

Primecare Support Limited

# Prime Care Support Limited

## Inspection report

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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?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Prime Care Support Limited is a domiciliary care agency providing personal care to people in their own homes, some of whom may live with dementia, may be autistic or living with a learning disability. At the time of inspection, 93 people were receiving the regulated activity of personal care.

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 the wider social care provided.

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

**Right Support:** Staff did not always retain information from training completed, and the provider did not have a robust process to continually review staff knowledge.

We have made a recommendation for the provider to review how they check staff knowledge following training completed.

Staff mostly communicated in a way people could understand. Trained staff supported people with their medicines, however, some protocols and procedures required improvement. People were involved in planning their care, and their desired outcomes were recorded. Staff promoted people's independence and encouraged choice.

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 interests; the policies and systems in the service supported this practice.

**Right Care:** Some people, their representatives and staff told us when care visits were delayed, communication was not always effective.

We have made a recommendation for the provider to review their communication methods with people, representatives and staff to make improvements.

People mostly received their care calls at the expected time, and we found planned care calls were reflective of contractual agreements. Risks to people had been assessed. However, some risk assessments required

review to ensure the information was accurate, and reflective of people's needs. Staff promoted people's dignity, privacy and human rights.

Right Culture: The quality assurance systems had been reviewed by the provider, since the last inspection, and progress was notable. However, further time and improvements were required to ensure the systems are robust in identifying and addressing shortfalls.

A new manager had been recruited since the last inspection. Staff told us they felt able to approach the management team, and the provider, with concerns. However, feedback received from people, their representatives, and staff, indicated general management communication, and responsiveness, could be improved.

The new manager, provider and care team were passionate to further improve the service. For the most part, staff recognised when people's needs changed, and the provider made timely referrals to external healthcare professionals to ensure effective care and support was in place. A comprehensive service improvement plan was in use, and the provider was responsive to feedback throughout the inspection process.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 21 June 2022) and there were breaches of regulation. At this inspection we found improvements had been made, and the provider was no longer in breach of all the regulations found at the last inspection. However, the provider was still found to be in breach of two regulations at this inspection.

At our last inspection we recommended the provider review their renewal process for Disclosure and Barring Service checks of longstanding staff, and their food hygiene procedures. At this inspection we found the provider had acted upon both recommendations made, and reviews had been completed.

This service has been in Special Measures since 01 November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

#### Enforcement and Recommendations

We have identified two continued breaches in relation to safe care and treatment, and good governance, at this inspection.

Furthermore, we have made two recommendations to the provider at this inspection. We recommend the provider further reviews their communication methods with people, their representatives and staff. And, we recommend the provider establishes an effective process to confirm training effectiveness and knowledge retention with staff.

We issued two warning notices to the provider in response to breaches of regulation 12 (safe care and treatment) and regulation 17 (good governance). We have imposed a timescale for the required improvements to be completed.

Please see the action we have told the provider to take at the end of this report.

#### 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 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **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** ●

# Prime Care Support Limited

## 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

This inspection was carried out by two inspectors, a medicines team inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats, and specialist housing.

#### 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 not a registered manager in post. However, a new manager had been recruited, and had begun the application process to register with the Commission.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 23 November 2022 and ended on 21 December 2022. We visited the location's office on 23 and 24 November 2022.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service, and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). 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 used all this information to plan our inspection.

### During the inspection

We spoke with nine people who used the service and 12 people's representatives about their experience of the care provided. We made follow up calls to four representatives to further discuss the feedback they provided. We spoke with 15 members of staff, including the manager, business manager and the nominated individual. The nominated individual is also the provider, and therefore responsible for supervising the management of the service.

We reviewed a range of records relating to staff. This included recruitment documentation, induction, training and supervision records. We also viewed specific care records for 34 people. Records viewed included care plans, risk assessments, monitoring documentation, medicine and care visit records. Additionally, we reviewed quality monitoring documents, policies and other records relating to the management and oversight of the service.

We held video calls with the provider, manager and business manager in addition to our visits to their office location.

# 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 inadequate. At this inspection the rating has changed to 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.

### Using medicines safely

At our last inspection the provider had failed to ensure staff administered and managed people's medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst there had been improvements, further work was required, and the provider remains in breach of regulation 12.

