

Primrose Homecare Limited

Primrose Home Care

Inspection report

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Date of inspection visit:
12 June 2019

Date of publication:
06 August 2019

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?

Outstanding ☆

Summary of findings

Overall summary

About the service

Primrose Homecare Ltd is a domiciliary care agency providing personal care to people who live in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 30 people used the service.

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

People consistently experienced good care because the service was exceptionally well-led and organised. The provider's values were shared and practiced by staff who people often referred to as being like family members.

The provider supported people to expand their social circle and to be as active as they wanted to be in the local community. This protected people from the disadvantages of social isolation and loneliness.

People told us they felt safe because of the quality of care they experienced. The provider took exceptional care when recruiting new staff to ensure they met the values of the service. Care workers understood and practised their responsibilities to keep people safe from harm.

People were supported by care workers who had the right skills and knowledge to provide care that met people's assessed needs. 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 consistently told us that care workers were kind and caring. They told us care workers often went the extra-mile to support them with their needs and preferences. Care workers respected people, treated them with dignity and involved them in decisions about their care.

People experienced continuity of care because they were supported by a core team of care workers who understood their needs. This meant people experienced care and support that was responsive to their needs. People consistently reported that they were very satisfied with the quality of care and support they experienced.

The provider had a clear vision of providing care and support that maintained people's independence and quality of life. Staff were motivated by this and were committed to providing high quality care. The provider used people's feedback to drive improvements and they continually sought ways to further enhance people's experience of the service and to support people to be active members of their community.

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 this service was Good (report published 17/09/2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 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?

Outstanding ☆

The service was well-led.

Details are in our well-led findings below.

Primrose Home Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector and two Experts by Experience. An 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 younger adults and older people living in their own houses. Some of the people live with physical disability and / or dementia.

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.

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

Inspection activity started on 3 June 2019 and ended on 13 June 2019. We visited the office location on 12 June 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and eight relatives of other people. We spoke about their experience of the care provided. We spoke with four members of staff including the provider, registered manager and two care workers.

We reviewed a range of records. This included six people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe from harm. People told us they felt safe because they had confidence in the care workers who supported them. A person told us, "I feel safe when the girls are present I would not be able to manage without them, I would be in a right pickle. I feel safe as I trust them all and we have a good relationship."
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Care workers had training in the provider's safeguarding procedures and they knew how to report concerns if they had any. They advised people how to stay safe at home, for example informing them about telephone 'scams' that were known to be operating in the area.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments associated with their care and support. Care staff followed the risk assessments which supported the safe delivery of care and support. For example, a person who was assessed as being at risk of falls told us, "I am not good with my balance, but I feel safe when the carers come in as they walk behind me when I am using my Zimmer frame to make sure I don't fall."
- Some people required the support of two care staff, for example because they need to be transferred by hoist. A person told us, "We have two carers each time they come."

Staffing and recruitment

- The provider took exceptional care to ensure as far as possible that only staff who met the organisation's values about providing high quality care and support were employed. The registered manager met or spoke with prospective candidates to make a preliminary assessment of their suitability before deciding whether to send them a job application form.
- New staff only started working after all the necessary pre-employment checks, such as a Disclosure and Barring Service check. Three satisfactory references were required rather than two which most services require.
- There were enough suitably skilled and knowledgeable staff to meet people's needs. Deployment of staff was effective. People consistently experienced home care visits at times they expected, and no missed calls occurred.

Using medicines safely

- Staff worked closely with people to involve them in the management and administration of their medicines. They prompted and reminded people when to take their medicines. A person told us, "I take my own medicine, but they always ask me if I have."
- Where necessary, care workers handed people their medicines with a drink and watched them take the

medicines. A relative told us, "The carers give [person] their medication and record it on the sheets in the care plan."

Preventing and controlling infection

- Staff practised effective infection control. They wore personal protective equipment such as gloves and aprons when they supported people with their personal care.
- When staff supported people to wash they followed safe practice. A relative told us, "Their hygiene is very good. They use lots of different flannels to wash [person] from top down. They make sure the water is nice and warm."

