PRN Homecare Ltd

# PRN Homecare - Bognor Regis

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| 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
PRN Homecare- Bognor Regis is a domiciliary care agency providing care and support to people living in their own homes who have a range of needs. CQC only inspects where people receive personal care. Not everyone who used the service received 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 64 people were receiving personal care.

People's experience of using this service and what we found
People were supported by familiar and consistent staff who knew their care needs and understood how to meet these safely. Risks to people had been assessed, however further information was needed so that staff could safely meet people's identified health needs and associated risks. There were enough staff employed to meet people's needs and there were clear recruitment procedures in place. However, full employment histories were not always obtained from applicants to check their suitability to work with the people they supported.

People and their relatives told us they felt staff who supported provided safe care. Staff told us they would report any safeguarding concerns. People told us they were supported by reliable staff who were on time. People were supported, when required, to receive their medicines as prescribed.

Staff received training that equipped them in their role. However, we found that they had not received specific training in the mental capacity act and this had impacted on compliance with this legislation.

People told us staff obtained their consent before supporting them with care and support. However, people were not always supported to have maximum choice and control of their lives. The provider did not have records to evidence that people were supported in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Where required, people were supported to eat and drink sufficient amounts to remain healthy and were supported to access healthcare professionals when needed.

People and their relatives told us they were happy with the care they received and thought the staff were kind and caring. Staff supported people to maintain their independence where possible, and to remain involved in decisions about their care. People told us that staff respected their dignity and privacy. Staff supported people to develop and maintain important relationships.

People had care plans which were reviewed regularly. They contained details about people's individual needs. However, further improvement was needed to develop more person-centred care plans, that captured people's protected characteristics and life histories.

People were supported by a consistent team of staff who knew them well. This meant that staff and the provider understood people's individual needs and tailored the service where possible, to support people. People knew who to make complaints to and were confident they would be listened to.

People and staff told us that the provider and manager were approachable and responsive. People were able to feedback their views of the service.

Quality assurance processes and systems in the service were not always robust. Some notifications which are required to be sent to CQC, had not been submitted. These were submitted following the inspection and the provider has assured us any further relevant incidents will be notified, as required.

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

Rating at last inspection
The last rating for this service was Good (published 8 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

Enforcement
At this inspection, we identified breaches of regulations in relation to the Mental Capacity Act, the protection of people's rights and freedoms, notifications of incidents to CQC and quality assurance systems. 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 and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service was not always safe.<br>Details are in our safe findings below. | **Requires Improvement** |
| **Is the service effective?**<br>The service was not always effective.<br>Details are in our effective findings below. | **Requires Improvement** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was not always responsive.<br>Details are in our responsive findings below. | **Requires Improvement** |
| **Is the service well-led?**<br>The service was not always well-led.<br>Details are in our well-Led findings below. | **Requires Improvement** |

# PRN Homecare - Bognor Regis

**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
The inspection was undertaken by two inspectors and an expert by experience.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

At the time of the inspection the service had a manager registered with the Care Quality Commission. The registered manager was also the provider of the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. However, the provider employed a 'care manager' who managed the day to day running of the care services provided. Throughout this report the provider/ registered manager will be referred to as the provider and the 'care manager' as the manager.

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 16 December 2019 and ended on 17 December 2019. We visited the office location on 16 December 2019 and spoke with people and their relatives on 17 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. 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 used all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and nine relatives about their experience of the care provided. We spoke with five members of staff including the provider, the manager, a senior care worker and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data, quality assurance records policies and procedures were reviewed.

After the inspection
We reviewed the evidence found. We sought feedback from external professionals who are involved with the service. We received feedback from two external professionals.

Requires Improvement

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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.

