Prime Care Associates

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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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 15 and 16 February 2017 and the provider was given short notice of the inspection. We gave notice to make sure the staff and or registered manager was at the office. This was the first rated inspection for this service as there were changes in their registration.

Prime Care Associates provide personal care and support to people living in their own homes.

There was a registered manager in post who was responsible for the day to day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us the staffing levels were appropriate although they were "busy" throughout the day. However, the deployments of staff as shown within the rota did not provide sufficient detail on how staff were to provide the allocated time, as well as arrive at the next visit within the same time frame.

Medicine Administration Records (MAR) charts were used to record the medicines administered but some lacked information. Protocols on when required medicines (PRN) medicines and creams were missing and where they were in place, lacked guidance on administration.

People told us they felt safe with their carers. Members of staff told us they had attended training on safeguarding of vulnerable adults procedures. Staff were able to identify potential abuse and knew their responsibility to report alleged abuse. Two community professionals told us the people that they had regular contact with and who used the agency were safe with the staff.

Staff said the induction included shadowing more experienced staff which helped them to perform the role they were employed for. Staff attended mandatory training, which the provider set as mandatory included safeguarding vulnerable adults from abuse, medicine competency and moving and handling. However, staff were not given the opportunity to discuss their personal development with their line manager.

Members of staff were knowledgeable about the actions in place to minimise risk. Where risks were identified actions plans were based on the advice given. However, some assessments lacked guidance on the staff actions to keep people safe from potential harm.

Care plans were updated and included information about people's mental capacity as well as their ability to make decisions. However, some action plans we saw lacked person centred care, background history, and guidance on meeting people's needs in their preferred manner. Members of staff had some understanding of the principles of the MCA. DoLS applications needed to be made to the supervisory

authority to ensure where people lacked capacity and bedsides were used to ensure these restrictions were lawful

Staff said where appropriate the office staff organised healthcare appointments. A record of the visits and the outcome were maintained electronically. Staff said they were kept informed about changes in people's needs before their visits to the person's home.

Member of staff knew the importance of developing relationships with people. Two community professionals said the staff were caring and gave examples on when staff had shown great kindness and compassion to an individual.

Members of staff said the team worked well together and the team was stable. Team meetings and newsletters were used to inform staff of housekeeping issues, policy changes and training. Spot checks to monitor staff's performance was undertaken annually by line managers. Staff were not able to benefit from formal structures where their personal development and goals was set. Spot checks were annual.

Overall quality assurance systems ensured the service provided was assessed and where shortfalls were identified action was taken to meet standards. The views of people were gathered using surveys and their feedback was that the level of care delivered was good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing rotas lacked detail on the visits to be carried out and the length of the visit. People's comments indicated they had confidence that their visits would not be missed by the staff.

Medicine management systems needed improvement. For example, guidance on the purpose of medicines was not provided to staff. Protocols for 'when required medicines' and topical creams lacked guidance on when to administer these medicines. Staff signed medicines administration charts to show they had administered the medicines.

Risks were assessed and action plans devised on minimising the risks. Staff showed a good understanding of the actions needed to minimise the risk to people. However, some risk assessment action plans lacked detail.

People said they felt safe with the staff. Staff knew the procedures for the safeguarding of vulnerable adults from abuse.

Is the service effective?

Requires Improvement

The service was effective.

Where people had capacity to make decisions they gave their consent for staff to deliver personal care. Where lasting power of attorney's were appointed these people were involved in the decision making. Where bed rails were used and people lacked capacity to make decisions the appropriate authority had not been sought.

Staff had access to a range of training to ensure they had the correct knowledge and skills to provide people with the appropriate care and support.

Staff were not given opportunities to discuss their personal development with their line manager.

Is the service caring?

Good

The service was caring.

People told us that staff were kind, caring and respected their rights.

Members of staff were knowledgeable about people's needs and how to meet their needs in their preferred manner.

Is the service responsive?

Requires Improvement

The service was mostly responsive.

Care plans were not fully person centred as they did not give staff direction on how people liked their care needs to be met. People were aware they had care plans in place and told us they were present during review meetings.

People told us they knew the complaints procedure and who to approach with their concerns. The registered manager investigated complaints and resolved them to a satisfactory level.

Is the service well-led?