Learning lessons when things go wrong

- The provider had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The registered manager carried out 'spot checks' of care worker's practice to ensure it was safe. These checks were used to identify poor practice if it occurred so that actions could be taken to learn lessons, make improvements and reduce the risk of errors happening again.

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 Good. At this inspection this key question has remained the same.

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

- The provider supported only people whose needs it could meet. The registered manager carried out assessments of people's needs before they began to use the service. A person told us, "I felt very happy about the way they did a comprehensive assessment to make sure they knew what was required and the way I wanted them to work with me and care for me."
- The registered manager developed care plans that were based on the assessments of people's needs. They involved people, their relatives and staff who had been hand-picked to support people in the development of the care plans.
- Staff made notes at each homecare visit which supported other staff to provide a continuity of care and support. A relative explained this; "They take a real interest in [person] and the notes they write are very comprehensive. This enables a good handover to other care staff that come in."
- The provider had policies that protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.
- Staff who planned staff rotas and arranged home care visits considered people's preferences and interests. They 'matched' people and care workers with similar backgrounds and interests so that they could develop mutual understanding and people were supported by care workers who fully understood their needs and choices. A care worker described this approach as "planting the seed."

Staff support: induction, training, skills and experience

- Staff received training that supported them to carry out their roles safely and effectively. People consistently told us they felt staff were well trained. A person told us, "They are well trained and obviously all know exactly what they are doing."
- New staff received induction training and shadowed an experienced care worker at home care visits of people they would be supporting. This prepared them for their role. A relative told us, "The company make sure the staff are trained well. They will always send a new carer with a regular carer to make sure they get to know [person] first and whether [person] feels comfortable with them."
- The registered manager planned and arranged training in anticipation of people's changing needs. For example, staff had recently received training in supporting people in circumstances where they presented behaviour that challenged. They told us no people presented with challenging behaviour, but the training prepared them for this. This showed the provider planned ahead. Staff told us they found their training to have been very helpful.

- The staff team were very experienced. Apart from a recent recruit all care workers had worked with the service for at least three years, some for over 15 years. Staff had developed extensive experience of supporting the people they made home care visits to.

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

- The registered manager told us, "People's food and drink is massively important to us." Care workers were trained in food preparation. They offered people warm food and drink in cold weather. They made people's favourite meals for them or warmed up meals that relatives had prepared earlier.
- The provider gave people information leaflets about healthy food options.
- People told us that care workers helped them ensure they had enough food at home and sometimes came with their favourite foods. A relative told us, "They fetch [person's] food shopping if they run out of anything and will even bring [person] fish and chips from the chip shop."

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

- Care workers supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to. A relative told us, "They will call the doctor if [person] is unwell. They have called the ambulance when they needed to." A person told us, "If I am unwell she will take me to the doctors and to hospital appointments."
- People's care plans included information about their health needs, medication and allergies which was essential for ambulance crews to see.
- Care workers supported people to access support services and charities that specialised in supporting people with health conditions and mobility needs.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA. No people were being deprived of their liberty.

