

Primavera Domiciliary Care Services Limited

Primavera Domiciliary Care Services Limited

Inspection report

26-28 Queensway
Enfield
Middlesex
EN3 4SA

Tel: 07932796709

Date of inspection visit:
09 November 2022

Date of publication:
05 January 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Primavera Domiciliary Care Services Limited is a domiciliary care service providing personal care to older people living in their own homes, some of whom were living with dementia. At the time of our inspection there were 20 people using the service.

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.

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

People and their relatives told us that the support workers who supported their family member were kind and caring. However, despite this feedback we identified areas of concern similar to those identified at the previous inspection which had not been addressed.

Risks associated with people's health and care needs had been assessed, however, we found examples where information contained within care plans and related risk assessments was not always consistent. This meant that clear guidance and direction was not always available to staff on how to manage risks to keep people safe. Staff recruitment processes had not been robustly completed and verified to ensure that staff employed were suitable to work with vulnerable adults.

Management oversight processes were ineffective and did not identify the issues we identified as part of the inspection process.

People received their medicines safely and as prescribed. Staff were aware of their responsibilities to raise concerns if they felt a person was being abused. The service understood the importance of infection prevention and control and had measures in place to help keep people safe from risk of infection.

People were supported by support workers who had been trained and were skilled in their role. Support workers told us they felt supported in their role. People were supported to eat and drink enough. The service supported people to lead healthy lives and supported them to access relevant health care services where required. 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 and their relatives were happy with the support they received from their support workers and the registered manager. People and relatives had been involved in the planning and delivery of care.

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

Rating at last inspection and update

The last rating for this service was good (published 15 February 2020).

Why we inspected

We received concerns in relation to recruitment and management oversight of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primavera Domiciliary Care Services Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to recruitment of staff and management oversight of the service. Please see the action we have told the provider to take at the end of this report.

We made one recommendation about improving the care plan and risk assessment practice.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Primavera Domiciliary Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and one 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 6 relatives about their experience of the care provided. We spoke with 7 members of staff including support staff, the registered manager and the office administrator.

We reviewed a range of records including 5 people's care records and 4 people's medicines records. We looked at 4 staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures and audits were also reviewed.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- The provider had policies and processes in place to ensure that the staff recruited were assessed as suitable to work with people. However, these processes were not always followed and completed as required.
- At the last inspection in January 2020, we had found that the provider did not always robustly follow their recruitment policy and did not obtain potential staff members' full employment history and had not explored gaps in employment. At that time, we discussed this with the registered manager who had given assurance that this would be addressed going forward. However, the required improvements had not been implemented.
- References obtained for staff members to confirm satisfactory conduct in their previous employment were not always dated and did not record who the referee's was, in which capacity they knew the staff member and from which organisation. We could not match references to the staff members' employment history as provided on their application form or CV.
- At the last inspection, the service did not always ensure staff provided a full employment history at the time of their recruitment. Where there were gaps in employment these had not been explored with the staff member. At this inspection, we found that improvements had not been implemented and similar issues were identified.

We found no evidence that people had been harmed, however, processes and checks were either not in place or comprehensively completed to ensure safe staff recruitment. This meant that the service was in breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other appropriate checks had been completed to ensure that support workers recruited to work for the provider had been assessed as suitable to work with vulnerable adults. These included verifications of people's identity, right to work in the UK and a criminal records check.
- People and relatives told us that they received care and support from regular support workers who generally arrived on time. Where support workers were running late, people and relatives confirmed that they were informed.

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

- Risks associated with people's health and care needs were assessed and recorded as part of the care planning process. These included risks associated with falls, moving and handling, specific health conditions and medicines.

- However, we did find inconsistencies in recording between the care plan and risk assessments. For example, for 3 people it was noted in their care plan to use certain equipment to support them to mobilise. This information had not been recorded or assessed as a risk within the moving and handling risk assessments.

- Inconsistency in recording may place people at risk of harm as support staff may not have the required information or guidance to support people to remain safe.

We recommend the registered manager ensures information about people's risks and support needs are clearly and consistently documented through the care planning and risk assessing process to ensure their safety.

- Systems and processes were in place to report and document accidents and incidents that may have occurred.

- The registered manager told us that there had not been any accidents or incidents since the last inspection. The registered manager and support workers told us that accidents and incidents were always discussed at meetings to share learning and tips on how to prevent accidents/incidents from occurring.

Systems and processes to safeguard people from the risk of abuse

- Appropriate policies and procedures were in place to safeguard people from the risk of abuse.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Support workers also listed various external agencies that they could contact to report their concerns.

- Staff had training on how to recognise and report abuse and they knew how to apply it.

- People and relatives told us they felt safe in the care of the support worker that supported them. One person told us that, "Yes" they felt safe. One relative said, "Yes, I feel I trust them."

Using medicines safely

- People received their medicines safely and as prescribed.

- The level of support people required was documented within the person's care plan with details of the medicines and how the person was to be supported.

- Where support workers kept records for medicine administration, these were complete and no gaps or omissions in recording were noted.

- Support workers had received medicines training and were assessed as competent to support people with their medicines safely.

Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection.

- Support workers had received training on infection prevention and control, COVID-19 and how and when to use the required Personal Protective Equipment (PPE).