Assessing risk, safety monitoring and management

● People's care plans contained risk assessments; however, some assessments did not contain sufficient information to ensure that people would be kept safe. Care records did not always provide staff with relevant information about risks associated with people's diagnosed health conditions. For example, where people were being supported to monitor their blood sugar levels because of diabetes, there was no information about what the safe blood sugar levels would be for that person. Staff did not have guidance to inform them what action they should take if the person's blood sugars went above or below their agreed safe levels. In addition, one person was prescribed medicine for a heart condition. There was no guidance for staff to follow if the person presented with symptoms which meant they required emergency care. This meant we could not be assured that staff had clear and up to date information about each person's health needs, which would guide them to take action when needed. However, staff knew people well and were able to describe their health needs and risks to us. We discussed our concerns with the provider and manager, who told us they would review people's care plans to include this additional information following the inspection.

● Risk assessments had been completed for people's other needs including areas such as mobility; use of equipment; medicines; eating and drinking. They contained sufficient information about how staff should support the person. For example, when people required equipment to assist them to move, the risk assessments contained information about the specific settings required for the individual person.

● People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the person, including lighting, the condition of property and security.

Whilst we did not find any evidence that people had come to harm, we recommend that the service seek advice and guidance from a reputable source about safe management of risks and update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

● The service had a safeguarding policy and appropriate systems were in place to protect people from the risk of abuse.

● People and their relatives told us they felt the service kept people safe. Relative's comments included, "My [relative] is safe because they [staff] can deal with any issue effectively" and "My [relative] feels safe because they [staff] always call out to say who they are. She does not like strange faces but knows the staff who come to her."

● The staff we spoke with were knowledgeable and confident about their roles in keeping people safe. They

had received training in safeguarding and felt supported by the service to report any concerns. One staff member said, "I would report anything I was worried about to [provider's name] or [manager's name]. We have CQC and the local authorities' numbers, so could also report to them if I needed to."

Staffing and recruitment

● People were not always protected from the risk of being supported by unsuitable staff as recruitment processes were not always robust. Whilst most of the necessary recruitment checks were in place, for example, disclosure and barring service (DBS) checks, some improvements were needed. For example, a full employment history of the staff employed was not recorded in the application form staff completed. This information is required to ensure that only suitable staff are employed to work with vulnerable people. This meant we could not be assured that all the relevant checks had been made so that only suitable staff were employed. We discussed this with the provider who took immediate action to amend their application forms, so that this information was captured. In addition, the provider told us they would ensure they sought the information required from existing staff members.

● There were sufficient numbers of staff to meet people's needs. Staff had adequate time to travel between visits to people. The service ensured people were supported by small teams of care staff, who were located within the same area. This ensured they had enough time to visit people according to their set schedules. One person said, "I trust their [PRN Homecare's] reliability and I receive a rota by email. They inform me of any changes before they happen."

● People told us that staff had enough time to meet their needs and support them without being rushed. One person said, "The staffing levels are very good they never seem to be late unless there are exceptional circumstances and they are never rushed."

We recommend that the provider refer to current best practice guidance in respect of staff recruitment practice, to ensure this is more robust and consistent.

Learning lessons when things go wrong

● Where an incident or accident had occurred, records were made to determine what had happened. However, the management team were not monitoring themes and patterns to be able to learn from these events and effectively determine how to prevent a reoccurrence. We discussed the need for improved monitoring so that action could be taken where needed, with the provider and manager. They assured us they would review their systems to improve their oversight.

● When visits to people were missed, these were logged and the reasons for the error identified. Apologies were sent to people and action taken to reduce any impact. For example, one person had not been given their prescribed medicines due to a missed visit. The management team had contacted a pharmacist to check if there would be any harm to the person and had arranged for someone to visit and meet this need as soon as possible. However, there had only been five missed visits to people in the last year.

Using medicines safely

● Staff were trained in medicines management and initial competency checks were undertaken to ensure staff administered medicines safely. Annual competency checks were then completed to ensure standards were maintained.

● People received their medicines, as prescribed. One relative told us, "They ensure the medication is given on time and they record it each time in [relative's] notes."

● People's care records contained clear guidance for staff to follow, which explained the support each person needed with their medicines.

