

Primecare Health Ltd Support Service

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Type of inspection: Unannounced
Inspection completed on: 19 October 2017

Service provided by:
Primecare Health Ltd

Service provider number:
SP2004007050

Care service number:
CS2004082587

About the service

Primecare Health Ltd (referred to in the report as the "service") was established in 2002 and is registered with the Care Inspectorate as a support service providing care at home for the people it supports. At the time of inspection 220 people were using this service.

The service is owned by Primecare Health Ltd (referred to in the report as "the provider") which is a private organisation. The main office is in Winchburgh.

The service is provided to people (referred to in the report as "clients") living in their own homes within the Edinburgh and West Lothian area.

The service mission statement is:

- To promote independence, citizenship and empowerment, enabling choice and control.
- Respect the rights, dignity and diversity and care and protect vulnerable people.
- Strive to improve the quality of life for people and ensure our service is of the highest quality.

What people told us

We used a variety of methods to contact clients, relatives and staff including questionnaires, phone calls, emails, home visits and attended a coffee afternoon. As a result we spoke with 11 clients and 10 relatives individually who were willing to share their views of the service.

We also considered the content of questionnaires which six clients (120 questionnaires were issued) and nine relatives completed prior to inspection to share their views of the service.

Comments from clients and questionnaires showed clients valued the service and appreciated how it helped them maintain their independence. Relatives were also appreciative of the service.

Some clients were particularly complimentary about their regular carers and some had developed very strong bonds with them. Regular carers were described as "very good" and "reliable."

Some clients described situations where staff had "gone the extra mile" and they were very grateful for this. Some clients said the support of their regular carers made a positive difference to their lives.

Everyone said staff were polite and respectful while in their homes and they appreciate this.

However, comments in questionnaires, showed that four relatives (out of nine received) were not satisfied with the service and one client (out of six received) did not know if they were satisfied.

Comments from questionnaires, clients and relatives showed there were aspects of the service which they were not satisfied with. This was because:

- They did not always receive their care at their preferred times and carers did not stay for the agreed support time.
- Carers rushed to finish the support in order to get to the next visit.
- Punctuality was unreliable and timekeeping was erratic.
- Lack of regular carers and changes of staff. As a result different carers provided care meaning their care was given by staff they did not know well and sometimes not at all.
- Poor communication with office staff and messages not passed on.

- Less experienced staff lacked knowledge of the support to be provided and had to ask clients what support was needed.

Clients said this negatively impacted on their satisfaction with the service. They said if these areas were addressed the care service would be better.

The provider gave a commitment to addressing these issues and improving clients' service. This is discussed in the report.

Self assessment

We did not ask the manager to complete a self-assessment prior to this inspection.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Clients spoke warmly of their regular carers and how support was given. They appreciated the support and how this helped them maintain their independence. We attended a social event and saw that staff engaged respectfully and in a warm and kindly manner with clients.

However, there were parts of the service which some clients were dissatisfied with and felt negatively impacted on their lives. This was because staff consistency and punctuality was unreliable and as a result clients did not always receive their care at their preferred time. Some carers rushed to finish the support in order to get to the next visit and as a result did not always stay the agreed length of time. This reduced clients control over how and when their care was given. The provider agreed to address this as a priority. (See recommendation 1).

The content of electronic support plans had been improved and contained person centred information about what was important to clients and how they wanted the support provided. It was less clear how clients preferred times for care detailed in care plans was achieved. When clients were supported with medication, support plans and risk assessments did not take account of the impact that fluctuating support times had on the intervals between prescribed medication. (See recommendation 2).

The electronic system allowed carers immediate access to support plans to ensure they knew all aspects of support to be provided. However, clients told us some staff showed less knowledge of the care to be given and often asked them what support was needed. As a result clients were not confident that all staff knew their needs and preferences for care, despite care plan content. Overall the support plan system needed developed. We will repeat the previous recommendation with amendments to reflect the findings of this inspection. (See recommendation 2).

Medication administration recording sheets (Mars) were used to record when staff supported clients with medication. However, the sampled MARs showed gaps in signatures making it difficult to know if clients had been supported with their prescribed medication as agreed.

Carers' notes on the reverse of MARs were not consistently used. As a result it was difficult to know what action was taken when medication was out of stock or not signed for. Medication audits were regularly completed but were not used effectively to identify how to improve medication management or staff practice. We concluded that further work was needed to improve the safe management of medication. We will repeat the recommendation made at the last inspection with amendments to reflect the findings of the inspection. (See recommendation 3).

We have made recommendations in this report rather than requirements based on the provider's agreement to robustly rectify the issues.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. It is recommended that the provider ensure that all service users receive a consistent service. In order to do so the provider should:

- a) Provide each visit at the agreed time.
- b) Ensure visit lengths are within the time duration which has been assessed as necessary to meet support needs.
- c) Develop the staff rota to accurately record the time of visits and duration.
- d) Ensure service users have confirmation of who will provide the care.

This is in accordance with National Care Standards, Care at home, Standard 4 - Management and staffing.

