

UK Prime Care Services Limited

UK Prime Care Services

Inspection report

209 Bow Business Centre
153 - 159 Bow Road
London
E3 2SE

Tel: 02086164640
Website: www.ukprimecare.com

Date of inspection visit:
20 January 2023
24 January 2023

Date of publication:
28 February 2023

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

UK Prime Care Services is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger adults, older people, including people living with dementia.

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.

At the time of the inspection the provider was supporting 9 people across 4 London Boroughs.

People's care was funded through a local authority direct payment agreement. A direct payment is the amount of money that the local authority has to pay to meet the needs of people and is given to them to have control and choice over who they choose to provide their care.

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

This was a targeted inspection that focused on the management of risk, the management of medicines, how the provider ensured people consented to their care, safer recruitment practices and the overall management of the service.

Based on our inspection of these areas, whilst we found the provider had made a number of improvements with the service, not all of them had been fully addressed in line with the providers action plan.

Although the issues we found did not directly impact the level of care and support people received, improvements were still needed with the management of medicines and the governance systems within the service.

People and their relatives continued to be extremely positive about the service and highlighted the benefits of having staff who spoke their first language to help communication and to understand their cultural needs.

People and their relatives were confident in the management of the service and had regular communication and opportunities to feedback about their care.

People and their relatives continued to tell us the positive impact the care they received had on their lives. One relative told us staff regularly stayed longer to support their family member, which was always greatly appreciated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported by staff who felt valued as part of the organisation and were dedicated towards providing good care. Staff continued to speak positively about the supportive working environment.

The provider acknowledged they had not made all the necessary improvements since the last inspection. Whilst they were working on all areas, they had not been able to implement everything from their action plan and was still a work in progress.

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 21 September 2022) and there were four continued breaches of regulations. We issued a Warning Notice after the last inspection and the provider completed an action plan to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also checked the provider had met requirements for 3 further breaches of regulations from the last inspection.

The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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

Although improvements were found and the provider was working towards making further improvements across the service, not enough improvement had been made regarding the management of people's medicines and the governance of the service. Further improvements were still in the process of being implemented. Please see the safe and well-led sections of this report.

Enforcement

We have identified repeated breaches in relation to safe care and treatment regarding the management of medicines and good governance.

We have sent a Regulation 17(3) Letter to the provider in relation to their failure to effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activities. A Regulation 17(3) Letter stipulates the improvements needed to meet breaches of regulation, seeks an action plan and requires a provider to regularly report to CQC on their progress with meeting their action plan.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan to understand what they will do to improve the standards of quality and safety. We will also share this with the relevant local authorities while we 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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

UK Prime Care Services

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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

UK Prime Care Services is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

The previous registered manager deregistered on 15 June 2022. They had not been involved in the previous inspections carried out in October 2021 and July 2022. They had also not been responsible for the day to day running of the service. We liaised with the nominated individual throughout this inspection and the previous inspections. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

At the last inspection, the nominated individual told us a manager was in the process of being recruited and was in the early stages of the application process. However, the manager was no longer part of the organisation and their continued to be no registered manager responsible for the running of the service.

Notice of inspection

We gave the provider a few days' notice because we were aware they were a small service and not always located in the office and we needed to ensure they would be available to assist us with the inspection.

Inspection activity started on 19 January 2023 and ended on 6 February 2023. We requested a range of documents related to people's care that were sent to us by the provider between 19 and 24 January 2023. We visited the office location on 24 January 2023 to see the nominated individual and to review further records related to the service. We made calls to people who used the service, their relatives and care staff between 19 and 6 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR) dated 17 November 2022. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the previous inspection report, the warning notice that was served and the provider's action plan that was submitted after the last inspection. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records related to 6 people's care and support. This included people's care plans, risk assessments, medicines records for 1 person and 4 staff files in relation to recruitment. We also reviewed records related to the management of the service, which included daily care logs, samples of staff supervision and policies and procedures.

We spoke with 6 staff members. This included the nominated individual, the care coordinator and 4 care workers.

We contacted 5 people and spoke with 1 person and 3 relatives as not everyone was able to fully communicate with us over the telephone.

We provided formal feedback to the nominated individual via email on 27 January 2023.

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 this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next inspection of the service.

Using medicines safely

At our last inspection the provider had failed to have robust processes in place to support the management of people's medicines. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider had made improvements in this area, there were still some areas where further improvement was needed and the provider was still in breach of regulation 12.