● Medicines records showed that they were stored and administered safely. MAR charts were completed as required.

Preventing and controlling infection

● Staff were trained in infection control.

● There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves and aprons, were available for people and staff to use. A staff member told us, "We just come into the office and ask when we need more gloves and aprons, they are always available."

● People also confirmed that care staff used PPE when necessary. One relative said, "They [staff] always wear aprons and gloves for infection control."

Requires Improvement

# 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

- Where people were able to, their consent had been sought for their care needs. Staff told us they involved people in decisions, where they were able to make them. A staff member said, "I ask the person what they want, it is important they get to have their own choices, even the little things." However, staff had not received specific training that ensured they had a good working knowledge of MCA and how to ensure the principles were followed when people did not have the capacity to make some decisions. We discussed this with the provider who told us they would review the training provided, to ensure all staff and the management team had a good knowledge and understanding of the principles of the MCA.
- Decisions taken on behalf of people had not been recorded as part of the care planning process, in accordance with the MCA. These included decisions about the delivery of personal care and the management of people's medicines and finances. For example, we viewed records for one person who required staff to manage their weekly finances, decide what food to buy and manage all their prescribed medicines. There were no records of MCA assessments or best interest decisions to demonstrate that the least restrictive option had been considered and that the person was unable to make the decisions for themselves.
- We discussed our concerns with the provider and manager. They had not recognised the need to complete MCA assessments and record best interest decisions to demonstrate that people's rights were being protected. However, by the end of our inspection they had commenced reviewing people's care records to demonstrate the principles of the MCA would be followed.

The failure to follow the requirements of the Mental Capacity Act 2005 and ensure assessments of people's capacity were made and best interest decisions recorded where applicable, was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● We saw that one person was under continuous control and supervision due to their significant cognitive impairment, with restrictions on their liberty. Staff were preventing them from accessing parts of their home to keep them safe. In addition, they were preventing the person from leaving their home unless staff were with them. Although there was a court appointed deputy to manage their property and affairs, the provider had not contacted the local authority who have the responsibility for making the application to deprive a person of their liberty, and no deprivation of liberty authorisations were in place. This meant the person was being deprived of their liberty unlawfully. We discussed this with the provider and manager, who had not recognised the need for MCA assessments and records of best interest decisions made for this person. In addition, they had not requested an assessment for a community deprivation of liberty safeguard authorisation from the local authority. The provider told us they would take immediate action to ensure that when people are deprived of their liberty, they have the legal authorisation to do so and would complete records to demonstrate they had have followed the principles of the MCA.

The failure to ensure people were not deprived of their liberty, for the purposes of receiving care or treatment, without lawful authority, was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

● Staff received an induction into their role, which included the provider's mandatory training. New staff worked alongside more experienced staff until they felt confident and were competent to work directly with people. A staff member said, "I went around with another member of staff and shadowed them to see how things worked and to meet people."

● Staff told us they were supported in their roles and had regular supervision to help develop their skills and support them in their role. Spot checks of staff were completed by the management team to monitor that safe and caring practice was maintained. One staff member said, "If I am not sure what to do [provider's name or manager's name] are available to ask and are very approachable."

● People told us they met new staff before they started supporting them, which demonstrated that the service recognised the importance of familiar staff supporting people and positive relationship building. One person told us, "When they recruit someone suitable they always send them to me to meet and agree with the choice. If I agree and they appoint the new carer, they are always sent to shadow an experienced carer first."

● Staff had received training in relevant subjects and they told us they felt equipped for their role. Training staff had completed included; medicines management, food hygiene, moving people, infection control and safeguarding. However, although we were told that MCA training was included as part of the safeguarding training, staff had not received specific MCA training. Staff and the management team were not able to demonstrate a good understanding of the principles of the MCA.

