Primary Health Team Ltd

Primary Health Team Ltd Southwest

Inspection report

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

Date of inspection visit:
05 May 2023

Date of publication:
12 July 2023

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Primary Health Team Ltd Southwest is a domiciliary care agency providing personal care to people who live in their own homes. They also provide live-in support to people. At the time of the inspection there were 6 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
At our last inspection in September 2022 we warned the provider the service must improve in several areas. At this inspection we found the required improvement needed had not been carried out. The registered manager was still working directly with people giving them little time to complete management tasks. Recruitment was still not completed in a safe way and systems introduced to keep people safe were not effective.

The registered manager had introduced some auditing systems but the audits we reviewed did not always identify issues; when they did, the registered manager did not always act upon what was found.

A new electronic recording system had been introduced to ensure all information on people was accessible and comprehensive. At the time of the inspection not all information had been moved to the new system. The information that had been transferred at times lacked detail.

The registered manager had introduced a training matrix to ensure they knew what staff had received training, but this reflected that not all mandatory training had been completed by staff.

People and their relatives told us that they were happy with the support they received and they felt the level of care was good.

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 requires improvement (published 7 December 2022) and there were breaches in regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

We also informed the provider they needed to improve the governance systems to run the service. They had not improved them.

Why we inspected
We carried out an announced comprehensive inspection of this service on 29 September 2022. Breaches of legal requirements were found. We served a Warning Notice around good governance. For concerns around safe care and treatment, safeguarding, staffing including training and recruitment we asked the provider to send us action plan. The provider completed the action plan to show what they would do and by when.

We undertook a targeted inspection to check they had complied with the Warning Notice and to confirm they now met legal requirements. However, they had not. So, we expanded the inspection to look at the whole of safe and well-led as part of a focused inspection. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

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 requires improvement to inadequate based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primary Health Team Ltd Southwest on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to providing safe care to people, ensuring there was adequate management oversight and employing people in a safe way at this inspection.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

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 carried out the 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.

Notice of inspection
We gave the service 10 days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager, who was the provider, would be in the office to support the inspection.

What we did before the inspection
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 reviewed the last inspection report for the provider and their improvement plan. We used this information to plan our inspection.

During the inspection
We spoke to 5 relatives of people who use the service, the registered manager and 2 members of staff. We reviewed paperwork and systems used to support people including care plans, medicine management and audits. We reviewed recruitment files for 2 members of staff.

Inadequate

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 requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to assess, monitor and mitigate risks to people's safety which placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- The registered manager had not always ensured risks associated with moving and handling were recorded and appropriately assessed, this placed people at risk of harm.
- One person used bed rails, slide sheets and a standing aid to assist with moving and preventing falls. There were no risk assessments in place to ensure the risk of using this equipment was reduced. This put the person at risk.
- The registered manager had introduced a new electronic care plan system which was being updated when we inspected. This meant some people's information was in 2 places which meant staff may not be able to follow care plans safely. At the time of the inspection the system did not have risks identified recorded.
- Care plans we reviewed lack detail of how to support people safely. Following the inspection, the manager sent us care plans which had been added to the electronic system. They had added more detail but some records, such as moving people and medicine management still lacked detail.
- We saw the registered manager was supervising staff but there was no evidence they were monitoring the quality of work by completing reviews and audits of support delivered by staff.

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

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to have systems in place to manage safeguarding concerns. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

● The registered manager had identified times where people had acquired unexplained bruises, however they had failed to take any action to report this to the appropriate authorities. This meant no external monitoring was occurring.

People were not safeguarded from the risk of abuse and harm; this was a continued breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People's relatives told us that they felt safe whilst receiving support. One relative told us staff were "doing a great job"; another relative told us they were "very happy" with the support they received.
● The registered manager had ensured all staff had attended online safeguarding training.

Staffing and recruitment

At our last inspection the provider failed to establish systems to recruit staff safely which placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

● Staff were not recruited following safe recruitment legislation or in line with the provider's policy. This put people at risk of potential harm.
● New staff had been employed since the last inspection. One member of staff's application form and reference had different dates of employment on them, and another member of staff did not have a full employment history. The registered manager could not demonstrate that they had attempted to address these issues.
● New members of staff were lone working before a Disclosure and Barring Service check had been received. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This put people at risk of being supported by people who were not of good character.

