

UK Prime Care Services Limited

# UK Prime Care Services

## Inspection report

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Date of inspection visit:  
30 June 2022  
22 July 2022

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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

### 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 seven 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 had not been made since the last inspection in October 2021. Improvements were still 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 still not always being recorded and safer recruitment practices were still not being followed. The providers monitoring processes were still not effective as they had not picked up all the issues we found during this inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. However, the records in place did not always ensure care staff had appropriate information about whether people had capacity to make specific decisions about their care.

Feedback was positive about the kind and caring attitude of the whole staff team and people and their relatives confirmed staff had observed their care before starting and knew them well.

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

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

People were supported by staff who enjoyed working for the company and spoke positively about their working environment and the support they received. Staff were also able to speak with the provider in their

native language to support them in their role.

People and their relatives told us staff were patient and understanding and regularly went the extra mile to support them. One relative told us they were also provided with emotional support which had a positive impact on their own health and wellbeing.

The provider told us it had been a challenging experience since the last inspection trying to manage the service and acknowledged there were still improvements to be made.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement

We have identified repeated breaches in relation to consent to care, safe care and treatment, good governance and fit and proper persons employed at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from 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, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

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

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

The registered manager had recently deregistered on 15 June 2022. They were not involved in the previous inspection in October 2021 and had not been responsible for the day to day running of the service. We liaised with the nominated individual throughout this inspection and the previous inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. A manager was in the process of being recruited and was in the early stages of the application process.

#### 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 30 June 2022 and ended on 5 August 2022. We requested a range of documents related to people's care and policies and procedures that were sent to us by the provider between 4 and 11 July 2022. We had scheduled to visit the office location on two occasions between 7 and 14 July 2022 but the provider was unable to facilitate the visit due to an injury. We visited the office location on 22 July 2022 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 6 July and 2 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 the previous inspection report and the provider's action plan that was submitted after the last inspection. We also reviewed a registration report related to the nominated individual, who had applied to be the registered manager and had an interview assessment on 8 March 2022. 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 four staff files in relation to recruitment. We also reviewed records related to the management of the service, which included a training matrix, training records and policies and procedures.

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

We contacted five people and spoke with one person and four relatives as not everyone was able to fully communicate with us over the telephone.

We contacted two health and social care professionals after the inspection but did not hear back from them. We provided formal feedback to the nominated individual via email on 5 August 2022.

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

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- After the last inspection in October 2021, we shared the related guidance and regulation with the nominated individual to ensure they were aware of their legal requirements. However, safer recruitment procedures were still not being followed to ensure staff were suitable to work with people who used the service.
- Interview assessment records were still not being completed and any gaps in employment histories were not recorded. References for all four staff files had not been verified even though they had not confirmed the dates the applicants had worked for them.
- For one applicant, the nominated individual confirmed they had given them a blank reference form and asked the applicant to get it completed. Once returned, the information within the reference did not confirm who the reference was from, provide their dates of employment and gaps in their employment had not been discussed or recorded.
- The nominated individual acknowledged he was unable to confirm any of the applicant's employment dates and they had not been verified. This meant the provider continued to fail to adhere to the legal requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 continued breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the provider was in the initial pilot stage of using an electronic call monitoring (ECM) system to confirm visits had been made. We did not analyse any ECM data as it was still being implemented.
- The nominated individual had regular correspondence with people, their relatives and care staff to check people had received their care visits. All the feedback we received about timekeeping was positive.

Comments included, "They are on time and update me if they are running late. Sometimes they stay longer, they are good like this" and "We have been told, if we have an issue with timekeeping, we can call [nominated individual], but we haven't had any problems like that."

### Assessing risk, safety monitoring and management

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The care records and risk assessments we reviewed continued to lack any specific detail or guidelines for staff to follow to mitigate any possible risks. Records related to two people we reviewed during the last inspection in October 2021 had not been updated, despite highlighting the issues in written formal feedback and within the previous inspection report.
- Where two people required moving and handling support and assistance with transfers, there continued to be no information about the transfers or any guidelines for staff to follow. It was unclear as to the level of support people needed or how staff should support them safely.
- Where mobility equipment was being used, such as hoists, there was no information about the equipment and the nominated individual did not know who was responsible for the maintenance and checks of the equipment to ensure it was safe for the staff to use.
- Another person's care plan identified they were constantly at risk of falls which would result in a physical injury and staff had to help them to limit falls. It also highlighted they regularly fell out of bed. There was no information about the support needed and the risk assessment form was blank. The nominated individual acknowledged records needed more information about the support being provided and how staff kept people safe.