Requires Improvement

The service was mostly well led

The quality assurance systems in place were not fully effective as the analysis of risk did not include people with high dependency needs.

Systems were in place to gather the views of people and their relative's.

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Members of staff worked well together to provide a person centred approach to meeting people's needs

Prime Care Associates

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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This inspection took place on 15 and 16 February 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff were available at the agency office.

The inspection was conducted by one 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. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

We contacted people and relatives by phone and . We spoke with three staff , the office manager, care manager and registered manager. We looked at records about the management of the service.

Requires Improvement

Is the service safe?

Our findings

Systems for managing medicines were not always operated efficiently. Staff were not always provided with directions on the administration of medicine. Medicine risk assessments included the storage and re-ordering arrangements. Staff signed the medicines administration sheets. However, staff were not provided with information on the purpose of the medicines and their side effects. Protocols for when required (PRN) medicines and creams were missing and where they were in place, they lacked guidance on administration.

Medicine Administration Records (MAR) charts were sectioned into the times the medicines were to be administered. Members of staff signed the charts to indicate the medicines had been administered. However, the directions for PRN medicines and topical creams were not clear.

Medicine risk assessments were reviewed following the inspection visits. We were told by the office manager that "following your recommendation we have collated information of any medicines or creams that state as required and are in the process of contacting the relevant pharmacies to have them re- prescribed with specific instructions, and MAR updated. We have included a section in the client file that details what medication the client has and what it is used for".

Staff supported some people to take their medicines safely. Staff told us they had medicine competency training. The following comments were made by the people we spoke with about the arrangement for medicine systems. Their comments included "They give me my medicines then write it in a book" and "They don't give me my medicine but they will check that I have taken it and they watch me do my insulin". Relatives told us "Mum's medicines are kept in a safe, they give them to her, then record it and the time they give them" and "His [person] medicines come in a monitored dosette box and as he cannot move around, it is safe to keep them in the kitchen. They [carers] record it on the medicine administration record chart".

People told us that staff mostly arrived on time and were confident their visits were not going to be missed. The people we asked about the staff who visit them made the following comments "They come on time during the week but it can sometimes be later during the week," ,"They are occasionally late but not often, sometimes they will let me know.", "I get the same one [carer] except at weekends and one day in the week, yes I do recognise them.", "I don't have a specific time but usually around 7 but can be as late as 10. Don't usually let me know but its okay, I don't mind.", "They always arrive, never let me down.", "At the moment they are coming regularly the same time around 9am,", "If they are going to be very late either the carer or the office will call me.", "I have a regular lady twice a week who comes to bathe me, she is always punctual or if held up she will call me" and "I do get all different carers but I know them all and I know who will be coming each day."

Relatives told us "The office will usually call if the carer is going to be late" and "Mum has a core of carers she is familiar with all of them, I am sure she feels safe with all of them".

The rotas were not devised on the times staff had to visit people. The rota did not show the anticipated time of arrival at people's homes. For example, staff were to arrive at the homes of the four people at the same

time. A member of staff showed us their rota and we noted on Saturdays they were to complete nineteen visits on their shift. For example, four visits were organised to take place between 12 noon and 1:15pm. This member of staff said "I do them absolutely fine. All tasks are completed." Another member of staff said people were given an acceptable time frame of visits. This member of staff had to complete 25 visits in their eight hour shift. The care manager told us "The staff will remain at the home until the task is completed. Where people make complaints the schedule would be changed. Routes are coordinated close together to cut back on travelling time."

The staff we spoke with told us visits were organised to allow travelling time and visits were not missed. They said where visits were due to be late, the office staff made the person aware of their late arrival.

People we spoke with told us they were protected from abuse and told us they felt safe with their carers. Their comments included "I did have one who didn't seem to know what she was doing. I didn't feel safe with her but she has left now,", "The way they deliver care makes me feel safe, they all know what they are doing, they follow the rules.", "I am familiar with all of my carers, I recognise all of them. This makes me feel safe," and "I don't feel so safe with my Monday carer but that is because she is new to me and she doesn't know me so well yet so I am a bit unsure of her. I will give it a couple of weeks and if I am not happy, I will call the office to talk with them. I am happy to do that".

A relative told us "Even when dad's carer was not a regular carer, he still felt safe with them. They have all been good but now the one he has is the best one of them, so he is happy". Another relative told us "I am pretty sure he feels safe as he would tell me if he didn't".