- Since the last inspection we found improvements had been made in using medicines safely. However, some areas required further improvement to ensure medicines were administered following the prescriber's instructions. Furthermore, where people were prescribed variable dose medicines, for example, one or two tablets; or two different types of medicines for pain, guidance needed to be expanded for staff.
- Some people were prescribed medicines which needed to be taken at least 30 minutes before other medicines. Directions were available for staff; however, we found these medicines were documented on the medicine administration record to be given at the same time as all other morning medicines.
- People who had been prescribed medicines on a when required basis had written plans in place. However, the information included was not always sufficient to inform staff when to administer these medicines. For example, we saw the reason for administration stating, "Please ask me how much pain I am in or what the pain is, then the decision can be made as to whether 1 or 2 tablets are to be given." But the plan did not go on to describe in detail what staff should be looking for to help make that decision to administer one or two tablets.

We found no evidence people had come to harm, however, improvement continued to be required in some areas of medicine's management. This is a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff administering medicines had completed safe management of medicines training and staff were being assessed for their competency to administer medicines safely. One person told us, "The [staff] give me my medication and everything has been fine." A person's representative said, "There have been no problems with medication."

### Assessing risk, safety monitoring and management



At our last inspection the provider had failed to robustly assess the risks relating to the safety and welfare of people. This had 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.

At this inspection, whilst there had been improvements, further work was required, and the provider remains in breach of regulation 12.

- Since the last inspection people had been assessed for specific risks based upon their needs. This included risk of pressure sores; health conditions such as epilepsy and diabetes, and dementia. However, we found some risk assessments did not always thoroughly reflect people's abilities and requirements.
- For example, one person's pressure sore risk assessment stated the person was fully mobile, when their mobility was restricted. Another person's medicine risk assessment did not detail their medicine allergies. Furthermore, two people were prescribed nutritional supplements due to a risk of malnutrition, however, this detail was not included within their nutrition risk assessment. This meant risk assessments did not always consider people's health conditions, medicine requirements and medicine allergies when it was required. We found no person had come to harm, however, the risk assessment process required further oversight to ensure risk identification and risk reducing actions were appropriate.

We found no evidence people had come to harm, however, improvement continued to be required in some areas of assessing risks to people. This is a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had continued to develop their electronic care planning system which enabled a more robust approach to risk and safety monitoring. The provider told us they would undertake further reviews to ensure people's risk assessments were fully reflective of their individual needs. This work began during the inspection timeframe.

## Staffing and recruitment

At our last inspection the provider had failed to ensure enough staff were available to meet the needs of people. People had experienced variable planned call visit times which were not reflective of their contractual agreements. This was a breach of regulation 18 (Staffing) 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 18.

- People told us they mostly received their care calls at the expected time, but traffic and some incidents could cause a delay. Since the last inspection the provider reviewed people's care visit times, and we found these were reflective of individual contractual agreements.
- Staff worked in specific geographical areas which helped to reduce travel time, and variable call times which had been previously experienced. However, staff said sometimes their rota was changed without successful contact from co-ordinators. One staff member said, "Overnight they might make changes, and if you don't double check you end up going to the wrong person. They send emails, but sometimes you don't have time to log in and look at the emails." Staff said this unsuccessful communication could lead to late care visits, or they may arrive to a care visit to find it had been cancelled.
- We found, since the last inspection, people and representative care visit satisfaction had improved. However, we did receive variable feedback which identified effective communication did not always take

place when staff may arrive later than expected. For example, one person told us, "They don't let me know if carers are going to be late." However, another person said, "They do let me know if the [staff] is going to be late." Staff told us they found people were not always informed of delays, one staff member said, "We ring the office to ask them to let [people] know, but they don't call and then the [person] is very upset when we arrive."

We recommend the provider further reviews their communication methods and communication procedures with staff and people where care visit times may change.

At the last inspection we recommended the provider considered reviewing and developing recruitment procedures to include Disclosure and Barring Service (DBS) check timescales for employed staff. The provider reviewed their procedures and now has an effective DBS renewal procedure in place.

- Care visit records evidenced improvements in staff arrival times, and the provider had effective oversight should staff not arrive within the agreed timeframe. Furthermore, staff compliance with signing in and out of care visits had increased.
- Staff told us they felt they had enough time with people to assist them with their required support. One staff member told us, "There is enough time for the [care visits]." Another staff member said, "We do get enough time."
- During the inspection timeframe the locations geographical area experienced cold weather conditions and snow. Staff followed the provider's contingency plan to ensure no care visits were missed.
- The provider undertook specific checks when recruiting staff which included Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure infection control processes were robust. This had 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.