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

- People and their relatives were very positive about the support they or their family members received and told us they were reassured staff helped to keep them safe. One person who was transferred by staff with the aid of hoist told us they felt extremely safe and staff knew what they were doing.

### Using medicines safely

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- 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 still 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.

- Medicines information in this person's care plan did not match the medicines that were highlighted on their MAR chart. For four tablets that had been prescribed, three of them had been signed on the MAR chart as given in the evening, but daily logs recorded this was done in the morning. The nominated individual acknowledged they had not picked this up.
- At the last inspection, 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. We saw they had since completed medicines training, but not until April 2022. The nominated individual also acknowledged their competency had still not been assessed.

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

### Preventing and controlling infection

- At the time of the inspection the provider did not have systems in place to ensure staff were following the current government guidance for COVID-19 testing requirements. Although the nominated individual was providing lateral flow device (LFD) test kits for staff, they were unaware they could access them via the government portal at no cost.
- Staff were unsure of the current guidance and some staff told us they were only testing once a week. There were no records kept to confirm or check staff were following the guidance, which the nominated individual acknowledged.
- Staff told us they had completed infection and prevention control (IPC) training and were regularly updated with any advice to help reduce any risk of COVID-19. Staff had access to personal protective equipment (PPE) and could pick it up from the office or inform the office when they were running low.
- All the feedback we received from people and their relatives was positive. One relative said, "There have been no issues during the pandemic. They always wear their masks, wash their hands when they come and when they leave. They are very confident with this."

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

- There was a safeguarding policy in place and staff completed safeguarding training as part of their induction. There had been no safeguarding incidents since the last inspection. Staff confirmed they were still confident if they had to raise any concerns to the nominated individual they would be dealt with appropriately.
- Positive comments from people and relatives included, "I feel it is a safe service and the care worker understands them well. There are no issues at all" and "The service is going well. [Nominated individual calls them constantly to check they are safe and OK."
- There was a system in place for the reporting of any accidents and incidents and staff knew what process to follow if one occurred. There had been no incidents or accidents across the service since the last inspection.

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

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

Although there had been some slight improvement in this area since the last inspection, further improvements were still needed and the provider was still in breach of regulation 11.

- The provider was still not working within the principles of the MCA. Mental capacity assessments were not carried out or recorded at the initial assessment. This meant staff did not have the appropriate information about whether people had capacity to make specific decisions about their care.
- For example, for one person their care plan said they were easily confused and could not express themselves confidently. It stated they had dementia, impaired cognition and regularly forgot things. Their capacity had not been assessed and there was no further information about their ability to make specific decisions about their care.
- At the last inspection the nominated individual acknowledged they were not fully aware of the legislation but would make sure it was something that would be implemented across the service. During the nominated individual's registered manager interview in March 2022, their application had been refused. One of the factors highlighted they were not aware of the principles of the MCA. At this inspection the nominated individual acknowledged they were still not fully aware of the legislation.

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

- Since the last inspection we saw the provider had accessed some specific training related to the MCA and eight staff had completed this. Feedback from people and their relatives was positive. A relative told us when they observed care staff supporting their family member, they always made sure they were involved and sought their consent before doing anything.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider consider current guidance and best practice on resourcing appropriate training and keeping formal records of staff supervision. The provider had made improvements related to training requirements, but not with supervision records.

- Since the last inspection, the provider had sourced an online training provider and the nominated individual had stopped providing the training themselves. This was part of the training and induction programme which was based around the Care Certificate.
- The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Staff confirmed they completed the training and felt it supported them in their role. This also included introductions with people and shadowing visits before they started working on their own.
- Whilst staff confirmed they had regular opportunities to discuss their role and felt well supported, there continued to be no formal records of shadowing or supervision. The nominated individual acknowledged this and told us due to the challenges of managing the service on their own, they did not have time to do this. Please see the well-led section of the report for further information.

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

- The provider assessed people's needs before they started using the service. At the last inspection the nominated individual told us they were responsible for carrying out initial assessments and were planning to recruit assessors to complete this role. At this inspection it was still the nominated individual as no assessors had been recruited.
- The provider had not always followed up with the relevant health and social care professionals involved for any further support or guidance. Where they had followed up for one person, the information from the local authority assessment had not been updated into the person's care plan.
- The nominated individual told us due to the commissioning arrangements, most contact was with people or their families. Where they had followed up with one health and social care professional, they highlighted challenges in receiving a response from them.