Safeguarding of vulnerable adults from abuse was set as mandatory training and staff had attended this training. Staff were able to explain the procedures for safeguarding people from abuse. They knew the types of abuse and the expectations placed on them to report alleged abuse. A member of staff told us the expectation was that they reported abuse they might witness from other staff. Another member of staff gave us examples on when safeguarding referrals were made for alleged neglect.

Risk were assessed but action plans were not fully developed on how to minimise the identified risks to people's health and safety. Risk assessments were in place for assisting people with moving and handling, administration of medicines and for people with a history of falls. The falls risk assessment for one person had identified all areas of risk including environmental issues for example, trip hazards. While the person was made aware of the risks there was no corresponding action plan. Details of the advice given to the person and the guidance to staff on how to prevent injury from trip hazards were not drawn together into an action plan.

Members of staff knew the actions in place to minimise risks to people where it was identified. A member of staff said risk assessments were devised by seniors and were kept in care records. For example, where people were at risk of choking their food and fluid intake was monitored. Another member of staff said risk assessments were in place for the environment to ensure the safety of staff and people during the delivering of personal care. The environmental risk assessment for one person had identified trailing oxygen tubes and made staff aware of the trip hazard. Occupational Therapist (OT) assessments were in place for people who required assistance from staff with moving and handling. Where people were at risk from malnutrition the staff followed guidance which included monitoring the person's weight.

Risk assessments were developed for people at risk of choking. The risk assessment stated the person was at high risk of pulmonary aspiration and soft textured meals and thickened fluids were to be served. The registered manager said staff had access to the assessment completed by the Speech and Language

Therapist (SaLT) and office staff had access to copies of the assessment. Moving and handling risk assessment gave guidance on the number of staff needed for each movement. Where there were specialists involved on how staff were to use equipment, their guidance was included in the person's care records.

Accidents and incidents were recorded and analysed for patterns and trend which ensured necessary action was taken to prevent any reoccurrences. A member of staff told us they documented all accidents and incidents and informed the office staff of the event. They said guidance was then provided on the actions to be taken. One incident was recorded and related to medicine errors which included missed signatures and medicines not administered as prescribed. The incident was analysed for patterns and identified as not a common error.

Recruitment procedures ensured staff were suitable to work with vulnerable adults. There were safe recruitment and selection processes in place to protect people. We reviewed staff personnel file of the most recently employed staff and appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Requires Improvement

Is the service effective?

Our findings

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.

People told us the staff gained their consent before personal care was carried out. One person said "They wash me and encourage me to wash myself. They know what I can and can't do, they will always say, I am going to wash your back now is that okay". Another person said "We make decisions together, we talk quite openly". Two people told us about the arrangements in place for making complex decisions. One person said "My son- in- law and daughter have power of attorney [legal agreement giving specific person to help make decisions] and help me with decisions about my care". Some relatives told us their involvement with decision making, for example, one relative said "Mum is not able to make decisions about her care. I do that, I am often there when they deliver care and we chat about it. They are very open." Another relative said "I have power of attorney and I make decisions for him [person] as he is unable to".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. 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 were being met." Staff told us that bed sides were used for some people who lacked capacity to make decisions. These staff were not aware of having authorisation to deprive people of their liberty. As the care regime mounts to a deprivation, an application has to be made to the Court of Protection for an order. This meant the agency providing the care has to contact the supervisory body to say they were caring for a person who was deprived of their liberty.

MCA and DoLS training was set by the provider as mandatory for staff to attend. Staff told us they gained people's consent before delivering personal care. A member of staff said "People are asked, we give people options." Another member of staff explained the actions taken for people that were living with dementia and lacked capacity to make specific decisions. They said people were distracted when they became resistive to personal care.

People told us the staff were well trained and skilled to meet their needs. One person said "The new ones [staff] usually shadow the experienced ones [staff] to start with." and "Yes they know what they are doing. They support me in the bath and they appear to me to be well trained in what they do".

The staff were supported to gain the skills and knowledge to meet people's personal care needs. Staff told us they attended mandatory training set by the provider and there were opportunities for them to gain vocational [work related] qualifications. Two members of staff told us they had obtained a national vocational qualification level three. The matrix in place showed the training staff were expected to attend

which included first aid, moving and handling, dementia awareness and food safety. However, not all staff had attended the mandatory training as set by the provider. The head of care told us where staff had not attended these staff were reminded of their responsibility to attend training.