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

● People were supported to eat and drink and to manage their individual nutritional needs. However, people's care plans did not always include details about the impact and risks associated with some foods, to their health. For example, one person required a specific diet to manage associated risks. Their care plan stated staff should 'follow any dietary needs.' However, there was no information about what this meant and the types of food the person should avoid, to maintain their health. The person had a diagnosis of diabetes and the lack of guidance for staff, meant there was a risk of them being given food that could

impact on their health.  We discussed this with the registered manager and care manager for the service, who assured us they would update people's care plans with additional information, if applicable.
● People and their relatives told us they were involved in deciding what they wanted to eat and supported to shop for their own food, where possible. One relative told us, "They [staff] make my [relative's] meals and they ensure he has a balanced diet, taking into consideration his individual likes and dislikes."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Prior to people receiving a service, their needs were assessed. These assessments were used to develop the person's care plans and make decisions about the staffing hours and skills needed to support each person.
● Care and support was planned and delivered in line with people's individual assessments and support plans. Staff knew people well, had a good understanding of people's support needs and how to meet them.
● People's care plans contained details of their care and support needs and any medical conditions. Information had been sought from relatives and other professionals involved in their care, where relevant. However, further guidance relating to the safe management of people's health needs and action staff may need to take, was needed, as described in the Safe section of this report.
● Equipment was provided when needed to support people's needs. For example, mobility equipment was used to support people to move if required. Assessments had been completed to ensure that appropriate and safe equipment was used to reduce any risks and there was good detail available for staff about how to use the equipment specific to each person.

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 by staff who were aware of any diagnosed healthcare needs.
● Staff worked with other organisations to support people to maintain their health. Staff sought advice from health and social care professionals, such as GPs, social workers and district nurses, when required to ensure people's health and well-being improved.
● People and their relatives were positive about the support staff provided to access external health professional services when needed. One relative said, "One carer found my [relative] on the floor when she arrived. They rang for the ambulance and then rang me. I was able to get there before the ambulance, but the carer had stayed until I arrived."

Good

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff spoke with kindness about the people they supported and had built up positive relationships. One staff member said, "The people I support are lovely, I get to know them well and see the same people all the time." Another said, "We have time to sit and chat to people, I enjoy getting to know people."
- People were supported by a regular group of staff, and this had helped people feel happy with the support they received. People and relatives told us staff knew them well and were kind and caring. One relative said, "I feel the carers [staff] actually really care about the people they look after." A person told us, "I can only describe the carers [staff] as fantastic and I cannot fault them." Another said, "They [staff] seem to keep their eye on me, they say 'Let's sit down with a cup of tea and have a chat'."
- External healthcare professionals told us they thought the staff and management team were caring and knew people well. One said, "The manager and staff have a good rapport with people and can provide care workers who fit into family's lifestyles."
- Staff told us that before visiting a new person they were provided with information about the person's care needs and individual preferences. This meant they would know important information about the person, before supporting them and they were able to meet people's individual needs. One staff member said, "They [management team] give us very good notes about people, what they like and don't like, even down to where to leave their cup and what kind of drink they like." Another said, "If someone is new, we go and talk to them and their family to find out how they like things to be done." This information was seen in care plans we viewed during the inspection.
- We were told by the provider that although most people preferred to be supported by female staff, people were asked their preference and they had male staff available, should people prefer.

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

- Care plans were developed with input from people and their relatives, where appropriate. One person told us, "They [staff] always ask me, they write everything down and I make sure I read all the notes."
- Staff told us they would feel confident to advocate on behalf of people, if they felt people's needs were not being addressed or their voices not heard.
- Staff spent time shadowing and getting to know people prior to supporting them. This helped staff to better understand the person and their wishes. The provider told us, "We have small teams of staff members, who work in one area and support the people who live in that area, this means they [staff and people] get to know each other really well, which is important."

