

Primrose Homecare Limited

Primrose Home Care

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?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 28 June 2016 and was announced. Primrose Home Care provides community support and personal care to older people, people living with dementia, people with physical disabilities, and people with sensory impairments, in their own homes. At the time of our inspection there were 39 people receiving personal care.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and management team promoted extremely strong organisational values. They promoted a caring culture that put people at the centre of everything the service did. The registered manager was knowledgeable about the needs of people using the service.

People and their relatives told us they felt safe with the staff who provided their care and support. Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing. People had clearly written care plans giving staff the guidance and information they needed to support people safely.

People received care and support from staff who were trained and had the skills required to meet their needs. Staff told us they received training and were supported by the management team. People were asked for their consent before care was provided and where appropriate, people's capacity had been assessed. People received support with menu planning and shopping when needed and were supported to access appropriate healthcare services when required.

People were supported by staff who they liked and who made them feel comfortable. People described staff as caring and told us they were happy to see them. Staff understood the importance of supporting people in a way that protected their privacy and dignity. People were supported by staff to maintain their independence.

People and their relatives were involved in decisions about their care and support. Staff knew people well and were aware of people's likes and dislikes. People were aware of who to contact if they were unhappy about any aspect of their care and support and there was a system in place to manage complaints.

Everyone we spoke with expressed their confidence in the management of the service. People using the service, relatives and staff told us they were able to give feedback about the service and were confident they would be listened to. Quality assurance systems were in place to monitor the standards of care and support provided and the provider was aware of their responsibilities as a registered person. Feedback from people and staff was used to develop and improve the service that was provided to people.

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.

People were supported by staff who understood their responsibilities in protecting people from harm. Risks were assessed and managed in a way that enabled people to take part in activities without feeling restricted. People were assisted to manage their medicines and received them as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training relevant to their role. People were asked for their consent before care and support was provided and staff supported people to make their own decisions. People were supported to access relevant healthcare services when required.

Is the service caring?

Good ●

The service was extremely caring.

People were supported by staff that were cheerful and extremely caring. People were treated as individuals and were involved in every aspect of their care. Staff were caring and regularly carried out tasks in addition to those required to meet people's identified needs. The importance of building consistent caring relationships was valued by everyone in the organisation.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the assessment and planning of their care and support. Staff supported people to follow their interests and were aware of their needs and preferences. People knew how to complain and were confident any concerns raised would be taken seriously.

Is the service well-led?

Outstanding ☆

The service was extremely well led.

There were strong organisational values that were promoted through every level of the service. There were exceptional levels of kindness and compassion for people, relatives and staff. The service continually sought ways to improve the service by

consulting with people and staff.

Primrose Home Care

Detailed findings

Background to this inspection

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

This inspection took place on 28 June 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their areas of expertise were older people and dementia. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

Prior to the inspection we sent questionnaires to people who used the service, their relatives and health and social care professionals to seek their views on the service provided. Of the 50 surveys we sent to people who use the service, 26 people responded. Four of the six community professionals we sent questionnaires to also responded. During the inspection we spoke to 13 people by telephone and one relative. We also spoke with three staff members, the registered manager and the provider. We looked at five records about people's care and support, three staff files and records relating to the management of the service including systems used for monitoring the quality of care provided.

Is the service safe?

Our findings

People unanimously told us they felt safe. One person said, "I do feel safe. I really trust them [staff]. I'm never left on my own, the staff are absolutely brilliant." Another person told us, "I would trust [staff member] with my life. She is very thorough. She's become a friend as well as a carer." A third person said, "It's my choice to invite them [staff] in, they've become like friends, I trust them implicitly." Staff were clear about their responsibilities to report any concerns relating to possible abuse and told us they had received training in keeping people safe. One staff member told us, "I would document any concerns and report them to the registered manager. I've had experience of this and I asked for advice and was fully supported." Another staff member said, "I would record the facts, and report concerns to the care co-ordinator, if needs be I would contact the local authority and CQC as well." We spoke with the registered manager who had a good understanding of how to report concerns to the local authority in order to keep people safe.