2. It is recommended that the provider ensures that medication is managed in a manner that is safe and appropriate to service users' needs. In order to do so the provider should ensure that:

- a) Staff sign the records when support with medication is given.
- b) Carer notes on the reverse of the MARs should be completed when appropriate.
- c) A consistent approach is taken to ensuring service users' medication is given at regular intervals as prescribed.
- d) The audit system used to assess the quality of medication support is fully implemented.

This is in accordance with the National Care Standards, Care at home, Standard 8- Keeping well - medication.

3. It is recommended that the provider ensure that all care planning and risk assessment records are accurate, up-to-date and accessible to staff, any relevant tools used to support people should be fully completed as necessary. In order to do so the provider should ensure that:

- a) Care plans take account of service users preferred time for care. Where preferred times can not be accommodated this should be discussed, agreements reached and recorded.
- b) Medication care plans and risk assessments take account of the impact that fluctuating times of visits have on the intervals between prescribed medication.
- c) Staff are aware of the service users' needs and preferences for care.
- d) Monitor the quality of care plans to ensure support is provided in accordance with preferences.

This is in accordance with the National Care Standards, Care at home, Standard 3 - Your personal plan.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We sampled a selection of staff recruitment files and found that generally staff were safely recruited. This included criminal record checks and receipt of references before commencing employment. Clients were also being encouraged to become involved in the recruitment process and influence the quality of staff employed at the service. However, the provider's own recruitment procedures were not always followed and as a result the recruitment process could be improved. For example, consistent information about the interview and selection process should be maintained to show how decisions were reached. Recording the rationale for accessing alternative referees from those detailed on job application would provide a stronger audit trail of decision making. Work had commenced on improving recruitment by the end of the inspection. (See recommendation 1).

There was a core group of long serving staff who had a positive approach, were hardworking and committed to improving the quality of the service and giving better care. They spoke warmly of working with clients.

However, there had been a lot of changes within the staff team resulting in a lack of stability and cohesiveness. Newer staff had less knowledge and experience and needed a higher level of support to develop their skills. It was difficult to see how staff were offered the opportunity to reflect on their practice and professional development because not all supervisions, appraisal and spot checks were taking place. The provider acknowledged that staff skills and competency needed to be developed. (See recommendation 2).

Training records showed staff received mandatory training, such as moving and handling and infection control. However, records were not always accurate and did not reflect other training needed to educate staff in meeting clients' specific care needs. (See recommendation 2).

There was acknowledgment from the provider that staff need clarity about their roles and responsibilities when providing clients' support. (See recommendation 3).

Systems had been put in place to support staff to register with the Scottish Social Services Council (SSSC).

We have made recommendations in this report rather than requirements based on the provider's agreement to robustly rectify the issues.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The provider should ensure that all staff are recruited safely and in line with best practice guidance: 'Safer Recruitment Through Better Recruitment' 2016.

This takes into consideration the National Care Standards, Care at home, Standard 4 - Management and staffing.

2. It is recommended that the provider ensure that all staff have the necessary skills and competency to deliver the care and support to service users.

The provider should ensure:

- a) Staff practice is evaluated and their competency assessed regularly.
- b) Staff have formal opportunities to reflect on their practice and personal development.
- c) Gaps in staff knowledge and practice should be identified and addressed with additional training put in place if necessary.
- d) Training records should be accurate and reflect all training staff have completed.
- e) There should be a service training and development plan that is implemented.

This takes into consideration the National Care Standards, Care at home, Standard 4 - Management and staffing.

3. It is recommended that the provider ensures that staff are clear about their roles and responsibilities when providing clients' support. The provider should put systems in place to ensure that staff:

- a) Arrive for client visits at the agreed time and stay the allocated time.
- b) Do not rush while providing care.
- c) Be familiar with the care to be provided.

This takes into consideration the National Care Standards, Care at home, Standard 4 - Management and staffing.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The provider is also the registered manager of the service. At the time of inspection the office manager post was vacant. In addition other office based personnel posts were vacant and new staff had also commenced in post, including, shift coordinators, trainers and quality assurance officer. As a result there was a lack of stability within the office team which had a significant impact on how well the service operated and the strategic overview of the service.

The provider was aware that the service was not performing at the previous level, that the systems and processes were not being implemented as planned and this impacted on clients' experience of the service. The provider gave a commitment to improve the level of service and rigorously rectify the issues identified at this inspection.

A systems of audits was used to assess the quality of the service. A computer systems was used to record when quality checks had been undertaken on the service performance for example, staff training, supervision, observations, appraisals and reports could be generated to check the outcomes. However, this system was not used in any effective way to identify gaps in service quality and develop strategies for improvement. (See recommendation 1).

A system was in place to log complaints received at the service, however we saw that all complaints and concerns received were not recorded. As a result it was difficult to know how all complaints were resolved or if the findings from the concerns had led to improvements in the service. While we saw that complaints were investigated and the findings shared with the complainant, we also saw an example where the complainant was provided with inaccurate information. This would not contribute to an open and honest culture. (See recommendation 2).