- Care workers understood their responsibilities under the MCA. They sought people's consent before they provided personal care. A care worker told us, "I always ask for a person's consent before providing personal care or anything that involves touching them." Another care worker told us, "We have a chat and then ask if they are ready or want to have a wash. We never begin personal care unless the person gives consent." A person told us, "When they call on me they always ask me if its ok for them to start to get me washed and dressed."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People consistently told us that staff were caring and made them feel that they mattered to them. A person told us, "They make me feel special because of just the way they are with me" and another person said, "They make me feel very comfortable and treat me like a family member." A relative told us, "They have become good friends to me and [person using the service]." This showed that staff practiced the provider's values of treating people the way they would want their loved ones to be supported.
- Staff developed meaningful relationships with people because they consistently supported the same people for a long time and knew about their life history and interests. This meant they were able to have stimulating and meaningful conversations with people which was something people looked forward to. A relative told us, "They have a good history of [person] so can talk to them about the things [person] likes." Another relative said, "They are excellent company for [person]."
- Staff often went the 'extra mile' to enhance their experience of the service. A person told us, "They do all they should and more. They say to me, 'Don't be afraid to ask us anything.'"
- People told us about the 'extra' things care workers did, for example a person told us, "They bring the washing in and empty the bins" and another person said, "They do extra jobs for me. They put the washing in the washing machine and then peg it out on line. They tidy the kitchen and make my bed. All these little things matter."
- The provider respected people's cultural background. Home care visits were timed to support people's cultural and spiritual needs, for example a person was supported to attend faith services. Staff knew about people's food preferences and supported them to enjoy 'national' foods.
- People and the care workers who supported them developed caring relationships. A person told us, "I really look forward to my carer's visits. They brighten up my day." People, relatives and staff referred to themselves as being 'like a family'.

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

- The provider placed high value on involving people in decisions about their care and support. A person told us, "I was very involved with my care planning. They were very aware of what my needs were and what I liked and didn't like."
- When people asked for changes to be made, the provider listened. For example, a person told us, "I am very involved with the way they care for me because sometimes I will want them to put different creams on me which they will do when asked."

- The provider actively sought and acted on people's views about their experience of the service. A person told us, "[The registered manager] phones and ask how things are going." The registered manager made three-monthly telephone calls to people, visited them to involve them and their relatives in reviews of their care plan. People's views were also sought through an annual satisfaction survey.

Respecting and promoting people's privacy, dignity and independence

- Care workers treated people with dignity and respect. In doing so they followed and practised the provider's values and aims for the service. People told us they felt at ease and comfortable when care workers supported them with personal care. A person said, "They do treat me with great respect and dignity using towels to keep me covered. I don't get embarrassed with them as they make me feel at ease." Another person told us, "They keep the curtains closed until after I am dressed."
- Care workers encouraged people to do as much as possible for themselves to support people maintain independence. A relative gave an example saying, "The care staff try to encourage [person] to do things for themselves. They will always pass the comb to them to get them to comb their own hair. This is so good as they try to give them independence." Other people told us they sometimes chose to wash and dress themselves but knew they could ask a care worker for assistance if they needed to.
- Care workers supported some people to do their food shopping on-line so that they were not reliant on other people for this. This further supported people's independence.
- Care workers respected people's homes which was important to people. A person told us, "They will always clean around the bathroom before leaving and leave the place clean and tidy" and another said, "The kitchen is always spotless when they leave."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People experienced personalised care because they were consistently supported by a small team of care workers who fully understood their needs. A relative told us, "There is a lot of bad publicity about care companies, but we feel blessed with the care staff that we have. They treat [person] like a human being, providing them with respect and dignity. They keep them well-groomed and this makes them feel good and boosts their confidence which is so important to them."
- People consistently told us that care workers had an excellent knowledge of their needs. The registered manager carefully matched staff to people so that people were supported by staff who shared common interests with them. People told us they experienced care and support precisely as they wanted. They were consistently supported by the same care workers because the provider recognised that this was important to people. People felt comfortable about expressing their choices and preferences because they considered care workers to be like family members.
- The provider involved people in planning their care and ensured that people received care and support the way they wanted it. People's care plans included people's preferences and choices which care workers respected.
- Care workers made records about how they had supported people at each of their visits. People and relatives who read those records told us the records were accurate. We found that the records provided assurance that people have been supported in line with their care plans.

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

- In their PIR the provider stated, 'We believe it is important for our service users to feel a sense of belonging within society.' The provider supported people to meet with others using the service and to access local services where they participated in social events. This included coffee mornings at the provider's premises and other locations in the community. This increased people's confidence and broadened their social circle.
- Since our last inspection the provider had introduced a 'book swap' club from which people could choose books in a variety of formats, including audio books. They did this to support people to access information and recreation about things that were of interest and pleasure to them.
- At the time of our inspection, the provider was planning to introduce a weekly quiz with prizes for people to provide them with a stimulating activity they could do at home. They already provided people with word puzzles and colouring books.