Risk assessments had been carried out in order to minimise the potential risks to people's safety in relation to both the physical environment and to individual people. One person's relative told us, "The management team spent a good couple of hours checking everything. They identified hazards, like rugs. It was helpful for us as a family as we were worried [person's name] may trip. They assessed everything." The registered manager carried out reviews and staff contributed to risk management plans offering insight into how best to support people, this information was then clearly recorded. Staff were able to tell us about the risks facing the people they supported and how they shared information about new potential risks for people. One staff member told us, "Some people we support are at risk of malnutrition, so I'm aware I need to monitor that. I let other staff know if I have concerns as well as contacting the office." Where accidents or incidents had taken place these had been recorded as well as actions taken by the registered manager to reduce the likelihood of them happening again. Where people used specialist equipment to assist with their mobility, such as a hoist, we found that equipment had been assessed to ensure it was fit for purpose, and control measures identified to reduce the risk of harm to people.

People told us staff arrived on time and stayed with them for the required time. One person said, "I never have a problem with the timing. If they are going to be late they always notify me." Another person told us, "[Staff member] is always on time, unless they are with someone who is poorly, but they always let me know." Staff were grouped together to cover set geographical areas which ensured people had a small group of staff members who provided them with consistent support. Of the 13 people we spoke with no one had ever had a missed call. One person said, "I am very happy. I was with another agency but I kept getting different people and they wouldn't turn up but since I've been with Primrose it's been really good." Staff were aware of the importance of consistency for the people they supported. One staff member told us, "The rotas are worked out really well, travelling time is good, we have enough time with people." The manager told us they always considered staffing levels before taking on new packages of support, "We don't take on more than we can cover as it's important people have consistency. Staff work in care teams and have regular calls."

We looked at three staff files and saw relevant checks had been carried out prior to staff working unsupervised in people's homes. Staff told us and we saw from records, that the provider had conducted

recruitment checks including requesting references from people's previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. The registered manager told us that values were an essential part of the service and these were central to any new staff member's induction. They told us that putting people at the heart of the service helped them to ensure they were employing staff members of good character who were compatible with people receiving support.

People were happy with the way they received their medicines. Staff told us they received training in supporting people with their medicines and their competency to administer medicines had been assessed by a senior carer or the registered manager. One relative told us, "Everything is recorded in the care plan, including medications. We were shown training records by the [registered] manager." The registered manager carried out regular spot checks in relation to medicines, to ensure people were receiving them as prescribed. People's care plans contained details of their prescribed medicines, including visual guide for staff. This helped to reduce the risk of staff administering incorrect medicines.

Is the service effective?

Our findings

All of the people and relatives we spoke with were happy with the support they received from staff. People told us they felt staff were trained and had the skills required to support them. One person said, "I can't walk so have to be transferred. The manager arranged for all of the staff to come to my house when the physiotherapist and occupational therapist were here and they were all taught how to support me. I am fully confident with the way they handle me." Another person told us, "After ten years the staff know me well. They are very good; their moving and handling training is excellent." A third person said, "Staff are very helpful, it gives me reassurance with my mobility. It's obvious staff know what they are doing." Staff told us they received training relevant to their role and were offered additional training when required. For example, if they started to support someone new to the service with a specific need. One staff member said, "We are always being offered training, which is good. I recently did some training in first aid and CPR and learned new things about how to respond in an emergency." Staff told us they received an induction when they first started working at the service and this included being introduced to the people they would be supporting as well as working alongside more experienced staff members as they learned about people's individual needs. One staff member said, "My induction was good, it was done at my own pace. My training needs were assessed during my induction." Where relevant the provider supported staff to undertake nationally recognised qualifications, to develop further their skills and knowledge. For example, at the time of the inspection staff were in the process of completing the care certificate. This is a set of standards that aims to develop care staff's skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

All of the staff members we spoke with expressed confidence in the registered manager and told us they felt fully supported in their role. One person said, "I know that I'm supported, we have regular supervision and I can always call in to the office if I need anything." Staff were supported through regular one-to-one meetings with a member of the management team or a senior support worker. The provider told us in their PIR they planned to introduce additional training in nutrition to assist staff with meal planning; this was confirmed at the inspection.

People told us staff asked for their consent before providing them with care and support. One person told us, "Staff always ask me what I want, they go at my own pace, they are marvellous." Staff understood the importance of gaining people's consent and told us they had received basic training in the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 discussed MCA with the registered manager and they demonstrated to us that they understood their responsibilities and people's individual wishes were acted upon. We reviewed information about capacity in people's care plans and found people had been involved in making decisions about their care and support.