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. There had been some improvements since the last inspection as more information had been included for two people about their nutritional needs, including any specific cultural needs and preferences.
- Improvements were also seen in the level of detail in the daily logs for two people, which highlighted the foods they were given, which were in line with their preferences and cultural needs. However, there were still some inconsistencies as records and daily logs for two other people were less detailed about their preferences.
- People and their relatives were positive about this support and confirmed they and their family members

were involved and knew what they liked to eat. One relative said, "They are very aware of what they like and they always ask them what they want. If they are ever unsure, they ask me as well."

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

- Similar to the previous inspection, 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 relatives if they noticed any changes in people's health and wellbeing.
- Staff confirmed they were regularly reminded by the nominated individual about what to do in the event of an emergency and the importance of reporting any issues or concerns to the office.
- One person told us staff were available if they felt they needed support in an emergency. They added, "As I live on my own, I have called them in emergency situations. They have come late at night or early in the morning to help me."

# 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

- People were supported by staff who treated them with kindness and compassion. People had continuity of care and staff knew people well and how they liked to be supported. One person told us the same staff member had supported them for over ten years.
- People and their relatives confirmed staff were introduced to them and completed shadowing observations before they first started, which helped them understand their care needs.
- Comments included, "They are all very friendly, which makes us feel happy with the service", "They are very patient and caring. They have a good relationship with [family member]" and "They are very respectful and very polite when speaking with my [family member]."
- One person told us they felt staff, including the nominated individual, always put their needs as the main priority. They added, "They are a good agency as they have a kind and considerate understanding towards people with disabilities."

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

- The nominated individual continued to have 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 any extra support.
- People and their relatives confirmed this and told us they continued to be fully involved and the nominated individual listened to them during any reviews or updates. One person said, "I have freedom of choice regarding my care requirements and we discuss my needs every month."
- Relatives told us how important it was that staff and the nominated individual could speak with them and their family members in their first language. One relative said, "As they speak the same language, this makes sure they are always able to be involved in their care and make decisions about what they want, and staff understand this."
- Another relative told us how the nominated individual had helped them and their family when important information needed to be translated, or if an interpreter was needed and one could not be provided. They added, "We are so very happy about this."

Respecting and promoting people's privacy, dignity and independence

- Feedback from people and their relatives confirmed staff respected their privacy and dignity and helped them to be as independent as they could be.
- One relative told us staff were very patient and understanding when it came to supporting their family member with personal care. They were confident staff had a good understanding of how to ensure their dignity was respected, even when it could be difficult at times.

- At the last inspection, we saw some staff had not completed a training module in privacy and dignity as part of the Care Certificate. At this inspection we saw all staff had now completed this.

# 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 requires improvement. At this inspection this key question has remained the same. This meant we could not be assured people's needs had always been met.

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

- At the last inspection, we saw people's care records lacked sufficient detail about how people liked their care to be provided. The nominated individual acknowledged this and accepted that people's care records needed to include more detail about their care needs.
- At this inspection, although there had been some improvements, it was not consistent across all of the records we reviewed. There had been improvements in some people's daily logs, as staff had started to provide more detailed information about the support people received which was in line with their care plan.
- However, information in some people's care plans continued to be basic and lacked detail about how people liked their care to be provided. For example, two care records we identified needed improvement at the last inspection had not been updated. The nominated individual acknowledged this and told us they had not had the time to action this.
- Despite this, people and their relatives continued to speak very positively about the service and felt it was personalised and flexible to meet all of their care needs. Comments included, "We have the same staff member and they know [family member] really well and what they like, what they need to do" and "Staff really understand [family member] and because of this, I feel they are receiving the best care that is possible."

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. 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 take part in activities of interest if this was part of their agreed care. We saw one person was regularly supported to go to the gym and access local amenities. Another person was regularly supported to go to the park and visit local markets.
- People's cultural and religious needs continued to be supported. People and their relatives told us staff understood and respected their cultural preferences, could speak the same language and cook preferred

foods, which was important to them. One person told us this was why they had changed care agencies, as previous agencies had been unable to meet these needs.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place and was discussed with people and their relatives when they started using the service. The nominated individual told us they gave people and their relatives plenty of opportunities to give feedback about their care during regular telephone calls, home visits and reviews.
- People and their relatives confirmed this and we saw there had been no complaints since the last inspection. Comments included, "He always calls to make sure we are happy with everything. This is one of the best things about the service" and "We have never had to make a complaint, but I would feel confident contacting them if I had to. I feel they would be open to listening to me."