Appraisals were annual with the care manager but one to one meetings were not taking place. The staff we spoke with told us one to one meetings with their line manager to discuss concerns, training needs and personal development was not taking place. They said issues were discussed as they arose. The care manager told us there were six monthly, unannounced spot checks of staff working practices. This care manager said the spot checks were based on the delivery of care, observations of medicine administration and how people were addressed by the staff.

Following the inspection visit we were informed that by the office manager that "Personal development- following your advice we have created a yearly plan for formal structure to staff development. We will ensure each carer has two spot checks, five supervisions and an appraisal every year (eight sessions a year in total). These will be completed by the senior carers or XX the [care] manager".

The comments of people who needed assistance from staff with preparation of meals included "They will heat up my food which is in the fridge or they will fry me an egg. I usually decide what to have by the time they come.", "They know me well. They know what I have for breakfast. They just get on and do it for me.", "They will prepare what I have chosen to eat and make sure I have drinks and snacks or fruit for the day.", "If I say I don't want to eat they will encourage me and make me something like toast.", "They will prepare the food that I take out, they leave me with a flask of hot drink before they go." and "She [carer] will make sure I have drinks for the day before she leaves".

Staff told us ready-made frozen meals were usually delivered by a specialist company. A member of staff said people were given a choice of meals and ready meals were prepared according to directions.

People told us the staff monitored their day to day health care needs and acted when signs of deterioration were identified. Comments included "They most definitely do keep an eye on my health, especially as I am prone to cellulitis. We have an agreement with the GP that if they suspect any marks, they photograph it and email to the GP." "Yes recently I was unwell and the carer called my GP it turned out to be an infection." and "They will contact the district nurse if they find a pressure sore." A relative told us "They keep me well informed by text of any issues about mum's health even if it's only that she seems under the weather".

Staff said they documented their observations of people's health care, the action taken and outcomes of healthcare visits. They said some GPs documented the outcome of their visits on the daily report . A member of staff said the office staff were made aware of people's health conditions and they organised visits. They said emergency services were contacted where urgent medical attention was needed.

Good

Is the service caring?

Our findings

People told us their carers were kind and caring. They were interested in people and felt involved with their care. They told me that their privacy and dignity were respected. People told us "We talk about our families, they know all about my life. Not sure if it is recorded." "We have lots of laughs and giggles, it's part of my day.", "We do laugh a lot they, know all about me." "They are kind and helpful. They do what I want and will check before they leave that I have everything I need.", "They will pick up something from the shop on their way if they see I am low on something, they are very kind and caring." "It's over two years now and we know each other very well. They know my career and will chat away to me." and "Sometimes it depends who comes, some are more chatty than others but we can usually have a good laugh."

Relatives comments included "They know his [person] likes and what he likes to talk about, they even look at his grandads old photo book which he loves.", "They laugh with her [person]. They discuss her past. They know she is from Malta so they talk about that, I am not sure if it's in her care plan.", "He used to have live in carers, the house is so much calmer now, so much better and that all due to Prime Care.", "They are very relaxed with my husband, they chat away to him he is 100% ok with them.", "They laugh and joke with him and talk about his favourite programmes on television. Not sure if it is recorded I will have to check.", "Dad knows all of their life history so I guess they know his.", "We use a communication book between carers so they can advise me of anything he needs or any concerns." and "Each one that comes chat away. They are so kind and caring I am not sure what they talk about, but I can hear them talking".

Members of staff understood the importance of making people feel that they mattered and were listened to. . A member of staff said "We reassure people, we support them to live independently and we give people options." They said during personal care they spoke to people about their background history. Another member of staff said "[We] build a rapport with people and that people received consistency of care from the same core group of staff." The third member of staff we spoke with said they listened to people and ensured people understood the staff were interested in their views. This member of staff stated "I tend to say. You can choose. They know you are there for them".

A social care professional told us "All prime carers that I know of and have worked with over many years, go above and beyond their duty of care with our client group – they listen and often respond to 'troubles,' the clients often have." This professional gave us an example of when staff showed great compassion towards one person. They stated "I cannot express how grateful and relieved the client was – to me, this type of 'support' absolutely evidences how genuinely caring the carers are – can I also stress the carers always make contact if they feel their role or support may become detrimental to the client".

