



## Inspection Report on

**Primacy Care Ltd**

**Sophia House  
28 Cathedral Road  
Cardiff  
CF11 9LJ**

## **Date Inspection Completed**

24 August 2022

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## About Primacy Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Primacy Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	15 July 2021
Does this service provide the Welsh Language active offer?	The provider is working towards providing the 'Active Offer' in relation to the Welsh Language

### Summary

This was a focused inspection, so we did not consider each theme in full. Primacy Care Ltd provides care and support to individuals in their own home and the Responsible Individual (RI) is the sole owner of the service. Since the last inspection, it has been a challenging time for the service due to recruitment of care workers, the extra workload following the vacant positions in the office and other matters affecting the performance of the service. This has impacted on the lack of overall governance to assess and evaluate the quality of care which was a missed opportunity to ensure issues are resolved. We have issued a priority action notice and the service provider assured us that immediate action will be taken.

We found that the management team are committed and passionate about the service. Staff told us '*management genuinely care*' and the '*management team are approachable and supportive*'. Staff are given information about the care and support people require at each call, but this should also include access to full assessments prior to supporting people. People appear satisfied with the service they receive but there needs to be improved oversight of the duration and allocation of call times to ensure people receive the right care at the right time to protect them from harm.

### Well-being

People are encouraged to have control over their day to day lives. People or their representatives are involved in choosing the care and support they receive. People's care and support plans are detailed, and person centred to inform staff how best to support the individual and their preferences. However, staff should also have access to the full care plans and risk assessments. Personal care plans are regularly reviewed but this should also include risk assessments to ensure risks are regularly assessed and updated if required. People are given the opportunity to contribute to their review meeting to share their views.

People are not always protected from harm. Staff receive safeguarding training to understand their role and responsibilities in protecting people they support. The safeguarding policy requires revision to be reflective of the Wales Safeguarding Procedures and all staff must be aware how this can be accessed. Some people do not receive the full duration of their call times and some calls are close together. This could place people at increased risk of harm, particularly when there needs to be regular intervals when supporting people with their medication, nutritional intake, and repositioning.

There needs to be improved oversight of the quality and effectiveness of the service. Since the last inspection, the service has experienced a challenging time. We found that this impacted on the lack of internal governance and auditing which was a missed opportunity to identify and address the issues affecting the operation of the service. Although we found no direct impact for the majority of people using the service, this requires immediate action as there is a potential to compromise people's care, well-being, and safety. Staff receive regular support but would value the opportunity to meet as a team to share their views and information. Staff told us that the manager is '*great and gets things done, we have lots of confidence in her*'.

## Care and Support

The management team visit people in their homes to undertake an assessment of the environment and of their support need and preferences. We found an instance when this process was not followed which can place the person at risk of receiving incorrect care, this is particularly important for new staff. The staff are given access to an online electronic app which is monitored from the office. This informs staff of the support required at each call. We found that people's full personal plans and risk assessments are detailed, and risks are identified to enable staff to meet people's personal outcomes. A copy of the detailed assessments is available in the person's home, but these are not always uploaded to the online app for staff to view prior to supporting a new person. The lack of knowledge can lead to people at risk of being safeguarded quickly and effectively. The service provider gave assurance that this would be immediately addressed. Staff told us that they are kept informed of changes and care plans are updated when needed. Care plans are regularly reviewed but this should include risk assessments to confirm if the measures in place remain effective to enable staff to safely support people. People are encouraged to raise concerns which are acted upon, we noted that overall people are satisfied with the service they receive.

There must be improved oversight of the management of calls to ensure people are protected from harm and improper care and support. The call records show that there are instances when care staff are not always staying for the full duration of the individual's allocated call time. This is contrary to people's care plans; we cannot be assured that people's personal outcomes are being met and they do not feel rushed by staff. We found some instances when some calls are planned close together when they should be at regular intervals as detailed in their care plan. This could cause serious problems where care workers are required to prompt an individual to administer medication. Individual's health and well-being can be seriously compromised due to increased sedation levels, risk to skin integrity if not regularly repositioned and hydration and nutritional intake needs not being met. Some staff receive travel time, but we found that this is not always the case for everyone. Staff told us that this can increase pressure on staff as they run late to their next call and finish work later than expected. The lack of call auditing and oversight has failed to identify and address these issues. The service provider told us that they recently became aware of this issue and gave assurance that immediate action would be taken.