- The provider was still supporting the same person with their medicines since the last inspection. The provider had liaised with the pharmacy and made sure the person's medicine administration record (MAR) chart was now updated and in line with best practice from The National Institute for Health and Clinical Excellence (NICE) guidelines for managing medicines for adults receiving social care in the community.
- However, the medicines information within the person's care plan was not always updated when there were changes in their medicines, either with new medicines being prescribed, or current medicines being stopped. This meant there was not an accurate and up to date record of the person's medicines.
- At the last inspection, we found the care worker who supported this person with their medicines had not had their competency assessed in line with best practice. The nominated individual acknowledged whilst the staff member had completed medicines training, their competency had still not been assessed.

Although we found no evidence that people had been harmed, the provider failed to have robust processes in place to support the management of people's medicines. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the nominated individual who acknowledged the shortfall and said they would address the areas where improvements were still needed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Actions had been taken since the last inspection and improvements were seen in the level of detail included within people's risk assessments. Where people had reduced mobility and needed support with transfers, records highlighted the possible risks and included the guidance for staff to follow to help keep them safe.
- Care records for one person had also been updated to include more detailed information about how they were supported to stay safe when in the community. The care worker told us since the last inspection the nominated individual had discussed the procedures for them to follow, which had been very helpful.
- Staff had a good understanding of people's needs and were able to explain any associated risks and the measures in place to reduce risks and keep people safe. One care worker said, "They have given us more information about making sure we are transferring people safely."
- People and their relatives continued to tell us they received a safe service and felt staff had a good understanding of their needs, especially where moving and handling support was needed. One person said, "I feel very safe with my carers. They are very gentle when moving me. They ask me if I'm OK and they know how to use the equipment."

Staffing and recruitment

At our last inspection the provider had failed to have robust recruitment processes in place to ensure persons employed had the right skills and experience. This was a continued breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Improvements had been made to ensure safer recruitment procedures were now being followed to ensure staff were suitable to work with people who used the service. The nominated individual had taken on board the feedback and reviewed the relevant legislation to help them have a better understanding of their regulatory requirements.
- The provider's job application form had been updated to highlight the requirement for applicants to provide a full employment history and record any gaps in their employment. Improvements were seen in how references were obtained and interview assessments were now being formally recorded.
- The nominated individual told us they had prioritised this area to make sure they had a better understanding of the correct processes to follow for newly recruited staff.

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 this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next inspection of the service.

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 Act 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.

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.

At our last inspection the provider was not working within the principles of the MCA because the provider did not always determine people's capacity to consent to their care. This was a continued breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The provider had implemented mental capacity assessments since the last inspection and had reviewed all of the people using the service to ensure they were working within the principles of the MCA.
- Where appropriate, care records highlighted where people had fluctuating capacity and their ability to make specific decisions about their care. It was clearly recorded who had been involved in decisions in people's best interests, including information from the relevant health and social care professionals.
- The nominated individual had also sought informal advice from health and social care professionals within the homecare sector for advice and guidance on the MCA to help have a better understanding of their requirements.

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 this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next inspection of the service.

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 the provider had failed to have robust quality assurance systems to ensure there was an accurate and complete record of the care and treatment people received. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although there had been some improvement in this area since the last inspection, improvements had not been fully implemented and the provider was still in breach of regulation 17.

- The nominated individual acknowledged they had not been able to fully implement all the necessary improvements that had been put in their action plan after the last inspection. A range of internal audits had not been carried out and some of the issues we continued to identify during the inspection had not been picked up.
- Whilst daily care logs continued to be returned to the office, there was not a robust system in place for auditing to identify areas of learning or improvement. There were examples where times for care visits had not been recorded and tasks were being completed that were not part of the agreed care.
- The provider's action plan stated they would be conducting internal audits and mock internal inspections to ensure they were compliant with all regulations. The date for this to be actioned was 30 November 2022, but this had not been done. Quality assurance processes continued to not be formally recorded.
- We discussed these issues with the nominated individual during the inspection who said they had prioritised areas related to risk and recruitment, which had impacted them on the governance of the service. They added, "This is the key part of the next stage we are working on."

We found no evidence that people had been harmed however, quality assurance systems were still not robust enough to demonstrate there was an accurate and complete record of the care and treatment people received. The provider failed to have effective quality auditing systems and processes to assess, monitor and improve the quality of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this, people and their relatives remained positive about the management of the service and the

care they received. Comments included, "[Family member] is happy which is the main thing and they help them to have the best life possible" and "[Nominated individual] always asks if I am happy with my care and encourages me to speak up about anything. I am very happy."

- Staff told us they felt the nominated individual had worked extremely hard to address the issues from the last inspection. Staff continued to be positive about the nominated individual and the friendly and supportive environment they created.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not always managing people's medicines safely.</p> <p>Regulation 12 (1) (2) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have effective quality auditing systems and processes to assess, monitor and improve the quality of the service.</p> <p>The provider did not always maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.</p> <p>Regulation 17 (1)(2)(c)</p>