#### End of life care and support

- End of life care was not being provided at the time of the inspection. The nominated individual confirmed as per the last inspection they would not be accepting any new care packages if this specialist support was required.
- People's care plans had a dedicated section for this to be discussed with people if they started to support people at this stage of their life or if people's needs changed.



# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. However, positive feedback was received about the nominated individual 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

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not have effective systems in place monitor the quality of the service and ensure there were complete and accurate records of the care people received. There were continued issues with risk assessments, medicines records and recruitment practices.
- Records related to the monitoring of the service, such as telephone monitoring, spot checks, staff supervision were still not being recorded. There continued to be inconsistencies with the level of information recorded in people's daily records which did not provide an accurate picture of people's care.
- Care plans had not been updated despite identified issues being shared with the nominated individual. Records returned to the office were still not being routinely checked for issues or concerns, or to see where improvements could be made.
- Despite the positive feedback we received from people and their relatives, the nominated individual had not identified the issues we found and had not taken the necessary actions to address the issues highlighted at the last inspection.
- During the nominated individual's registered manager interview, the CQC assessed them as being unable to demonstrate the full understanding of the registered manager role and was unclear on aspects of the management of the service. The CQC were not satisfied the service would be consistently managed or well-led and their application was refused.
- The provider failed to submit a sufficient action plan within the given timeframe after the last inspection. They were unaware of this requirement, even though it was clearly highlighted in correspondence sent to the nominated individual. We had to chase this up and request it as a priority. The outcome from this inspection showed the provider had not followed their own action plan.

We found no evidence that people had been harmed however, quality assurance systems were still not

robust enough to demonstrate there was an accurate and complete record of the care and treatment people received. The provider failed to have effective quality auditing systems and processes to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the nominated individual during the inspection who acknowledged they had not been able to make the necessary improvements since the last inspection. They added, "It has been very challenging running the company and things have been missed. Hopefully with a new manager we will be in a better place and this is a learning experience. I hope this won't be a conversation we will be having a third time around."

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

- People and their relatives continued to praise the management of the service and the level of care they received. All feedback highlighted the nominated individual cared about people and regularly checked on them and listened to any issues they had.
- Comments included, "He calls [family member] constantly to check if they are OK, if they need help with anything. He pops to the house and calls on the phone. This is really helpful for us" and "The best thing is, with all the help we get, is the impact it has had on all of our family."
- Staff were also positive about the management of the service and the level of support they received. Comments included, "He is good, he really understands us and communicates well. He gives us what we need" and "They are a hard-working company and always checking on the clients to make sure they are safe and getting a good service."
- Once care worker told us they felt the nominated individual had been trying to improve the service since the last inspection. They added, "We had a meeting after the last inspection and they have been checking more regularly."

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

- Although formal records were not being completed, people and their relatives confirmed they had opportunities to be involved in the service and gave regular feedback about their care. They also confirmed they had regular correspondence with the nominated individual.
- People and their relatives praised the communication with the nominated individual and could always get hold of him when needed. One relative said, "I know I can call him but most of the time he calls me and asks how we are doing."
- Staff also commented positively on the lines of communication they had with the nominated individual and how they were always kept updated about the service. Staff we spoke with enjoyed working for the company and felt valued in their role. They highlighted the nominated individual was able to provide support and advice in their own language to help them in their role.

Working in partnership with others

- Due to the funding arrangements of people's care, the nominated individual explained their main involvement and communication was directly with people and their relatives rather than any relevant health and social care professionals.
- Where people had health and social care professionals involved in their care, the nominated individual had not always attempted to make contact with them for advice or support.
- At the last inspection, we advised the provider to sign up with local provider forums and registered manager networks for further guidance and support. However, the nominated individual said he had not

been able to. We shared further guidance and network links with the nominated individual after this inspection to support them in their role to get advice and support across the sector and to learn from best practice.

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

- Even though there had been no incidents with people they supported, the nominated individual told us they knew it was their responsibility to be open and honest if anything went wrong. People and their relatives told us they felt the nominated individual was an open and honest person.
- During the nominated individual's registered manager interview, the CQC assessed them as being unable to demonstrate the knowledge and understanding of the legal responsibilities. We shared information about the duty of candour regulation with the nominated individual after the inspection.

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>Regulation 11 (1)</p>
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>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not ensure recruitment procedures were operated effectively.</p> <p>Regulation 19 (1)(2)</p>