A rota system was in place to allocate clients scheduled visits to staff. However, examination of a selection of rotas showed visits times overlapped, meaning staff were recorded as visiting as many as three clients at the same time. The total allocated time of client visits exceeded the staff hours available. This meant it was not possible that clients received the agreed length of visits at agreed times. There was no managerial overview of the content of rotas, if scheduled visits occurred at the preferred times or lasted the agreed length of time. The provider agreed to rectify this as a priority. (See recommendation 3).

Opportunities were available for clients and relatives to share views about how the service could develop for example, forums, newsletters and surveys. However, it was less easy to see how progress on agreed actions was followed up. There was acknowledgement that consultation could be better and work had commenced on developing clients' surveys to give clients better opportunities to comment on all aspects of the service. We will monitor progress at future inspections.

We have made recommendations in this report rather than requirements based on the provider's agreements to rigorously rectify the issues.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. It is recommended that the provider develop and fully implement the internal auditing systems to ensure effective oversight and monitoring of all aspects of the service.

In order to achieve this the provider should ensure:

- a) The auditing systems effectively enable areas for improvement to be promptly and accurately identified.
- b) The outcomes as a result of any audit are clearly recorded.
- c) Where areas for improvement are identified an action plan is developed detailing timescales and the person responsible.
- d) Subsequent action plans are reviewed and updated on completion.

This is in accordance with the National Care Standards, Care at home, Standard 4 - Management and leadership.

2. It is recommended that the provider ensures that the service complaint procedure is fully implemented. In order to do so the provider should ensure that:

- a) All concerns or complaints are recorded and fully investigated.
- b) Accurate information about the findings and any action taken is provided to the complainant.
- c) Audit complaints and outcomes in order to inform and report on how the service is improving, or where further improvements are necessary.

National Care Standards, Care at home - Standard 4, Management and Staffing and Standard 11, expressing your views.

3. It is recommended that the provider develop the rota system used to allocate clients' visits to staff. The provider should:

- a) Ensure that the staff rota accurately records the time and length of visits.
- b) Ensure the total hours of allocated visits do not exceed the staff hours available to complete these.
- c) Implement a system to audit the content of rotas and duration of visits.
- d) The outcome of any audit should be clearly recorded and an action plan for improvement devised and implemented.

National Care Standards, Care at home - Standard 4, Management and Staffing.

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

This requirement was made following a complaint investigation in September 2016.

The provider must ensure that medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this you must:

- ensure that all medication is administered as per the instructions of the person authorised to prescribe or discontinue a medicine.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

Timescale: On receipt of this report.

This requirement was made on 22 September 2016.

Action taken on previous requirement

We assessed that enough progress had been made to meet this requirement.

This requirement had been met.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The service should review its medication support and processes to ensure the level of support it provides is appropriate to people's needs. Where measures are put in place to reduce potential harms in relation to medication support these should be formally risk assessed and reviewed regularly to ensure support is appropriate, promotes a person's independence and is primarily safe.

National Care Standards. Care at home. Standard 8. Keeping well – medication.

This recommendation was made on 12 September 2016.

Action taken on previous recommendation

Further work is needed to ensure medication was well managed. An amended recommendation will be made to reflect the issues found at this inspection under quality theme, care and support.

Recommendation 2

The service must ensure that all care planning and risk assessment records held in people's homes are accurate, up-to-date and accessible to staff, any relevant tools used to support people should be fully completed as necessary.

National Care Standards. Care at home. Standard 3. Your personal plan.

This recommendation was made on 12 September 2016.

Action taken on previous recommendation

Further work was needed to ensure accurate care planning. An amended recommendation will be made under quality theme, care and support to reflect the findings of this inspection.

Recommendation 3

The service must review all appropriate documentation held and ensure that all relevant staff are PVG members in line with legislation.

National Care Standards. Care at home. Standard 4. Management and staffing.

This recommendation was made on 12 September 2016.

Action taken on previous recommendation

We reviewed staff recruitment records and saw all staff had appropriate PVG membership in line with legislation. The recommendation had been implemented.

Recommendation 4

The service must ensure that appraisals meetings reviewing staff performance are held annually for all members of staff. These should include feedback on the previous years performance and a detailed development plan for the coming year in each case.

National Care Standards. Care at home. Standard 4. Management and staffing.

This recommendation was made on 12 September 2016.

Action taken on previous recommendation

We saw that records were in place recording staff appraisal and 1 to 1 meetings with their supervisors. However, records showed some meetings had not taken place and therefore some staff had not received the necessary support and supervision to reflect on their practice and professional development.

We will incorporate this into a wider recommendation about staff development to reflect the findings of this inspection under quality theme, staffing arrangements.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
12 Sep 2016	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	5 - Very good
15 Mar 2016	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed

Date	Type	Gradings	
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
11 Aug 2014	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
20 Feb 2014	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
13 Dec 2012	Unannounced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	6 - Excellent
		Management and leadership	6 - Excellent
29 Jun 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	5 - Very good
3 Jun 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
6 Oct 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
23 Sep 2008	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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