## Leadership and Management

The Responsible Individual (RI) shows compassion and dedication to her role. The manager told us that the RI is '*approachable, supportive and always there for us*'. We noted that the RI spends a considerable amount of time in the office and actively involved in the daily operation of the service. This is because there have been some new members to the management team and whilst trying to recruit two other office positions. Since the last inspection, this has proven to be a very challenging time for the service. Whilst we appreciate the issues impeding the service, this resulted in a failure to formally monitor the service and has resulted in compliance issues which can significantly compromise the health, safety and welfare of people using the service and the workforce. We noted some records that identified that the RI was aware of concerns in some areas but failed to test that the actions expected were carried out. We found a lack of general audit systems in place in relation to call records, care files, safeguarding and accidents/incidents. This is a missed opportunity to identify patterns/trends and remedy where failings are found. The quality care report was not available to view which evaluates the overall quality and safety of the service. We have issued a priority action notice and expect for immediate action to be taken. Following our inspection visit, we are aware that the management team are already taking action to secure the necessary improvement.

There is a management team that is well respected and valued by the staff team. During the inspection we saw the RI and the manager closely working together to ensure they were responsive to incoming calls which was professional and informative. The staff we spoke with were complementary of the RI and Manager. Most of the staff confirmed that they regularly see the RI in the office. They told us that '*the manager is always available for a chat and hands on*'. All staff felt confident to approach the RI and Manager with any issues of concern. A care worker told us '*I feel respected and listened to*'.

People benefit from staff who are well inducted to the service, but they should have access to regular update training. We found that staff receive an induction workbook and training for their role. However, the majority of staff have not received refresher training in most areas. The staff told us that they are given the opportunity to be mentored by other experienced staff. Staff receive supervision, appraisals, and spot checks to monitor their practice. There is no support and development policy in place that details how the staff will be supported to undertake learning and development to fulfil the requirements of the role. We found that care staff do not receive regular opportunities to meet collectively as a team to share their views and receive information. This is contrary to the statement of purpose.

We saw many occasions when some staff are required to work long days, often without sufficient rest breaks, which is an unsafe practice. A few staff told us that even when there are breaks allocated, these cannot always be taken as they are running over the call times due to lack of travel time in-between calls. This can impact on care workers health and

decrease productivity, poor performance and lower staff motivation. All the domiciliary staff are employed under 'non-guaranteed hours' contracts, but staff rotas show that many of the care workers consistently work regular hours. The service provider must give a choice of continuing to be employed under a contract of employment in accordance with the conditions set out in the regulatory requirements. The RI assured us that there would be effective arrangement in place to ensure that all staff are appropriately registered with the Social Care Wales.

Most policies are up to date to guide staff. As a part of the staff induction process staff receive training and detailed guidance for the role they perform. This includes safeguarding training to understand the different types of abuse and how this should be reported. However, the internal safeguarding policy is not up to date and reflective of the Wales Safeguarding Procedures. All staff should be aware of how to access the policy if needed. The on-call policy should identify that staff can contact the service 24hrs per day including weekends should they have any concerns or safeguarding issues.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
6	The service provider has failed to deliver the key objectives described in the statement of purpose document. There are no clear arrangements for the oversight and governance of the service.	New

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement



Regulation	Summary	Status
7	<p>The service provider is not ensuring the service is run in accordance with the statement of purpose. This is a breach of Regulation 7 (1). This is because the statement of purpose indicates there is a named responsible individual who has oversight of the service, and the statement of purpose has not been updated to reflect changes in organisational structure. Whilst there is some oversight by the provider, this is not in line with the formal monitoring that would be undertaken by a nominated RI. The document would also benefit from outlining the parameters in which the provider aims to deliver call times.</p>	Reviewed

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