

UK Prime Care Services Limited

UK Prime Care Services

Inspection report

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Date of inspection visit:
20 October 2021
01 November 2021

Date of publication:
08 December 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

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 disabled 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 six people in the London Boroughs of Newham, Tower Hamlets and Lewisham.

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

Although the issues we found did not directly impact the level of care and support people received, improvements were needed with the level of information and quality of the care records and risk assessments in place.

Important information related to people's care and support was not always recorded or in place. Safer recruitment practices were not always followed. The providers monitoring processes were not always effective as they had not picked up all the issues we found during this inspection.

The provider did not consistently use their systems and processes to demonstrate people were always supported to have maximum choice and control of their lives and staff were always supporting them in the least restrictive way possible and in their best interests.

Feedback was positive about the kind and caring attitude of the staff team and relatives praised the benefits of having staff who spoke their first language to help communication and to understand their cultural needs.

Before care started staff were introduced to people and observed their care needs to ensure they had a good understanding of how to support them. One relative told us they would confirm with the provider if they felt the staff were competent and if they felt comfortable with them in their home before they started.

The provider aimed to be as flexible and accommodating as possible and listened to people and their relatives to work around their lives to help meet their needs. One relative said, "Flexibility for us is such a big thing and this is one of the best parts about the service."

People and their relatives were positive about the management of the service and were given opportunities to feedback about their care. Relatives said they felt comfortable contacting the provider if they had to, could always make contact with the provider and were confident they would be listened to.

People were supported by staff who felt appreciated and supported in their role, who highlighted a positive working environment. Staff were also able to speak with the provider in their native language which helped their understanding.

Relatives told us they felt staff went above and beyond their duties to provide the necessary care and support.

We have made a recommendation in relation to staff training and supervision.

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

Rating at last inspection

This service was registered with us on 26 February 2019 and this is the first inspection. There had been periods of time where it had not been providing personal care.

Why we inspected

We carried out this inspection following a routine review of information we held about this service. Our intelligence indicated there may be a higher level of risk at this service due to the length of time it had been registered and not been inspected.

We carried out a monitoring activity that took place on 24 and 28 September 2021. Monitoring activities involve a structured call to the provider or manager of a service, gathering information about the experiences of people using the service and additional evidence requests when required.

Enforcement

We have identified four breaches in relation to safe care and treatment, consent, recruitment practices and good governance.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will continue to monitor information we receive about the service. If we receive any concerning information we may return to inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 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.

The service had a manager registered with the Care Quality Commission. A registered manager is a person, along with the provider who is legally responsible for how the service is run and for the quality and safety of the care provided.

However due to personal circumstances, the registered manager was not involved with our monitoring activity or present during the inspection. We liaised with the nominated individual throughout both processes. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 18 October 2021 and ended on 19 November 2021. We requested a range of documents related to people's care and policies and procedures that were sent to us by the provider between 18 October 2021 and 19 November 2021. We visited the office location on 20 October 2021 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 25 October 2021.

What we did before the inspection

We reviewed information we had received about the service since their registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information and feedback we received as part of our monitoring activities that took place on 24 and 28 September 2021. This included one person's care records and feedback from two relatives and one care worker. We also contacted the relevant local authority commissioning teams. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records related to five people's care and support. This included people's care plans, risk assessments, medicines records for one person and three staff files in relation to recruitment. We also reviewed records related to the management of the service, which included a training matrix and quality assurance checks.

We spoke with four staff members. This included the nominated individual and three care workers.

We made calls to five people and spoke with five relatives as people were unable to fully communicate with us over the telephone.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included the local authority assessments for two people and a request to follow up a query we had regarding one person's medicines records.

We provided formal feedback to the nominated individual via email on the 1 November 2021.



Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Staffing and recruitment

- Safer recruitment procedures were not always followed to ensure staff were suitable to work with people who used the service. The provider was unaware of their legal requirement to obtain references for applicants from previous employers if they had previously worked in health and social care. We shared the related guidance with the nominated individual during the inspection.
- Interview assessment records were not being completed and any gaps in employment histories were not recorded. There were references for two applicants which had not been fully completed and it was unclear in what capacity they had known the applicant. The nominated individual acknowledged they could not confirm the identity of the references received.
- Although the three staff files we reviewed had a copy of a background check in place, the provider had not followed their own recruitment policy for making a new application for a criminal background check. The nominated individual acknowledged this and said they would be doing this in November 2021.

We found no evidence that people had been harmed but the provider failed to have robust recruitment processes in place to ensure persons employed had the right skills and experience. This was a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Due to the size of the service the provider did not have an electronic call monitoring (ECM) system in place to confirm visits had been made but had regular correspondence with people, their relatives and the care staff to ensure people received their calls on time.
- All the feedback we received about timekeeping was positive. Comments included, "They are always present and always on time" and "The service is never rushed. If they do run a few minutes late they keep me updated."

Assessing risk, safety monitoring and management

- Although the provider had completed risk assessments before they started to provide a service, the care records we reviewed relating to people's care and support lacked any specific detail or guidelines for staff to follow to mitigate any possible risks.
- One person suffered from epilepsy and was at risk of having seizures. There was no information about how this affected the person, how the staff should manage this in the event of an emergency or how to support them if they had a seizure.
- The same person could display behaviour which challenged care staff when they were supported in the community and the local authority assessment stated they needed a significant level of support and could

not be left alone. There was very limited information about this and no reference about the need to be supported by two people when in the community. There was no information or any advice and guidance about how to manage any behaviours, any triggers or how to deescalate any situations that might arise.

- Another person's records said they needed moving and handling support and required complete assistance due to their health condition. There was no information about these transfers or any guidelines for staff to follow so it was unclear as to the level of support this person needed or how staff should support them safely.

Although we found no evidence that people had been harmed, the lack of information within risk assessments created a risk to people's health and safety. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives were positive about the support their family members received and told us staff helped to keep them safe. One relative said, "They know how to keep them safe in the community and are aware of their safety needs when crossing the road."

Using medicines safely

- At the time of the inspection only one person was being supported with their medicines. However, the person's medicine administration record (MAR) chart was not completed 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 as medicines were not managed safely.
- We could not be assured what medicines had been given from reviewing MAR charts in May, June and July 2021 and asked the provider to investigate further. The nominated individual acknowledged after the inspection the MAR chart had not been completed correctly.
- There was limited information in the person's care plan about the procedures staff had to follow when a family member also provided support.
- The nominated individual told us during the inspection the care worker who worked with this person had not completed any medicines training or had their competency assessed. They told us after the inspection they had received training but could not provide any records to confirm this.

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 breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We shared the NICE guidelines for managing medicines for adults receiving social care in the community with the nominated individual after inspection and advised them to liaise with their pharmacy to see if they could provide the monthly MAR charts for this person. They confirmed this had been done and updated MAR charts from the pharmacy would be in place from 1 November 2021.

Preventing and controlling infection

- During our monitoring calls on 24 and 28 September 2021, we found the provider had not been following government guidelines for weekly testing for homecare staff. The provider told us staff were only taking lateral flow device (LFD) tests.
- The provider was unaware of the requirement for staff to be involved in the weekly polymerase chain reaction (PCR) testing programme which had been in place since December 2020. We shared the relevant information with the nominated individual on the 28 September 2021 and saw during the inspection this was being communicated with the staff team and care workers confirmed this.
- There was an infection and prevention control (IPC) policy in place and staff told us they were regularly

updated with any changes in government guidance to help reduce any risk of COVID-19. Staff had access to personal protective equipment (PPE) and the provider made weekly checks to ensure staff were not running low.

- All the feedback we received from relatives was positive. One relative said, "They gave us a lot of reassurance during the pandemic. We would have cancelled if we felt it was not safe but they had a very good understanding about this and were always wearing the right PPE." One care worker added, "They tell us the guidelines and have taken this very seriously to keep us all safe."