People were supported to eat and drink sufficient amounts to maintain their health. A small number of people we spoke with had food prepared by the staff who supported them. They all told us they were very

happy with the quality of the meals provided by staff who were supporting them. One person told us, "They [staff] always say, 'what would you like for lunch today?' I must say, they make a lovely dinner." People and their relatives told us staff were particularly considerate when people refused meals, or told staff they didn't have an appetite. One person said, "I haven't got a decent appetite but staff always ask what they can do, they encourage me to eat more." A relative told us, "Staff monitor [person's name]'s eating and weight and they encourage [name] to eat. When [person's name] was unwell, they refused food, but staff talked to them about it." Staff were aware of people's individual needs and preferences in relation to their diet, and the registered manager was in the process of arranging additional training in nutrition for the staff team to ensure they had up to date skills and knowledge in this area. The registered manager shared with us how the care coordinator and other staff members had encouraged people to drink more during periods of warm weather. They told us all staff received a reminder to prompt people they supported to drink more on warm days, to promote their well-being. Where people were struggling to maintain a healthy balanced diet, they were offered information about companies that provide nutritionally balanced meals directly to people's home. This demonstrated the provider was aware of the importance of meeting people's nutritional and hydration needs.

People told us staff supported them to maintain their health. One person told us, "One day the carer said they didn't like the sound of my chest and suggested that I ring the doctor. When they [staff] came the next day they checked that I had contacted the doctor." Staff told us they felt they had the knowledge required to support people with their health needs. One staff member told us, "It's about knowing people well. You recognise the small changes to their health, for example, the colour of a person's skin." Staff were able to clearly describe the action they would take if a person was unwell or if there was a medical emergency. One staff member said, "I would always contact the person's family if they were unwell. If it was an emergency I'd call 999 and then let the family know, as well as the care co-ordinator." Staff told us and we saw people's care records detailed their health needs, conditions and any prescribed medicines. This provided staff with the information they needed to supported people to maintain their health.

Is the service caring?

Our findings

Everyone we spoke with, without exception, was extremely complimentary about the caring nature of the staff and the management team. People were overwhelmingly happy with the care and support they received. One person told us, "They[staff] are very very caring, they help all of the time." Another person said, "Staff worry if I say I'm not hungry, they want to know why." A third person told us, "I worry because sometimes I have to use the commode at night. Staff reassure me and tell me not to worry, that it's part of their job." A relative told us, "What they strive to achieve is consistency. It was important to [person's name] as they like to build up a relationship. It's that personal touch and attention to detail."

People benefited from being supported by a staff team who listened to them and had a caring approach to delivering high quality care and support. Staff told us they enjoyed their work and took pride in working for the provider. One staff member said, "I love my job, I enjoy every day." Another staff member told us, "I love putting a smile on people's faces. It's about building relationships and supporting people to stay in their own home; maintain their independence." There was a strong caring culture at all levels. From the provider to care staff, everyone spoke passionately about wanting to provide people with the best possible care and put the needs of the people they supported at the centre of everything they did. Staff were positive about the caring nature of the management team. One staff member said, "You can tell [name of registered manager] cares. We are like a family. We match staff with people well, and that's how they know we care."

People shared examples with us of how staff provided additional support to the support identified in people's care plans. One person said, "Staff know exactly what I want, in some things, they know better than me. For example, if I forget to put something on my shopping list that I usually get), they remind me." Another person told us, "Staff do little thoughtful extra thing; like carrying things up and down stairs for me. I appreciate that." Other examples people shared included staff staying longer than the allocated call time if the person was feeling concerned about something, and taking food out of the freezer to support the person to manage their meals. The registered manager shared with us an example of how they and the staff team had supported a person whose illness led to them struggling to manage their finances. The registered manager had liaised with local businesses in order to support the person and assist them in managing their finances despite this being outside of the agreed care plan.

People told us staff listened to them and understood their needs and preferences. One person said, "Staff do know me well. They take time to find out what I like." Another person said, "Staff know me well. They are not shy which is a good job, because if they were nervous I would be too."