Systems to recruit staff continued to be unsafe which put people at risk. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely: Learning lessons when things go wrong

At our last inspection the provider failed to establish systems to manage medicines safely which placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

● People were not always being given their medicines safely. We found 1 person's medicines had been stopped by a health professional, but staff were still recording they had administered it. This meant the person was taking medicines that were not being prescribed for them and put them at risk of harm.
● One person's relatives told the registered manager that the doctor had stopped their medicines. The registered manager did not seek confirmation from the doctor that this was the case.

● One person was taking a high-risk medication that needed a risk assessment in place to ensure the person's safety. The registered manager had failed to ensure one was completed.
● We found issues with "as required" medication for people. There was no person specific protocols in place for 2 people and this meant they were at risk of not having their medication when they needed it or administered consistently.
● One person needed their medication at a specific time, but this was not recorded on their medicine administration record (MAR), meaning we could not be sure if the medicine was being given in line with prescribing instructions.
● Not all MAR sheets had all the correct information about medicines on them. This put people at risk of having the incorrect doses given to them.
● The provider had introduced medicine audits to review service delivery. However, we found on inspection the audits we reviewed did not always identify problems. When audits found issues, the provider did not identify learning from them to ensure they introduced the changes needed to prevent recurrence.
● One person's MAR audit did not identify that information from one MAR sheet had not been moved to the new MAR sheet. This meant the person was at risk of not receiving their medicine as prescribed.
● The provider did not have effective recording for accidents and incidents, so trends and themes were not being identified. This put people at risk of harm from further similar incidents happening.

People continued to be placed at risk of harm because medicines were not managed safely, and the provider did not have effective recording systems in place. This was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate

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 the service as requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection we found the provider failed to have systems established to assess, monitor and mitigate risks to people's health, safety and welfare which placed them 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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems and processes to ensure good governance of the service had not been implemented and management tasks were not being completed. This was because the registered manager was delivering care and did not have time to carry out their management role.
- The registered manager did not have systems in place to make sure the service complied with regulations. For example, supporting medicines management, carrying out risk assessments or performing safe recruitment practice. This meant people were put at risk of harm.
- Staff were not signing out on daily records when they had competed visits. The provider had not identified this issue and could not be sure staff were delivering the correct support in the correct time frame to people.

- The registered manager failed to report safeguarding incidents to the local authority and failed to notify CQC as required by law. This prevented external bodies from providing additional scrutiny to keep people safe.
- The registered manager had attended some local forums but had not networked to find a mentor or coach to support them to safely develop the service.
- The registered manager had not used external services to complete checks on the service. As they were delivering most of the care this meant they did not have a clear view of if the service was safe and well-led.
- The provider had a training matrix in place to monitor staff training, however some staff had not completed refresher training as required.
- The provider had not implemented a system of checking and auditing care to ensure its provision was of a good standard.
- The provider had continued and multiple breaches of regulation that had not been addressed appropriately since the last inspection.

The provider failed to have systems In place to assess, monitor and mitigate risks to people's safety and welfare. This put people at a risk of harm and is a continued breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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.

● At our last inspection we recommended the provider updated their practice and understanding on the duty of candour. At this inspection the provider did not demonstrate they had developed an appropriate system to ensure duty of candour would be acted upon if 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's relatives told us they felt the registered manager engaged with them well, they were confident if issues were raised they would be dealt with. One person told us, "It is quite easy to speak to registered manager", another told us "Every time I need to speak to them they come to the house."

● Staff told us they received regular supervisions and were able to feedback daily when needed.

● Records demonstrated health professionals had been contacted to help meet people's health needs. This included health professionals such as community nurses and occupational therapists, however the registered manager had not consistently contacted professionals when they should have.

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

● People's relatives told us they felt able to talk to the registered manager and they were approachable, "Very flexible" and always fitted in with the person's needs.

● Staff told us they were confident about approaching the registered manager and would raise concerns if they needed to.