Primary Health Team Ltd

Primary Health Team Ltd Southwest

Inspection report

Office 13, Paulton House
Old Mills, Paulton
Bristol
BS39 7SX

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04 October 2022
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19 October 2022

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Primary Health Team Ltd Southwest is a domiciliary care agency providing personal care for people living in their homes. They also arranged for staff to live in people's homes to provide personal care. At the time of our inspection there were six 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 were positive about the level of support and care they received. Their views were staff were kind and caring who respected them as individuals. However, we found there were wide ranging shortfalls with the management of the service. Due to staff levels the registered manager was unable to ensure systems were in place to keep people safe and meet their needs. Recruitment systems were not in place to keep people safe. Neither were systems to manage medicine safely.

Systems and policies that were in place since registration were not being used. The registered manager was not applying guidance, legislation and standards to running the service. This had led to wide ranging shortfalls and inability to identify concerns.

Staff told us had they not received training from other places of work they would lack knowledge to keep people safe and meet their needs. No training systems or competency checks were in place at the time of the inspection.

Records were not reflecting information being shared with us verbally by people, staff and relatives. Care plans lacked guidance to ensure consistent care was received by people.

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 interest. However. the policies and systems in the service did not always support this practice

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

Rating at last inspection
This service was registered with us on 27 January 2022 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safeguarding, assessing risks, management of medicines, recruitment of staff, recording or people's personalised care needs and staff training. We also found systems were not in place or in line with policies to manage the quality and safety at this inspection.

We have also recommended the provider reviews how they record decisions for people who lack or have fluctuating capacity and applying the duty of candour.

We served a warning notice to state the governance systems needed to be improved by a certain date. We will go back and check this has been met.

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 not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Primary Health Team Ltd Southwest

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
Two inspectors and a member of the CQC medicine team carried out this inspection.

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. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider

Notice of inspection
We gave the service 24 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 29 September 2022 and ended on 19 October 2022. We visited the location's office on 29 September 2022, 4, 7 and 19 October 2022.

What we did before the inspection
We sought feedback from partner agencies and professionals. On-going monitoring such as information received. 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 information gathered as part of monitoring activity that took place on 30 August 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection
We spoke with two people and one relative on the telephone. We spoke with the registered manager at the office and two staff members on the telephone. We viewed a range of records including four people's care plans, daily records and related medicine records for two of these people. We viewed four staff members recruitment records.

We reviewed a range of records related to running the service including policies and procedures, rotas, audits and other paperwork created during the inspection following discussions such as complaints logs. Some records we asked to see were not in place such as training records and quality assurance systems.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse

- Systems were not in place to keep people safe and meet their needs. There was a generic policy which had not been personalised to the provider. For example, it mentioned the wrong local authority to where the organisation was based. This could delay safeguardings being investigated or even reported.
- The current system was not always being followed. For example, one person had not received treatment for 24-hours after hitting their head. This delay had not been recognised or reported until the inspection highlighted the concern. Another person had a "sore on right foot" and there was no incident record or action after two days. Again, systems had not identified this unexplained mark or injury. We were told their foot is alright now.
- No systems were in place to manage missed visits which could place people at risk of harm. One person's daily records demonstrated there was a missed call from staff due to miscommunication. The person was protected from harm on this occasion because their friends had completed the support required.

Systems were not in place or effective to manage potential safeguarding. This is a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe when being supported by staff in their own homes. Staff were aware of their responsibility around safeguarding and how to recognise signs of abuse. They knew who to report concerns to.

Assessing risk, safety monitoring and management

- People had some risks identified in their care plans. However, there was limited information or guidance for staff to follow to mitigate them. For example, people at risks of falls had information about their walking aids. Yet there was no information about how to reduce hazards further whilst supporting them.
- People with specific health conditions such as diabetes, continence issues or high blood pressure lacked detailed risk assessments in line with best practice. There was limited guidance or information on how to safely support them, recognise a decline in health or actions to take. This meant people were at placed at potential risk of harm. For example, two people had diabetes. There was no information about what staff should look for if they had high or low blood sugar levels and what action to take if the person's health declined.
- Staff had not received training or competency checks in line with these health conditions to ensure they understood how to support people safely. There was a reliance on prior knowledge to reduce the potential risks of harm to people.

People were placed at risk of harm because risks to their health had not been assessed, monitored and mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People and their relatives told us their health needs were being met and were happy with staff who supported them. Staff knew people well and had been inducted by a manager who passed on the information verbally. This has minimised the impact of the potential risks identified.

Staffing and recruitment
● Recruitment was not in line with current legislation to keep people safe leaving them at risk of potential abuse or harm from inappropriate staff. Checks were not completed or recorded that they had been completed. This included from previous employers and criminal record checks.
● One member of staff had been recruited whilst the registered manager was on leave. Limited records were in place to demonstrate adequate checks had occurred. This included no interview record, no employment history and no reference from a previous employer.
● Other staff lacked evidence of full employment histories and that any gaps in employment had been questioned. Neither did they have the evidence of an interview with suitable questions being asked. Some lacked satisfactory checks to ensure they were of good character.