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

- Since the last inspection the provider had completed COVID-19 risk assessments for people, and guidance was available to staff to mitigate risks. The provider had clear procedures in place which were understood by staff for infection control and COVID-19 requirements.
- People and their representatives told us staff mostly wore the expected personal protective equipment (PPE) when completing their care visit. A small proportion of feedback indicated, when expected, staff had not always worn face masks when entering people's homes. This information was shared with the provider during the inspection timeframe and reminders were issued to staff.
- Staff had completed infection prevention control and COVID-19 training. Staff told us they had sufficient supplies of PPE.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection systems and oversight had not been robustly established in all areas to help protect people from abuse. This put people at risk of potential harm. This was a breach of regulation 13

(Safeguarding service users from abuse and improper treatment) 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 13.

- The provider had improved their processes and had effective systems in place to help safeguard people from abuse. Staff had completed safeguarding training, and a safeguarding lead was employed at the service. A dedicated email address was available for staff to whistleblow if required. Lessons were learnt when things went wrong, and information was shared with staff.
- Staff were confident to raise concerns with management. One staff member told us, "I would phone the office straight away. I would report it again if nothing changed." Furthermore, staff told us they were aware they could report concerns to other agencies, such as the police or the local authority.
- People and their representatives told us they felt staff provided safe care. One person told us, "I feel safe with the carers, they make sure I have everything I need until they return and that the house is secure."
- The management team reviewed accidents and incidents, and lessons learnt were shared with staff to reduce the likelihood of reoccurrence.

# 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 we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to ensure staff had received effective training. This had placed people at risk of harm. This was a breach of regulation 18 (Staffing) 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 18.

- Staff received supervisions and appraisals in line with the providers procedures. New staff undertook a comprehensive induction when starting their role and were supported by experienced members of the team. Since the last inspection the provider had reviewed training provisions for all staff. Staff had completed specific training to meet the needs of people in areas such as continence and skin care. However, we found staff were unable to evidence an effective understanding of all training that had been completed.
- Staff had completed training relating to the Mental Capacity Act and its associated principles, however, were unable to explain their understanding, and how they would apply the principles in practice. This meant there was a risk people may not always be supported in line with requirements. Furthermore, we found the information staff took away from training, such as medicines, was not always correct. We found no person had come to harm; however, this should be reviewed by the provider to ensure training is effective and learning outcomes are met.

We have made a recommendation to the provider to consider how they review staff knowledge, and the effectiveness of training completed.

- From 1 July 2022, the government introduced a requirement for CQC registered services to ensure their staff received learning disabilities and autism training appropriate to their role. Staff had not completed this training, and were unaware of 'Right Support, right care, right culture'. However, the provider evidenced the required training was underway with staff to meet this requirement and address these training needs.
- The provider evidenced a thorough, supportive and detailed induction programme for staff which covered the care certificate requirements. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff told us they also had opportunity to complete further health and social care qualifications with support from their

manager.

- The provider had reviewed the training needs of 'care co-ordinators' since the last inspection, and specific workshops and training had taken place. Some training had been facilitated by the local authority, and clinical commissioning group, and included training in care planning and medicines management. Care co-ordinators told us this training had been very informative and they felt more confident in their roles.

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

At the last inspection we recommended the provider considered reviewing and developing their procedures surrounding food safety. This was to ensure considerations were made where food may be prepared for a person to consume at a later time without temperature control. Since the last inspection the provider reviewed and amended their procedures.

- People were supported with meal and drink provision where it was part of their care package. However, one representative we spoke to shared some inconsistencies with the support, which was provided by staff, and agreed to us sharing this directly with the provider. This was appropriately reviewed and responded to by the provider.
- One person's representative told us their family member had received effective support from staff for their eating and drinking needs. They said, "The [staff] sorted out a proper table for [family member] so [family member] can eat meals properly and reach drinks easily."

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

- The provider had reviewed their systems and processes since the last inspection to ensure people's care needs were formally re-assessed following hospital admission. However, we found on one occasion effective communication did not occur when a person's needs had changed.
- People were involved in their care plan reviews, and more detail was available surrounding their needs and preferences, and what was normal for them. However, further improvements were required to ensure timely re-assessments took place when required. One staff member told us the needs of a person had changed, which signified their care provision may no longer be suitable. We spoke with the provider who organised a further review of the person's care and risk assessments, involving other healthcare professionals. The provider acted promptly, however, should review how changes are always appropriately reported, and responded to on all occasions.
- Nevertheless, we found the provider was dedicated to completing reviews, and additional safety check telephone calls, or visits to people, if required. For example, additional care visits took place where a person had returned from hospital or appeared less well. One representative told us, "I am getting a lot more reports from the office. We have had some reviews recently and discussed going forward the level of care [family member] needs." Another person's representative told us, "I find [service] to be very good, responsive, a breath of fresh air compared to [other service]."