Everyone we spoke with knew who the registered manager was and expressed confidence in them. People told us they had regular contact with the care coordinator and were confident they would respond to their requests. Staff understood the importance of building relationships and valuing people as individuals. Staff involved people and their relatives in their care. One person told us, "The staff are caring, they call me [name]. I hate formality. They are very respectful and courteous." People and relatives were involved in decision making about their support and told us they were informed about any changes to their care and support.

People were supported in a way that protected their privacy and dignity. One person told us, "When [staff member's name] brings me the water to wash myself they say, 'I'll just give you a bit of privacy'. They are very respectful." Another person said, "Staff are very good in terms of dignity, the first thing they do when supporting me with personal care, is put a towel over my lap." Staff shared with us examples of how they treated people with dignity when supporting them with personal care, for example, covering the person with a towel and closing doors and curtains. People's care records were written in a positive way which included information for staff about the things that were important to people. For example one person's care plan stated, 'Care is mainly for me but please ensure my wife is happy as this helps me feel more relaxed and happier'. A relative told us how impressed they were that staff took time to record information that helped them as well as the person receiving support, "Everything is recorded, all sorts of things. Staff even record how [person's name] is feeling, which is a really good thing for the family to be able to see."

Everyone we spoke with, had regular reviews and were confident to call the management team at any time if they wanted to discuss their support needs. The care coordinator and registered manager contacted people using the service on a regular basis to ensure they were happy with their care and that their needs were being met.

Is the service responsive?

Our findings

Everyone we spoke with told us they were involved in discussions and decisions about their care and support. Without exception, people and relatives told us they had been fully involved in their initial assessment and that the process was thorough. People's care and support was planned proactively in partnership with them and, where relevant, their family members. People told us that prior to them receiving support the registered manager and care coordinator spent time finding out about their preferences, care and support needs and how people wanted to be supported. One person told us, "The manager came to hospital to see me and the care package was all in place when I got home." Another person said, "The manager came and did an assessment. We filled in forms together and then they came out again to make sure everything was still ok." A relative told us, "The management team came and introduced the carers who would be working with us. They spent time with us." We saw from people's care records they were involved in the assessments, planning and reviews of their care.

Initial assessments were completed by the registered manager and care coordinator and used as a way to start to develop a relationship with the person and their relatives. The information gathered at the initial assessment was then transferred into a personal care plan which staff followed to ensure the person's needs were met. Care plans were individualised and contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's specific daily living routines, health and medical information, communication, life histories and interests. For example, one person had specific preferences around food and another person enjoyed singing hymns and liked staff to join in with them. People's well-being was promoted by staff who knew and shared similar interests.

People's care needs were regularly reviewed and any changes were recorded. Staff told us they reported any changes in people's needs to the care coordinator or registered manager; care records were then updated and other staff informed. Care records also detailed people's expressed wishes. For example, one person had requested staff made their bed in a certain way to enable them to find things easily. This information had been shared with staff to ensure the person's wishes were respected. During the inspection we observed the care coordinator and the registered manager contacting people to discuss their care needs and plan any changes to their usual support hours. The registered manager told us they tried to provide a flexible service and support calls were regularly rearranged to suit people's needs and requirements.

People spoke about how the service was responsive to their needs and contributed to their well-being. One person said, "They [staff] check every day that I'm ok. I can bruise very easily and if I have the slightest knock, they notice it." Another person told us, "Staff are always cheery and smiley. I always look forward to seeing them." A third person described their carer as "a comforting person, who listens."

People told us they knew how to complain if they were not happy about any aspect of their care or support. People told us they had been given information about how to complain when they first began using the service. One person said, "I would arrange to see [name of registered manager]. But first of all, I'd talk to the person concerned." Another person told us, "I'd ring the office. I'm sure they'd sort out any issues if they

came up." A third person said, "I'd ring them up, but I've got no complaints. I'd have no worries about contacting them." Staff were aware of how to deal with any complaints they received and were confident that the management team would address any issues raised. Although no formal complaints about the service had been received the registered manager told us they tried to address any minor issues as they arose. There was a system in place to manage complaints and people received details of how to complain when they started to receive care and support.

Is the service well-led?

Our findings

People who used the service, relatives, staff and health and social care professionals all spoke very highly of the service and the registered manager. One person told us, "I wouldn't hesitate to recommend Primrose, we are very satisfied." Another person said, "They are reliable, the staff are nice, I've never had any problems. What more could I ask for? I'd most certainly recommend them to anyone." Staff also expressed positive views about the registered manager and provider. One staff member said, "Working here is like being part of a family. The registered manager knows that continuity is so important to people. I like the way the company works, it's very open."