Systems had not been established to safely recruit staff to work with people at risk. This placed people at risk of inappropriate staff working with them. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff told us they thought the correct checks had been completed by the registered manager prior to them starting work.
● People were supported by enough staff to meet their needs. One person told us they were happy with the staff supporting them which was kept to a minimum for consistency. Although, they raised they would like an extra visit that had been cancelled. The registered manager told us when they had enough staff, they would increase the person's visits.
● The registered manager was struggling to recruit staff to cover the hours for the people already being supported. This was partly due to the current national staff crisis. As a result, they were delivering large amounts of care and support themselves. At the point of registration, the registered manager had assured us they would be able to recruit enough staff.

Using medicines safely
● People's medicine was not managed safely and could place them at risk of harm. People and their relatives told us they were happy with the support they received around their medicine.
● Care plans lacked detail or guidance to ensure medicine was administered or supported consistently and safely. Systems were not in place for people prescribed patches to administer medicine in line with manufacturers guidance. This meant there was a risk that the wrong level of medicine could be administered.
● People who had medicines administered from a compliance aid had a record they had been administered. Although nothing was in place to state what medicines were administered or whether the medicines were in line with the medicine list in the care plan. This placed people at risk of receiving inappropriate medicine.
● Staff administering medicine had no competency checks to ensure they were acting in line with best practice. Neither had the provider provided any of the training being relied upon.
● People who needed 'as required' medicine lacked guidance to ensure consistent use. Neither had the

actual dose administered been recorded to allow for accurate stock checking.

People were placed at risk of harm because medicines were not managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

● We were somewhat assured that the provider was using PPE effectively and safely. People told us staff were wearing PPE and staff said they had access to plenty. However, it was not clear that all staff, including the registered manager, were confident when PPE needed replacing during support. We signposted the registered manager to guidance about this.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

● Lessons were not being learnt when things went wrong because systems were not in place or effective. Accidents and incidents were not being recorded. The registered manager did not have the time to follow up due to covering care shifts.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People and their relatives felt staff had the training to support them. However, there was a reliance on other providers delivering training to staff. No systems were in place to check staff competencies. The registered manager was unable to tell us the content of staff training they had certificates for.
- New staff completed shadow shifts with the registered manager as part of their induction. There were occasions the registered manager's knowledge did not reflect they had the skills to complete competency assessments. For example, when asked about best practice on medicine administration they were unclear.
- Staff told us had they not been trained elsewhere they would struggle to deliver care and support like they do for people.
- Systems were not in place to monitor staff training. This meant the provider had no oversight of when staff training required refreshing or which staff had completed training to meet people's specific needs.

Systems were not in place to ensure people were supported by staff who had received adequate training or had competency meet their needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not being supported by a provider and registered manager who understood the standards, guidance and law they were governed by. Throughout the inspection the registered manager required support from the inspection team to understand these. The registered managers responses did not always reflect answers provided at the point of registration with CQC.
- People had been assessed prior to care being delivered. However, care plans lacked information in line with guidance and standards to ensure they received consistent care in line with best practice. Neither did they always contain details of what was discussed. Examples were seen around multiple health conditions and needs that people had.

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

- People told us that if they need support preparing meals then staff helped them. Staff talked us through how they supported people to get their breakfasts.

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

- People told us staff followed guidance from other health and social care professionals. Staff confirmed

they always reported any concerns to the registered. However, it was not always clear how timely referrals were made.

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.

● People were supported by staff who knew to seek consent prior to helping them with anything. Staff were clear they always checked with people prior to completing any tasks.
● However, care plans lacked detail to demonstrate those with potentially fluctuating capacity had decisions considered in line with legislation. For example, when people had dementia no capacity assessments or best interest decisions had been completed about decisions around medicines management.

We recommend the provider consider current guidance on recording decision making for people who lack or have fluctuating capacity and take action to update their practice accordingly.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were supported by kind and caring staff who knew them well. Comments included, "[The staff] are most supportive and very, very helpful and caring" and, "The care has been excellent, and my mother would confirm this."
- Staff demonstrated kind and caring approaches when talking about how they supported people. Their actions supported this such as staying a little longer to support a person and prevent them from being rushed.
- The registered manager was passionate about wanting to make a person-centred service when only the right staff were providing the support. Their aim was each person had a small amount of consistent care staff to ensure they received the best care possible.