Respecting and promoting people's privacy, dignity and independence

● People's care plans identified how they should be treated with respect and their privacy and dignity maintained. One relative told us, "At first my [relative] was shy with personal care but [staff member's name] treats them beautifully. Their dignity and privacy is ensured, and they never feel exposed. A towel is used to cover them during personal care." Another said, "My [relative's] carers are very kind and considerate, they do everything to maintain their dignity and respect. I have no concerns about their well-being."
● People were involved in decisions about their care on a day to day basis. One staff member said, "One person I support is sometimes reluctant to accept my help, but they have their independence and it's important to them. I respect that and always give them choice about how I support them."
● Care plans demonstrated that people were supported to maintain their independence as much as possible. One relative told us, "They [staff] help my [relative] to keep her independence by supervising her walk using her walker."
● Information about people was kept confidential. People's records were stored within their own home and copies were kept securely within the services' office.

Requires Improvement

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

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

- Care plans contained information about the specific tasks people required support with. Although there was some good detail about how people needed to be supported, care plans did not fully reflect person centred care. For example, information about people's life histories, hobbies and interests had not been fully captured. We discussed this with the provider and manager who told us they would seek additional information from people and their families, where appropriate and develop more person-centred care plans. Nonetheless, staff understood people's needs and provided care and support in a personalised way.
- People's religious beliefs had been captured within their care plans. However, people's protected characteristics such as their cultural needs, sexuality and personal preferences had not always been captured. The provider gave us assurances that following the inspection, people's care plans would be reviewed to include this information.
- People and their relatives, where appropriate, were supported to review their needs and wishes with staff regularly and their care plans were updated accordingly. A healthcare professional told us, "[The provider] and staff have attended every review supporting a person due to their anxieties. They will make suggestions and carry them out as soon as they are able. People and their relatives are happy with the service and care they are receiving."
- People told us they felt listened to and involved in planning their support. One person said "Their [staff] communication skills are excellent. They [office staff] ring me if there are any problems."

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 had been identified and recorded in their care plans so that staff had access to relevant information about how people should be supported with these. For example, if people used hearing aids.
- Staff knew how to communicate with people to understand their wishes.
- However, the provider/registered manager was not aware of the accessible information standard. We discussed this with them and they assured us they would ensure that this standard was being considered and met with all people the service supported.

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

● Although the service's purpose was to provide personal care, some people had additional support or larger packages of care which enabled them to carry on their hobbies and interest and avoid social isolation. Those people were supported to access the community and take part in activities as part of their agreed care plan. These included using the local shops, purchasing food in supermarkets and going to cafés.

Improving care quality in response to complaints or concerns

● There was a complaints policy in place which was understood by staff.

● People and relatives told us they knew how to make a complaint. They said they would, "Speak to the office," if they had a concern or complaint. One person said, "If I have any issues I discuss them with the carers [staff] or ring the office if it is out of their control." A relative said, "The office [staff] deal with issues promptly and keep me informed."

End of life care and support

● No people using the service were receiving end of life care at the time of our inspection.

● When people required end of life care, effective partnership working was undertaken with the local 'home from hospice' team and anticipatory care plans were put in place.

● The provider told us that people would be supported to receive good end of life care and to ensure a comfortable, dignified and pain-free death. They told us they would provide support to people's families and ensure staff were appropriately trained and supported.

Requires Improvement

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● To comply with regulatory responsibilities, providers are required to notify CQC of significant events that occur while people are receiving the service. However, we found the provider had not notified CQC of five such events, which were allegations of abuse. This meant we were unable to carry out our regulatory duties to monitor the service. Following the inspection, the provider submitted retrospective notifications for these incidents.

However, the failure to notify CQC of all significant events without delay was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

● The provider's quality assurance systems had not been effective in ensuring the delivery of safe, high quality care and this had resulted in four breaches of regulations.

● The systems in place had not detailed risks relating to people's health, safeguarding incidents had not been reported to CQC and they had not identified the lack of full employment histories in staff files. You can find more information about this in the Safe section of this report.

●The Mental Capacity Act (MCA) had not been followed; as a result, people did not have mental capacity assessments and best interest decisions recorded. In addition, one person had been deprived of their liberty without lawful authority. You can find more information about this in the Effective section of this report.