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

- People were supported to access healthcare support and services by staff where required. The provider operated an effective referral process to a range of healthcare professionals.
- People told us staff were mindful of their needs, and requirements, and knew them well. One person told us, "The [staff] noticed I was acting a bit 'dosey' so they contacted my [family member] who took me to the hospital where I was diagnosed with [health condition]." A person's representative told us, "The [staff] ring me regularly if they have any concerns."

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.

- During the inspection, the provider told us people either had capacity to make their own decisions or were supported by appointees or family members. The provider advised us, at the end of the inspection, they would be completing a best interest assessment for one person and evidenced their understanding of this process.
- Capacity assessments were completed and reviewed with people as part of the care planning process.

# 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their representatives told us good support was provided by regular staff who visited them. However, they said their experiences were varied when regular staff were not working, and language barriers sometimes occurred.
- People were involved in making decisions about their care and told us they felt regular staff knew them well. One person told us they would like to have a certain staff member all the time, as they made them happy. One person's representative told us, "The regular [staff] are fine, but there are problems when different [staff] come." Another representative told us, "I know [family member] would like to see the same [staff] rather than different ones." We shared this feedback with the provider during the inspection and they told us they would work towards building a consistent staff provision to people when their regular staff were not available.
- Some people, and their representatives, told us they sometimes experienced language barriers with staff. One person told us, "I have trouble understanding some of the carers, they have quite strong accents and sometimes they talk to each other in a different language which I find rude." One representative said, "The [staff] speak in English but their accent is so strong [family member] can't understand most of what they are saying." Another representative told us, "[Staff] do talk to each other in their own language, which I find very rude and I have asked them not to." This was not every person's experience, and we shared this feedback with the provider who assured us this would be reviewed.
- However, we received positive feedback relating to people's experiences. One person told us, "The [staff] are all good. I am happy with the [staff], they are friendly and polite and they do what they are here to do." Another person said, "I have found the carers to be pretty good, they are friendly and polite, chatty and caring." A third person said, "I have found the carers to be fine, very good, and they look after me very well. I have the same carer at the same time, it makes such a difference as I have got to know them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted and respected by staff. Furthermore, staff entered people's properties in the agreed way.
- One person told us, "I am treated like a princess by the carers. I can't fault them, and they know what they are doing. They encourage me to get mobile and applaud me when I take a few steps on my own." One staff member told us, "I don't rush anybody as I feel we need to take our time, and [people] do too." Another staff member said it was important to them for people to feel comfortable, and said, "[I] try to help [people], not make them feel uncomfortable or embarrassed, and treat people how I would like to be treated."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people's care plans were personalised and reflected the required support needs and preferences of people. This was a breach of regulation 9 (Person-centred care) 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 9.

- Care plans had been reviewed and updated with people and their representatives, where appropriate, since our last inspection. Information was available relating to the preferences of people, and what the person could, or would prefer to do for themselves, or where assistance from staff was required.
- Care plans were person centred, detailed the desired outcomes of the person, and provided clear guidance to staff. One person's representative told us, "The [staff] have been really helpful, [family member] had an operation recently and Prime Care have really helped out."
- Staff could access people's care plans on their secure electronic device and were able to access information if the needs of people changed. One staff member told us, "[the care planning system] is easy to access, [it has] good information." However, staff did tell us the use of the provider's electronic care planning system was time consuming, and they had raised this with managers.

Improving care quality in response to complaints or concerns

- The provider responded to concerns and complaints in line with their policy, and records were maintained. Records evidenced concerns were responded to, and the provider reviewed feedback provided during the inspection.
- We sought feedback from people and their representatives during the inspection process, and we undertook follow up contact with four representatives who had initially shared dissatisfaction. We were told by two of the representatives effective and responsive action had been taken by the provider to address the concerns they had already reported, which we were not involved in. Two of the four representatives gave consent for us to approach the provider directly with their feedback, for review to take place. The provider was responsive, acted upon the information we provided, and shared their review with us.
- We continued to receive mixed feedback from people and their representatives regarding their contact with office staff. One person's representative told us, "I have contacted the office two or three times about [query] but nothing happens." Another representative told us they had contacted the office and said, "no-one replies". This was not everyone's experience though; other people and their representatives had



received satisfactory responses and information when making contact.

#### 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 provided with information in an accessible way. Information could be provided in large font or braille if required. The provider told us pictorial formats could also be arranged.
- Care plans identified the support needs of people who required communication aids. This included the staff support required, and any ongoing professional healthcare reviews.

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 with community activities, shopping and attending occasions of importance where it formed part of their contractual agreement.