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place and staff completed safeguarding training as part of their induction.
- There had been no safeguarding incidents since the service had registered and this was confirmed by the relevant local authority commissioning teams that no concerns had been raised. Staff told us they were confident if they had to raise any concerns they would be dealt with.
- Positive comments from relatives included, "They certainly provide a safe service and I trust them 100%" and "They keep our [family member] safe. They are very good and we have no concerns."

Learning lessons when things go wrong

- There was a system in place for the reporting of any accidents and incidents and staff told us what they would do if one occurred. Although there had been no incidents or accidents across the service, the nominated individual told us they discussed this with staff when meeting with them. However, there were no formal records kept.
- The nominated individual added, "We have been blessed that we have not had any incidents. I have discussed scenarios with staff and reminded them about safe and gentle moving and handling practices. I have also discussed incidents we have seen in the news that I feel staff need to know about."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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.

- The care records we reviewed were electronic and had not been signed to confirm people had consented to their care. The nominated individual told us after the inspection consent forms were located in the registered managers office and did not have access. However, relatives told us this had been discussed and consent had been sought during their initial assessment. For one person who lacked capacity, relatives with the legal authority were involved to make decisions in their best interests.
- For another person with capacity issues, their care records were not clear if their capacity had been assessed to consent to their care in accordance with the MCA. It highlighted they were living with dementia but were able to communicate with staff. There was no further information about their ability to make specific decisions about their care.
- The nominated individual acknowledged that staff had not had any specific training on the MCA and it would be something they would look to do. During our monitoring calls, they also acknowledged they were not fully aware of the legislation but would make sure it was something that would be implemented across the service.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- New staff completed a training and induction programme when they started, with training based around the Care Certificate. The Care certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- Staff confirmed this and were positive about their induction and training to support them in their roles.

One care worker said, "The training was very good and it really helped." Staff also confirmed they completed shadowing visits before they started but the provider did not keep any formal records of them.

- The nominated individual told us he was responsible for providing the training to care staff. However, he was still completing the Care Certificate training himself. They told us since they had started providing personal care, it had been throughout the COVID-19 pandemic and had found it difficult to source training providers.
- The nominated individual explained this was done because he was able to translate the training programme to the staff team and this helped with their understanding. The nominated individual acknowledged this was something they needed to look into.
- Staff confirmed they had informal supervision sessions with the nominated individual and had plenty of opportunities to meet and discuss any issues they had. The nominated individual acknowledged they did not keep any formal records of supervision meetings.

We recommend the provider consider current guidance and best practice on resourcing appropriate training and keeping formal records of staff supervision.

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

- People's needs were assessed before they started using the service. The nominated individual told us if their own initial assessment was different from the referral they received, they would go back to the local authority to discuss any different needs that were highlighted.
- The nominated individual was currently responsible for carrying out initial assessments and their long term plan was to recruit assessors to carry out this role.
- Where necessary, there were copies of people's local authority assessments in place. However, for one person, where their local authority assessment was basic with limited information, the provider had not contacted the relevant health and social care professionals involved for any further support or guidance.
- The nominated individual explained due to the commissioning arrangement, they would usually only liaise with the family members. We shared contact details for the relevant local authority community learning disability team during the inspection for the provider to make contact for support and guidance.

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

- People were supported to eat and drink if this was part of their agreed care and support needs. However, there were inconsistencies in some of the records as there was limited information for one person about the level of support required and if there were any preferences or cultural needs. The nominated individual acknowledged this and said the level of information needed to be improved.
- Despite this, relatives confirmed staff were aware of the support that was needed and knew their food likes. One relative told us the staff member tried to support them with healthier options and choices.

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

- The nominated individual told us they did not have much involvement with people's health and social care professionals and mainly liaised with people and their family if they identified any changes in health and wellbeing.
- Staff were able to explain what they would do in the event of an emergency and were regularly reminded about reporting any issues or concerns to the office.
- One relative spoke positively about the support from the care worker and how they observed and monitored their family member's health and wellbeing on a regular basis and kept them updated with any changes.
- Another relative highlighted the provider was flexible when needed and staff had been able to support

them and their family member to a range of health appointments.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this key question for this service. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives spoke extremely positively about the compassionate nature of the staff team and the caring relationships they had developed with their family members. Comments included, "They respond very quickly and they are extremely caring. We are very happy" and "They treat them well, speak with them in a nice way. They know us very well."
- Care workers were always introduced to people before they started supporting them, which also included observation shifts to help them get a better understanding of their care needs. One relative told us their care worker had five days of observations and this had given them reassurance and made them feel comfortable.
- Relatives also told us both the care staff and the nominated individual went above and beyond their duties to ensure they were supported. One relative told us their care worker regularly stayed longer to ensure their family member's needs had been fully met.