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 careers.

- At the time of our inspection there were no people with sensory impairment using the service. However, staff had been trained in how to communicate with people using signs and pictures if the need arose. Information for people was available in an easy to read format. People told us staff communicated effectively with them.

Improving care quality in response to complaints or concerns

- People were provided with a 'service user guide' that included information about how they could raise concerns or make a complaint. No complaints had been received since our last inspection, but many people and relatives had sent compliments.
- Many of the people who used the service had done so for at least three years. People we spoke with told us they had never felt a need or wish to make a complaint. People made comments such as, "I haven't made a complaint; there has been no reason to" and "I don't know what they could do to make it better, not really."
- When people had raised concerns the provider acted quickly to alleviate people's worries. For example, after a person reported that they felt they were being rushed by a new care worker the provider supported the care worker to adjust how they supported people according to people's needs.

End of life care and support

- People's care plans included information about how they wanted to be supported towards the end of their lives and their funeral arrangements. The provider referred people to specialist charities that supported people living with life-changing conditions.
- We saw many compliments from relatives expressing how grateful they were for how care workers had cared for treated cared for people with compassion in the latter stages of their lives. These included a compliment, 'Thank you for making [person's] life as happy and comfortable as it could be.'
- The provider supported people and relatives who had experienced bereavements. They referred people to a bereavement counselling service as an aid to healing and support so that they could return to leading normal lives. This showed that the service truly operated as a 'family'.

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 Outstanding. At this inspection this key question remains Outstanding.

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high quality person-centred care.

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

- Primrose Homecare Ltd is a family owned service with a strong culture of promoting person centred care that aims to support people using the service to feel part of an extended family. The registered manager carefully matched staff with people to ensure people were supported by staff they felt comfortable and compatible with.
- People and staff developed caring relationships which people told was important to them. People told us they felt they were at the heart of the service and were treated as family members.
- The culture of the service was to go 'the extra mile' to support people. For example, during extreme weather conditions office staff contacted people in-between home care visits to prompt them to either keep warm when it was cold or drink more to stay hydrated when it was hot.
- People's opinions, preferences and needs were consistently respected. . People consistently told us they trusted the service and they and staff were 'family'. A person told us, "They [staff] have become a part of my family." People said they looked forward to care worker's visits because they enjoyed their company.
- People experienced outcomes that enhanced the quality of their lives because staff empowered them to lead as independent lives as possible. For some people this meant remaining in their home rather than moving to a care home.
- The provider supported people to access charities that provided specialist advice and support to people living at home with life changing conditions. This also supported people to meet and interact with other people who shared similar experiences which made them feel active members of their community.
- Relatives of people who lived with dementia were supported to understand the impact of dementia so that they could continue to lead as normal lives as possible at home.
- Staff continued to be highly motivated and enthusiastic about their work. Many staff had known people for several years and they had developed caring relationships whilst recognising professional boundaries and avoiding over familiarity with people. They told us they had stayed with the provider for many years because they believed in the provider's values. Staff surveys showed consistently high levels of staff satisfaction.
- People we spoke with told us they had no hesitation in recommending the service to other people. A relative told us, "We've used Primrose for five years and are very happy in every aspect. It's seamless care. They are caring and compassionate. I am completely happy with them and I don't know where we would be without them." In annual surveys the provider carried out people and relatives consistently rated the service

as 'excellent'.