People told us their rights were respected by the staff. The comments made by people we spoke with included "They will always close the door when washing me.", "They have empathy, they treat me as an individual, I feel they are part of my family.", "They are most discreet, they will always have the towels ready, they are so kind and caring." and "Yes there is always a towel ready to cover my private parts". Relative's comments included "If I am here they will close the door to deliver his personal care." and "I am unsure what happens as the door is closed but I hear lots of laughter and banter going on".

Members of staff gave us examples on how they respected people's rights. A member of staff said they asked the person if they wanted privacy while they undertook their personal care. Another member of staff said "People need to be respected. [We] give people time. [We] respect people's dignity. [We] speak to people during personal care." The third member of staff we asked said they ensured people were aware of their rights to choice. They said "I abide by what people say".

Requires Improvement

Is the service responsive?

Our findings

The Provider Information Record (PIR) completed sent to us before the inspection told us care plans were to be improved with the next 12 months. Within the PIR it was stated that "We are currently looking into introducing more in depth information about the client by using one-page profiles to provide background information about the individual and also create a good day / bad day scenario plan for each client. This will allow the carer and the office to better understand the client and respond appropriately to their individual needs".

Care records provided people's personal information which included their contact details, the healthcare professionals involved with the person and other specific information about the person's needs and access into the person's homes. Care records were sectioned into care planning, risk assessments, daily reports and medicine administration. Other information held within care records for some people included confirmation of Mental Capacity Act (MCA) assessments and social workers' care plans

The care plans we viewed were not designed to reflect people's preferences. For example, the person's preferences on how staff were to deliver personal care and the aspects of the personal care the person was able to manage without support were not included. The care plans listed the tasks staff were to undertake on each visit, which included some guidance to staff. For example, the assistance needed with transfers, meals to be prepared and assistance needed with medicines. People's background histories were not part of their care plans. A member of staff said initial care plans were developed as staff gained more information about the person. They said as staff built a relationship the carers gained knowledge about people's likes and dislikes. This meant care plans did not include information which ensured people were viewed as individuals by the staff and placed them at the centre of their care.

The care plan for one person advised the staff on the person's physical condition and the impact this had on the person's ability to communicate. It was stated the person had limited communication due to a stroke and while the person was able to understand they were not always able to respond. Staff were informed the person at times became frustrated but this was unintentional. For another person the care plan included their preferred first name and the list of tasks the staff were to complete. For example, apply topical creams and prepare a hot meal.

A member of staff said the seniors devised care plans and risk assessments and where necessary updated them. Another staff member said the care plans had enough information for a new carer to complete the tasks. They said "You get to know people and what they like. People have continuity from a stable staff group". The third member of staff said the staff read the care plans and they had "the level of information needed".

People told us care plans were devised when they started using the agency. They said there were opportunities for them to discuss their care needs. Their comments included "When the care was set up we had an assessment and met the registered manager of Prime Care and the carers were introduced when they started.", "They came to see us initially and discussed her [person] needs including what equipment we

might need. They set up a very clear care plan." and "The care plan is up to date. They will tell the new ones [carers] to make sure they read it as it gets updated regularly". Three people told us they were "due for a review of their needs".

A social care professional told us there were no concerns about the agency's care planning process. The said "I have never had any concerns or criticisms regarding care planning with Prime Care – they fully understand the reality of the work and as much as there is a need to remain professional (and often corporate) Prime Care diligently personalise every care plan to the client group". However, this was not consistent with our findings.

Following from our inspection visit we were told that care records and support plans were reviewed and updated. We were told "We are already using these for new clients and will roll out to all our clients in the coming months. These are now completely person centred and include details on mental capacity and Lasting power of attorney details. Each client file will contain a personal profile, good day-bad day, client likes and dislikes, a support plan in brief and a detailed support plan which is person centred and contains more detail on how to provide the care required".

