts and care notes. These included action plans to address any areas of concern. For example, the registered manager had identified that there was a concern with a prescription delivery. They contacted the pharmacy to ensure that the prescription was delivered on time in future.
- Steps were taken by the registered manager to drive improvements and they worked with external organisations to help with this. The service worked with other organisations including the 'Registered Managers Network' [A network that offers local, practical support and peer support] and 'Skills for Care' [Skills for Care is the strategic body for workforce development in adult social care in England.]

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
- After the inspection the registered manager contacted us to advise that they had made improvements since the inspection. They told us that they had started including more information on the care plans about people's backgrounds and their medical conditions.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that there was as an accurate record being kept of all persons employed for the service and records were not always detailed around the needs of people</p>