- At the time of our inspection 11 people had asked to be supported by the service and we heard a person call the service to ask about working there because they had heard it had such a good reputation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles from the moment they joined the service. The provider operated exceptionally robust recruitment procedures that hand-picked people who demonstrated they met the values and very high standards of the service.
- The provider's key objectives were to provide care and support that exceeded people's expectations. They did this by finding out what was most important to people and then consistently delivering care that matched and surpassed expectations.
- The leadership and organisation of the service ensured consistent delivery of challenging objectives such as ensuring people were consistently supported by the same care workers at times they expected. People told us this was important to them and it was why they valued the service.
- The provider surpassed what is expected of a home care agency through their work to support people to broaden their social network and feel part of the community.
- The provider's planning and monitoring of punctuality of home care visits ensured that visits were consistently when people expected and carried out by regular care workers. They were also flexible enough to change times of home care visits to fit in with peoples' family, social and other commitments.
- Staff took pride in working for the service and were motivated by its values and consistently high performance. A care worker with over 15 years' service told us, 'I've been with Primrose many years. I really like it because it's a family business with great values. Everything is centred on what people need but Primrose are also very good at looking after staff. It's why we stay so long. I feel motivated.'
- The provider cared for and supported staff. They recognised and rewarded staff members for their contribution to the success of the service, for example through employee of the month awards. During a particularly bad winter they had arranged for all care workers who used their cars to be covered by the provider's own emergency breakdown and roadside assistance cover. Staff told us they had been supported through difficult circumstances and events in their lives.

Continuous learning and improving care

- The provider was committed to continually improving the service. Their motivation, which was shared by staff, was to provide care and support that they would themselves would want to experience.
- Improvements since our last inspection included providing people with stimulating activities they could engage in at home and in the community so that people could be as active and independent as possible in their everyday lives. A new initiative was to support people to learn how to keep in touch with relatives who lived abroad by using the internet and social media.
- Since our last inspection people and relatives consistently and unanimously reported they would recommend the service to other people. This showed the service had improved on already high standards of care and support and was committed to continuous improvement.
- Improvements were most evident in the provider's work with services in the local community. They identified services that were suited to people's needs and supported people to access those services. This helped people to be an integral part of the wider community because it brought them into contact with people with similar needs.
- The provider supported staff to understand CQC's fundamental standards of care and ratings characteristics. They were developing a plan of how they could achieve an overall outstanding rating. This included involving staff in suggesting and developing creative ideas which were adopted, for example the book swap club and access to bereavement counselling.

- The provider subscribed to publications about adult social care that helped them keep up to date with the latest developments and innovations in social care.
- Though the service was in demand, the provider placed greater value on continually improving the service rather than expanding it too quickly and risking a fall in the quality of the service.

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 provider promoted transparency and honesty. They had a policy to openly discuss issues with people, relatives and staff. People, relatives and staff told us the registered manager was approachable and supportive.
- It is a legal requirement that a provider's latest CQC inspection is displayed at a service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We saw that the rating from the previous inspection was displayed at the service.

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

- People consistently told us that their care workers made them feel special because of how they engaged with and supported them. Many people told us they treated care workers as if they were family members. Staff told us they felt valued by the provider.
- People and relatives who wanted to be were involved in developing the service. This was through reviews of their care plans, telephone calls and visits the registered manager and senior care workers made and an annual satisfaction survey. Staff were involved through supervision and staff meetings.

Working in partnership with others

- Since our last inspection the provider had joined an association of other social care providers with whom they shared ideas and experiences of best practice.
- The provider maintained and built upon close links with local services and charities they referred people to. This resulted in people being supplied with equipment at home that supported their independence or people being referred to services specialising in supporting people who lived with specific health conditions.
- The provider's links with local services and charities meant that people were supported to be active in the community. This empowered people, broadened their social network and prevented them from being socially isolated.
- The provider collaborated with local residential homes to provide staff with opportunities to broaden and extend their own knowledge about health conditions people lived with. This prepared staff to support people who used Primrose Home Care in the event of them developing new conditions. This showed that the service was forward thinking.
- The registered manager and some staff had arranged to attend an event to make World Alzheimer's day in September 2019 to further develop their knowledge of Alzheimer's and mental health issues people lived with. They planned to pass on the benefits of their learning to relatives and members of the public who had family members living with those conditions.