People felt confident to approach the agency staff with complaints. Comments from people included "I only ever had to complain once when they didn't turn up, they listened and dealt with it and it has not happened again.", "I would phone the office if I needed to complain. I never have had to, they are very good when it comes to changing care times.", "I did ring the office once when the carer was so late, they rang me back to say they were on their way.", "I used to get all different carers, so I complained, they sorted it and now I get a core of four or five much better.", "I am as happy as a lark with my care, I cannot recall ever having to complain.", "I never have to call the office but if I did I would not have a problem with it" and "They are always helpful, they offer reassurance if I am anxious when I call and will ring a family member if they are concerned about my anxiety".

Relatives told us "I had a word with XX [care manager] over some non-communication when two carers come together. She listened to me and said she would have a word. It's fine now.", "I recently spoke with them to increase my dad's care which they did, but I am now unsure he needs it so I will arrange a meeting. His care plan was updated and does get updated when things change.", "I would call XX [care manager] with problems, I have known her a long time" and "I did make a complaint once when they did not turn up, it was dealt with and been fine since".

Members of staff told us they pass complaints they received from people to the office staff. This member of staff said "We apologise and explain the actions we will take". There were no outstanding complaints received at the agency. Another member of staff said the complaints procedure was kept in people's care file. They said where a complaint was made the agency staff made them aware of the complaints received.

Requires Improvement

Is the service well-led?

Our findings

Auditing systems were in place to assess the effectiveness of the agency and the personal care people received. The office manager with delegated responsibility for the auditing of the service told us there was an eight weekly rolling programme which included staffing, training, visits, complaints and care planning. However, not all our findings had been identified for improvement within the audits. For example, supervision of staff and medicine systems.

The audit for week one showed the staff employed and missed visits were reviewed. Missed visits were investigated and it was concluded that there was an oversight from the member of staff responsible. A call monitoring system was to be introduced to prevent a reoccurrence of the incident. The office manager told us care planning was an ongoing audit. The registered manager told us the auditing system was to be improved and will include monitoring people with complex needs. For example, people with pressure ulceration and people at high risk of falls. Following from the inspection visit the office manager told us "We have created a high risk client list that will be monitored and reviewed regularly". The office manager told us the improvements will be made following our inspection findings. However, the audit system had not identified the areas for improvement found during the inspection.

Staff understood the values of the organisation. A member of staff said "The agency stood for providing good care to the community". Another person said "Person centred care was the approach used to meet people's needs." The third member of staff we spoke with said the values of the agency included helping people live at home independently and providing good quality care". The care manager told us the values of the organisation were "quality care through experience, reliability and dedication."

A registered manager was in post. Some people said they didn't know who the registered manager was but they felt able to contact the service to raise any issues or concerns. The people we spoke with said they would recommend the agency. The comments made by people and relatives included "The office are always polite and helpful, I know the manager.", "Yes I know XX [care manager] very well.", "We changed from another care agency and this one is so much better, it's well run, they are on the ball, the office seems well organised." and "I recently had two nights away and they sorted out extra care for my husband, great peace of mind, they were very helpful in sorting it out".

Staff said the team was "excellent" and well supported. They said the on-call system provided advice at all times. Another member of staff said "I love working here. Everyone is helpful. I have never had an issue or problem. The team is good". The staff's comments indicated that they had more contact with the care manager and they worked well with this manager. I would not hesitate to call for advice." The third member of staff we spoke with said "The team is lovely. There is good working between staff. The care manager is nice and helpful".

The views of people and their relatives were sought through the use of questionnaires. The registered manager told us 66 people responded and the analyses showed 99.5 percent of the responses received were positive. People's feedback also included comments about staff rushing to complete their personal care, the

timing of the visits and the attitude of some staff. The registered manager told us feedback received from people on suggestions and improvements were actioned.

People and relatives complimented the staff on the delivery of personal care. The agency received thank you cards from people. The local authority nominated the agency for a Dignity Care award. A social care professional told us "Contacting Prime Care and managers have always been achievable which is not the case for many agencies. We often have discussions about ways in which to improve client support but this goes both ways – I believe we work in partnership, respecting each other's suggestions but keeping the client's needs at the centre of all discussions".

Weekly newsletters were sent to all staff which addressed issues such as housekeeping and gaps in the delivery of care. Good news items, guidance and updates were also included.

The care manager told us there was a low turnover of staff. They said "We try to be the best, we value our staff and try to keep them [staff] happy. We allocate work and supervise staff which is reflective of the low turnover of staff.