- Support workers confirmed that they had access to all supplies of PPE. People and relatives also told us that staff always used PPE when delivering care. One relative said, "Yes, they come in with gloves and they wash their hands when they leave."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection this key question has remained the same. 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 registered manager carried out an assessment of people's needs to determine whether the service could effectively meet their needs. The assessment involved the person and their relatives or representative.
- Information collated included people's wishes, needs and requirements and this was used to develop their care plan and risk assessments.

Staff support: induction, training, skills and experience

- Support workers received the required training and support to effectively deliver care to people.
- Support workers also received specialist and refresher training where required.
- People and relatives told us that the support workers who supported them with their needs had the required skills. One relative when asked if support workers were trained, told us, "Yes as far as I know, they say the morning carer is fantastic. If there is a new carer, [registered manager] is thorough and comes and shows them what needs doing."
- Support workers told us that they felt appropriately supported in their role and had received training, supervision and an annual appraisal. However, records did not support what support workers told us. The providers supervision policy stipulated that support workers should receive four supervisions per year. The registered manager told us that this was not happening. We have reported further on this under the 'Well-led' section of this report.

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

- People were supported to eat, drink and maintain a healthy diet where this was an assessed need.
- Care plans recorded where people required support with meal and drinks provision. However, care plans lacked detail on how this support was to be delivered, people's choices, likes and dislikes. We highlighted this to the registered manager who agreed to review and implement the required improvements.

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

- Processes were in place to support people to access a variety of health care professionals and agencies to ensure they received the appropriate support where this was an assessed or identified need.
- People and relatives spoke positively about the support they received and felt confident that support staff would access the appropriate healthcare professional when required and especially in an emergency. One relative said, "Yes, they often ring me if they are worried about anything."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was currently not supporting anyone who was subject to a Court of Protection application in relation to the deprivation of their liberty. Nobody using the service was deprived of their liberty.
- Care plans evidenced consent to care had been obtained from people or where appropriate their named legal representative.
- For people that the service assessed as lacking mental capacity for certain decisions, this was documented within their care plan along with any best interest decisions that needed to be made.
- Support workers explained how they supported people to make decisions taking into consideration their abilities. One staff member explained, "I will tell [person] what I am doing. Ask her what she wants, and she will tell me what I need to do. Before we talk, she will tell me what she wants. We will always ask."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had not ensured that regulatory requirements were adhered to and where improvements were required, actions had not been taken to make sure people received safe and good quality care.
- Checks to ensure safe recruitment of staff were not robustly completed, verified and analysed in line with the providers' recruitment policy.
- Information about people's risks associated with their health and care needs was not always consistently recorded. This may lead to people being placed at the risk of poor care or harm.
- People's care and support needs were not always clearly detailed with their care plans, so that support workers had clear directives on the support they needed to deliver during the care call.
- Records did not evidence that support staff received the required supervision as stipulated by the provider's supervision policy. The registered manager also confirmed that regular formal supervision had not taken place.
- The registered manager carried out regular spot checks of support to check the quality of care delivery. Monthly medicine management audits and a registered manager's audit was also completed which covered infection control, staff training and records. However, the registered manager's audit was seen to be ineffective as they did not identify the issues we found as part of the inspection process.
- The registered manager was observed to be very involved in the delivery of day to day care and was passionate about the care people received. They stated that records were not an area that they always focused on, despite knowing the importance of maintaining accurate records.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, systems were either not in place or robust enough to demonstrate that people were in receipt of safe care. Accurate and contemporaneous records of care delivery were not maintained. This placed people at risk of harm.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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

- People and relatives spoke positively about the registered manager and the care and support that they received from their allocated support worker. We were also told that the registered manager was very

responsive in their approach. Feedback included, "They [support workers] all seem to be very friendly from what I can gather, mum and dad don't have any concerns. [Registered manager] is friendly and does go above and beyond" and "Friendly, caring and understanding and they treat me like a person."

- Support workers spoke positively of the registered manager and stated that they were always available to support them in their role. One support worker told us, "If there is a problem she will be there for you and the client."

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

- The registered manager understood their statutory responsibilities around notifying the CQC and the local authority of significant events, when required and understood their responsibilities under the duty of candour to be open and honest with people where something went wrong.

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

- People and relatives were asked for their feedback about the quality of the service they received through periodic satisfaction surveys. We saw records of recent surveys that had been completed. Feedback was positive.

- People and relatives also stated that they had been involved in the care planning process and that the registered manager regularly reviewed all care provision to ensure people's needs were being appropriately met. One relative told us, "[Registered manager] is on top of it."

- People and relatives knew who to speak with if they had any concerns and were confident these would be addressed immediately. One relative told us, "[Registered manager] does communicate with me if there is a problem and she is responsive if I call her."

- Support workers told us that the registered manager was supportive, approachable and listened to their ideas and suggestions. Regular staff meetings and ongoing communication enabled staff to receive regular updates, share experiences and review practices.

- The service worked in partnership with a variety of health care professionals such as GPs, district nurses and social workers, to maintain the health and wellbeing of the people they supported.

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 registered provider did not have effective systems and processes in place to assess and monitor risks and improve quality of the services provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had failed to operate effective recruitment procedures to ensure that persons employed meet the conditions as specified under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>