● Although action was taken to record when incidents occurred and there were quality assurance processes in place, these were not always robust. Processes did not analyse all the information to be able to identify any themes or patterns. Care plan reviews had not identified the lack of personal information about people's life histories and hobbies to ensure they were person-centred and did not consider people's protected characteristics. In addition, the provider had not understood their responsibilities to comply with the accessible information standard and had not considered how this could be used to support people's communication needs. This meant the provider did not have full oversight, so lessons could be learnt, and action taken promptly if needed.

The failure to operate effective systems to assess, monitor and improve the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

● We found little evidence of a culture of continuous learning and improvement. The provider's quality assurance processes had not identified the shortfalls we found. We discussed the need to have robust oversight of systems and to monitor any themes and patterns with the provider and manager, who took immediate action to review their systems and improve their effectiveness.
● The provider told us they had recently attended training to update their knowledge on CQC regulations. However, this had not yet been effective in improving the records and systems within the service.
● There was effective partnership working with external professionals to seek support to meet people's needs when required. For example, the provider and manager told us they had a good working relationship with a local 'home from hospice' team and the local GP surgery. One external professional told us, "[The management team] welcome support from the local authority and will ask for support if required."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People and their relatives told us told us they were very happy with the care and support they received from PRN Homecare. Comments included, "The staff at the office are all very approachable", "I know the owner [provider] who always offers help and support whatever the problem and can be relied upon to sort any issues" and "The manager is excellent. I am kept fully informed. I get text messages in reply to queries, I am never let down."
● The provider, manager and staff team demonstrated a commitment to ensuring they provided care and support to people, that met their individual needs and preferences. However, records were not always robust in order to clearly evidence this.
● It was clear from our discussions with staff, they enjoyed caring for the people receiving a service and they found it rewarding. One staff member said, "I love my job and see the same people regularly, which is important and means our clients [people] have a lot of consistency.
● The provider and manager were available for people and staff to speak with. Staff told us they felt supported by the management team and could contact them for advice when needed. One staff member said, "I get support when I need it, everyone is so friendly, it's a great team."

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 had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. The provider understood how they would follow the policy if an incident reached the threshold for action.
● The previous performance rating was prominently displayed in the office building.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff had received regular opportunities to discuss their practice and share ideas and the provider told us, "We have an open-door policy at the office and encourage staff to come in and share any concerns." One staff member told us, "We [staff team] meet up regularly to talk about what we are doing and discuss any issues. I can always speak to someone in the office and they listen to me."
● People were asked to share their views about the service through care review meetings and the use of bi-annual surveys. The results of the last survey were viewed and were positive. For example, 90% of people thought staff were polite and courteous and respectful, 90% of people thought care calls were at their preferred times, and 100% of people knew how to contact the office. One person told us, "If I was asked to assess PRN Homecare I would rate them ten out of ten, I have filled in a questionnaire."
● People's protected characteristics under The Equality Act 2010 had not been fully captured in their care plans, which the provider assured us would be addressed following the inspection. However, people and

their relatives told us they felt listened to and involved in planning the care. One relative said, "The manager is excellent. I am kept fully informed and am never let down." A person said, "I am asked what I want and they [staff] listen to me and respect me."

● 'Spot checks' were carried out on staff. During spot checks the manager or senior staff observed staff practice and approach, to ensure they worked safely and displayed a respectful attitude.

● Staff told us they felt valued in their role and would recommend the service to their own family and friends. One staff member said, "If anyone asks, I would always recommend PRN Homecare, it is a good service, they [management team] really 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 | Regulation 18 Registration Regulations 2009 Notifications of other incidents<br><br>The provider had failed to notify CQC without delay of significant events. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The provider had failed to ensure the Mental Capacity Act had been followed. People had not had MCA assessments or best interest decisions recorded when applicable. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>The provider had failed to ensure that people who were deprived of their liberty, were done so lawfully. |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider had failed to have effective systems in place to monitor the safety and effectiveness of the service. |