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

- The nominated individual had regular contact with people and their relatives to discuss their current level of care and if there had been any changes or if they needed support with any other areas of their care. Relatives confirmed this and told us they were always fully involved in key decisions and always felt actively listened to.
- Relatives told us how important it was that staff could speak with them in their first language. One relative said, "This is the key thing and has been a big problem with agencies in the past. The carer speaks the same local Somali dialect and [family member] has responded very well to this."
- One relative told us how their care worker had helped to explain and encourage their family member to take the COVID-19 vaccine to help keep them safe. They added, "They explained this in their language and it really helped to understand the benefits of this. It was very helpful for us."
- Another relative told us how the provider had supported them and their family as an informal advocate to raise concerns about their current accommodation the local authority. They added, "This support and help is very much appreciated. We are very thankful to them."

Respecting and promoting people's privacy, dignity and independence

- Feedback from relatives confirmed they were happy with the support their family members received if they were supported with personal care and felt staff ensured their privacy and dignity was respected.
- One relative told us about the positive impact of having Somali speaking staff had had with their family members level of independence. They added, "This is very important for them and helps them to keep a certain level of their own independence as they can call the office if needed and don't have to worry about

asking us to do it."

- Although staff could access a training module in privacy and dignity as part of the Care Certificate, not all staff had completed this module. Staff told us they were regularly reminded about the importance of respecting people's privacy and dignity during regular calls and updates from the nominated individual.

Is the service responsive?

Our findings

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

This is the first inspection of this key question for this service. This key question has been rated as 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

- Due to the funding arrangements for all care being managed via a direct payment, people and their relatives had chosen this care provider. We saw the nominated individual had regular contact with people and their relatives to discuss their care and how they wanted to be supported.
- People's care records lacked sufficient detail about how people liked their care to be provided. For example, one person received a three hour visit twice a week to provide respite for their relative who was their main carer. The only information provided was 'requires supervision due to dementia.' There was also no further records about this support in the daily logs.
- The nominated individual acknowledged this and accepted that people's care records needed to include more detail about their care needs.
- However, relatives spoke very positively about the flexibility of the provider and how they worked closely with them to be as accommodating as possible to meet their needs. One relative told us how this was a key factor to the success of how well the package worked. They added, "Life isn't structured, so I really have to praise them on this and how they work with us. They always go above and beyond."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and preferences were recorded during their initial assessment and recorded within their care plans to ensure staff knew how to effectively communicate with them. The nominated individual said if needed, they could provide information in other formats if this was required.

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 received support to access the local community or activities of interest if this was part of their agreed care. Relatives confirmed this and told us they were confident and reassured with how staff supported them in the community. One relative was positive about how flexible staff were in accommodating any changes with their community support.
- People's cultural and religious needs were also supported. One relative said, "As the carer is from the same background, they can understand each other and have a good rapport which is really important."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and was given to people and their relatives when they started using the service. The nominated individual explained they gave people and their relatives plenty of opportunities to give feedback about their care during regular telephone calls, home visits and reviews.
- There had been no complaints at the time of the inspection. Comments from relatives included, "If there is an issue, we inform them and they respond and come and visit. However, we haven't had any problems" and "We've never had an issue and know who to contact."

End of life care and support

- End of life care was not being provided at the time of the inspection. The provider told us they would not be providing this support until staff had received the relevant training and would not accept any new care packages if this specialist support was required.
- The provider's care plans had a dedicated section for this to be discussed if they started to support people at this stage of their life. The provider was aware of the need to have these sensitive discussions with people and their families.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this key question for this service. This key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. However, positive feedback was received about the management team and the culture they created promoted high-quality, person-centred care.