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

- People were clear they could express their views and be involved in making decisions about their care. One person explained how they had experience of being able to tell staff what they want and when. A relative told us, "Everything is always discussed."
- Staff were clear they involve the person when delivering care. This was from what they wanted to eat for breakfast to how they wanted support to get up. However, care plans lacked information that the staff all held.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible. Comments included that people were able to still manage their own medicine with prompting and do as much as they could themselves.
- Staff told us they always encourage people to complete as much as they could themselves. They knew to always knock before entering people's homes and announce who they were. When describing how they supported people with intimate care it was clear they respected dignity.

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were at risk of being met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People and their relatives told us that care being delivered was personalised in line with their needs and preferences. When the staff and registered manager spoke about people they clearly knew them well. However, care records were not reflecting what we were being told.
- Care plans lacked contents to ensure people received support in line with their preferences, best practice and consistently. They did not reflect knowledge that the registered manager had collected during the assessment period. Information in most care plans was therefore minimal. Neither did they clearly identify how people wanted to be supported to ensure consistency from staff.
- All care plans had been created using a bought package. These had not been personalised to only include information relevant to the person. Standard statements had been left in the care plan which were not personalised or informative about the person it was about.
- People had not had their end of life decisions and wishes recorded in care plans to provide guidance for staff. This meant there was a risk of these not being followed. The registered manager talked us through discussions that had been held during the initial assessment which covered this.

Systems were not in place to ensure people had accurate, complete and contemporaneous records including a record of the care and treatment provided which is a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were having information shared to them in a method they understood.

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

- People were supported to maintain contact with their family and friends. The registered manager worked well with them.

Improving care quality in response to complaints or concerns

- Systems were not in place for managing complaints or concerns even though a policy was in place. The

registered manager told us how they had acted when concerns were raised to them. Although there were no clear records in place to demonstrate this.

- People and relatives told us they had no complaints or concerns about the support being received.
- Following the inspection, the registered manager shared a new system they set up to manage concerns and complaints in the future.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Systems were not in place, or not being used, to ensure the quality and safety of people's care was met. As a result, it was not clear whether people were being kept safe from potential risks and receiving consistent support.
- The registered manager lacked the ability to apply in practice current guidance, legislation and standards. Neither were they ensuring policies they shared at registration were being followed. Examples included recruitment, medicine management and assessing risks.
- The provider was not ensuring people were supported by staff who had received training to ensure they were competent and safe to deliver support to people. When training was shared from a previous organisation no checks on competency of staff or the content of the training.
- The provider lacked systems that recognised concerns found during the inspection. Wide ranging concerns were identified by the inspection team which the registered manager was unaware of.
- Multiple breaches of regulation were identified at this inspection.
- The provider had no external oversight to review systems and provide assurance. This meant there was a reliance on CQC, as the regulator, to complete these checks.
- The provider had not always submitted statutory notifications in line with the requirements. These were about notifiable events in line with legislation to allow CQC to check appropriate action had been taken. For example, no notifications had been sent about an unexplained wound or a person missing a visit from staff due to missed communication.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was open and transparent throughout the inspection. They wanted to learn and work with CQC to get things right. The registered manager had already applied for a mentor through a scheme run by a reputable organisation.

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 was not clear about their roles and responsibilities in line with legislation. We talked them through how to meet the regulations including duty of candour.

We recommend that the provider ensures their understanding of the duty of candour and updates their practices accordingly.

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

● People and relatives were clear the registered manager was creating a service that was open, person centred and empowering. Comments included, "[Registered manager] has always discussed everything and usually in contact with them" and, "I knew the team who would support me and knew that from the beginning."

● Staff were demonstrating these values when we spoke with them. Comments included, "[Registered manager] guides them and realises what is going on" and, "[Registered manager] is very cooperative and does not mind if extra hours are needed to deliver care."

● The registered manager communicated to us that people were at the centre of every decision they make. They regularly visited staff delivering care to make sure it was up to her standard.

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

● People and relatives felt engaged and told us they regularly spoke with the registered manager. The registered manager told us they were in regular contact with each person and would try and visit them at least once every two weeks. All people had their phone number.

● Staff felt they were listened to and supported by the registered manager. They confirmed they had received supervisions and could share their ideas through these. One staff member said, "[The registered manager] has done supervision with me. From time to time [the registered manager] will show or ask [them] what have [they] been doing and sometimes [the registered manager] will also come in and update [them] about the change. [The registered manager] will always come around."

● Systems were still being developed to formally record all the action the registered manager had taken to involve people, relatives and staff.

Working in partnership with others

● The registered manager was starting to develop links with other health and social care professionals.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not in place to ensure potential risks to people were mitigated and medicines were managed safely.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not in place to ensure people were being kept safe from potential abuse.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems were not in place to ensure people were supported by safely recruited staff in line with regulations.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems were not in place to ensure people were being supported by competent, trained staff.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to ensure people had accurate, complete and contemporaneous records. Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.

The enforcement action we took:

We have warned the provider to make improvements in 10 weeks which we will then check.