# 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 this key question inadequate. At this inspection the rating has changed to 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to ensure systems were robust to demonstrate the quality and safety of services were effectively managed. Management oversight and processes required development. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst there had been a lot of improvements, further work was required, and the provider remains in breach of regulation 17.

- There had been notable improvements in many areas since our last inspection. This was in part due to the work completed by the provider and management team, and due to the support provided by the local authority. We found oversight and governance had been developed in many areas which helped to monitor service quality and drove improvements. Audits had been developed and undertaken in specific areas such as care planning; complaints; medicines; care call delivery and accidents and incidents.
- However, despite this progress, we found audits and governance systems had not identified specific areas for improvement which had been found during this inspection. This included some risk assessments not including important detail to correctly calculate and consider the risk to some people. Furthermore, some areas of medicines safety required improvement, and processes were not in place to evaluate the effectiveness of training completed by staff.
- The provider's medicines audit system had identified when one person had not received enough time between 'when required' medicines. For example, 'when required' medicine may be medicine prescribed for pain. This was due to care visits sometimes being slightly earlier than the planned time. The provider took appropriate action but did not include reviews for all people who were prescribed 'when required' medicines. During the inspection we found another person had been administered such medicines, without an adequate time gap. We found no person had come to harm, and the provider ensured alerts were placed on the care planning system for those prescribed 'when required' medicines.
- Although we noted improvements, we found further work was required to ensure effective and responsive communication took place. We shared care experience feedback with the provider throughout the inspection timeframe, and responsive action was taken. However, the provider needs to improve their

engagement with people, representatives and staff to ensure they receive such feedback directly, for appropriate action to be taken outside of an inspection process. One staff member told us, "If you ring up, they say they will let [specific staff member] know, but you never get a call back unless they want something from you. The communication from the office is not brilliant."

We found no evidence that people had come to harm, however improvement continued to be required in some specific audits and overall governance. Further improvements were required to capture the experiences of people, their representatives and staff to ensure managers take effective and responsive action. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection a new manager had been recruited. They had begun the process of registering with the Commission. The new manager evidenced their awareness of the improvements which were still required and showed dedication to improving the service further. The management changes had been communicated with people and staff.
- The provider acknowledged previous regulatory failings and evidenced lessons had been learnt. We saw a notable commitment to improving the care experience for people. The provider told us further work would be undertaken to improve engagement with people, their representatives and staff.
- The provider had a comprehensive service improvement plan. This detailed improvement made, and improvements planned with appropriate timescales. The provider added to the service improvement plan throughout the inspection process and reflected positively on how it was shaping the service.
- Since the last inspection, the provider had undertaken, and was in the process of completing, further quality assurance activities with people and staff. Outside of these formal processes, satisfaction telephone calls had been completed with people. Following our feedback on the communication experiences of people, their representatives and staff, the provider told us they would continue to seek feedback and act upon any comments and concerns raised.
- Staff told us they felt supported in their roles and were able to approach management with concerns. One staff member reflected on a recent experience and said, "The support [management] gave me was wonderful." Another staff member said, "[Management] were really good to me."
- Some staff told us communication from office staff had improved. One staff member told us, "Their communication could be better with the [staff], they have improved a lot, but they need that extra 'oomph'." Another staff member said, "[It would be better] if they communicated with [staff] and [people] more."

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 provider understood their legal responsibilities in relation to the duty of candour. The provider shared the outcome of the last inspection with people, their representatives and staff. Furthermore, they committed to make the required improvements.
- Notifiable events and incidents were reported appropriately, as required, to the local authority and CQC.

Working in partnership with others

- Since the last inspection, the provider had continued to work with the local authority to review and improve their systems and practice. We received positive feedback from the local authority, which included the provider was responsive and dedicated to making ongoing improvements.
- The provider continued to participate in local authority meetings which included sharing specific experiences with other local providers.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Further improvements were required to ensure the safe use and administration of medicines. Safe processes were not in place for people who received 'when required' medicines. Risk assessment's were not always reflective of people's needs and abilities, and further oversight was required to ensure appropriate risk reducing measures were in place.</p> <p>Regulation 12</p>

### The enforcement action we took:

We issued a warning notice to ensure the provider made the required improvements and people would receive safe care that was well managed.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Oversight, analysis and procedures required further development in risk assessment processes; medicines safety and the effectiveness of staff training. Communication and response with people, their representatives, and staff required improvement to ensure responsive action was taken and additional feedback captured and acted upon outside of an inspection process.</p> <p>Regulation 17</p>

### The enforcement action we took:

We issued a warning notice to ensure the provider made the required improvements and people would receive safe care that was well managed.