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

- We were not assured the provider had effective systems in place to ensure they were aware of the quality of their service and the necessary improvements that needed to be made. Despite the positive feedback from relatives about the care and support they received, the nominated individual had not always picked up some of the issues we found during the inspection.
- Samples of people's daily records were consistently left blank or with little information which did not provide a clear or accurate picture of people's care. There were examples of tasks that had not been ticked as completed in daily logs or if the visit had been recorded. There were also inconsistencies within one person's medicines records that had not been identified.
- One person was supported with shopping and their financial transaction records were not being completed. This had not been picked up when daily logs were returned to the office and the nominated individual acknowledged this was not in line with their own policies and procedures.
- Where home visits and telephone monitoring calls were being carried out to check on the service, there were no formal records kept. The provider had also not carried out any unannounced spot checks as they felt it was not necessary as they had not received any concerns.

We found no evidence that people had been harmed however, quality assurance systems were not robust enough to demonstrate there was an accurate and complete record of the care and treatment people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the nominated individual during feedback after the inspection who acknowledged there were areas of improvement needed across the service.
- There had been no notifiable incidents since the service had been registered. We discussed the regulatory responsibilities around notifications with the nominated individual during the inspection and shared guidance with them from the CQC website to support their understanding.

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

- The nominated individual was committed to providing the best care and support possible to people and had regular contact with them and their families to ensure they were happy with their service. He was also

involved in providing care and support to people so had further opportunities to ensure people had personalised care.

- All of the feedback about the management of the service was positive. Comments included, "It has been the best service, especially during COVID" and "I believe [family member] gets the best service that somebody could ever have."
- Staff were also positive about the support they received and the working environment the provider aimed to create. Comments included, "He is a very kind man and I have no problems at all. I am very happy working at the service" and "They are a good company, they look after us. I am very confident with the manager and they will always respond or call back."

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

- People and their relatives had opportunities to be involved in the service and give feedback about their care. Samples of surveys showed people and their relatives were happy with their care. Relatives also confirmed they had regular calls and visits from the nominated individual. One relative added, "We have a weekly call. I spoke with [nominated individual] on Monday and am speaking again with him on Friday. He does care about us."
- Relatives were also positive about how they could communicate with the nominated individual and there were never any issues getting in contact or getting a response when needed.
- Staff were also positive and praised the communication and involvement they had with the service. Staff told us they felt appreciated and well supported in their roles. One care worker said, "They give me everything that I need for this job and I get help whenever I need it."

Working in partnership with others

- Due to the funding arrangements of people's care, the nominated individual explained their main involvement and communication was with people's relatives rather than any relevant health and social care professionals.
- Where one person with complex needs had limited information within their care records, we shared contact details for the relevant local authority community learning disability team with the nominated individual on 21 October 2021 to make contact for support and guidance. However, they did not make contact until the 15 November 2021.

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

- We received positive feedback from relatives about the honest and open culture of the service. Comments included, "Overall they are very good and we have no concerns. They visit us all the time to check on us, it's good" and "They do listen to us and take things seriously. I'm 100% confident in them."
- Although there had been no incidents with people they supported, the nominated individual told us they were aware of their responsibilities about being open and honest, highlighting people's safety was their main priority. They added, "We will always look into any criticism, we want to know about this and will ensure it won't jeopardise people's care."

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment was not always provided in accordance with the consent of people because the provider did not always determine people's capacity to consent to their care in accordance with the Mental Capacity Act 2005.</p> <p>Staff were not familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005.</p> <p>Regulation 11 (1)(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always assess the risks to the health and safety of service users receiving care and do all that is reasonably practicable to mitigate any such risks.</p> <p>The provider was not always managing people's medicines safely.</p> <p>Regulation 12 (1) (2) (a), (b) (g).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always maintain an</p>

accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.

Regulation 17 (1)(2)(c)

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider did not always ensure recruitment procedures were operated effectively.

Regulation 19 (1)(2)