Staff were highly motivated about their work and enthusiastic about the organisation. Staff were exceptionally positive about the registered manager and management team and welcomed feedback which helped them become more effective in their role. One staff member told us, "We get feedback when the senior or registered manager does spot checks; this avoids us developing bad habits and helps us be better at supporting people." Another staff member said, "I am always made to feel welcome by the registered manager, whether I need to discuss personal or work matters I can approach them. I know I'm part of a good team." A third staff member told us, "The registered manager does listen and they wouldn't expect anyone to do something they wouldn't do, they are very good." The provider operated an on-call system to ensure a member of the management team was available to support staff at all times. Staff told us this gave them confidence when working alone. One staff said, "We can contact someone for support day and night, 24 hours a day. There's a separate number for staff to use when contacting the office, to ensure the telephone line is free for people who we support."

People experienced consistency of care from regular staff. This was achieved by the registered manager establishing an innovative staff rota system that balanced people's needs with an understanding of staff family commitments. Staff supplied the registered manager with their availability to work and the registered manager and care coordinator worked the rota around this availability. The registered manager told us that by managing the rota in this way people were assured a service from staff who felt respected and were always flexible in covering sickness and holidays.

The registered manager promoted a caring culture that put people at the centre of everything the service did. It was clear through talking with the registered manager and provider that their values influenced all aspects of the service. Throughout the inspection we saw numerous examples of the family values people and staff spoke about. There was a cheerful, friendly and positive atmosphere. For example, staff who visited the office received a positive welcome from the management team who took time to talk with staff socially. There was a feeling of mutual respect and caring for each other. The registered manager was very proud of the service and the reputation for high quality care the service had locally. The provider told us they had been asked to consider submitting an application to accept an increased number of referrals from the local authority, but had refused as they felt this would compromise the quality of the service. To ensure the quality of the service the registered manager told us, "We will only take on new packages of care and support if we are confident we have the staff required to provide a quality service."

The registered manager worked with other organisations to make sure they were following current practice and providing a high quality service. This included attending local authority provider meetings and working closely with local training providers and colleges. The registered manager actively built links with other local health care providers to share best practice among providers within the local community. They had recently attended a new dementia café in their local community. This helped the agency to remain part of their local community whilst raising awareness about people living with dementia. The registered manager was trained as a dementia friend and their goal was to improve the quality of dementia support that was available to the people they supported. In their PIR the provider told us they were plans in place to ensure all staff received specialist training in dementia, to improve the quality of care provided. There was an emphasis on trying to improve and both the registered manager and provider spoke passionately about their keenness to provide people with excellent support through a well-trained and committed staff team. The registered manager and provider recognised the importance of staff member feeling valued by the organisation and proactively encouraged staff to develop and improve their knowledge by taking part in training and undertaking qualifications.

People told us they were regularly asked to give feedback about the service they received. One person had commented, "I am quite happy with my carers. I look forward to them coming. Always pleasant and nothing is too much trouble." Another person had responded, "My carer is excellent, nothing you could do make it better." The provider had responded to feedback and shared with people details of the changes or improvements they had made based on feedback received from people. All of the staff we spoke with told us they felt able to express their views about the service and were confident they would be listened to. One staff member said, "I feel confident I can tell the registered manager or provider anything. They will listen." Staff were encouraged to suggest ways to improve the service for people. Systems to support this included team meetings and weekly office meetings. Staff told us they felt listened to and that ideas were actioned. In their PIR the provider told us, "We encourage carers to promote well-being and personalisation through their job role ensuring a holistic knowledge of their service users in order to ensure lasting, trusting and honest relationships where people feel understood, motivated and protected from harm."

The management team regularly reviewed the quality of care provided and carried out audits of key areas of the service including care plans, spot checks and medicines administration records. The registered manager told us they were reviewing their quality assurance processes in order to make them more people friendly. They told us they had received feedback from people who felt they were being visited too often for feedback about the service. The registered manager had responded to this by reducing the number of quality monitoring visits people received, to one per year and had introduced the use of written questionnaires as a six monthly alternative.