

Primecare Support Limited

Aylesbury Prime Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aylesbury Prime Care is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 133 people using the service. 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.

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

At our last inspection we found many areas of the service were inadequate which placed people at risk of harm. We served three Warning Notices and issued five requirement notices for breaches of regulations. At this inspection, we found the service had improved and taken action to meet the Warning Notices and were no longer in breach of regulation.

People told us they felt safe with staff from the service. Staff had received safeguarding training and told us they would not hesitate to report any concerns. Any safeguarding concerns had been reported to the local authority and CQC had been notified. Staff had worked hard to ensure there were no missed care visits. Further work was needed to make sure visits were carried out on time, the provider was monitoring this. The provider monitored times and durations of care calls, data was collected, analysed and shared with the local authority weekly.

Risks to people's safety had been identified and assessed. Management plans were in place which the provider had reviewed. Further improvement was needed to make some risk management plans more personalised. Since the last inspection the provider had moved all records onto an electronic care planning system which helped them keep oversight of risk management. Incidents and accidents were recorded, and the provider reviewed them to identify any themes. Any lessons learned were shared with staff to try and prevent reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's whole needs were assessed and recorded in individual care plans. This gave staff guidance on a range of support people required to maintain independence living in their own home.

Medicines were managed safely. Staff had been trained to administer medicines and recorded all the medicines administered on people's individual records. Staff liaised with various healthcare professionals when needed to make sure people's health needs were met. Feedback we received from professionals about staff and the service was positive. They found staff to be responsive and knowledgeable about people's needs.

People and relatives told us staff were kind and caring. People spoke to us about how they looked forward to their care workers visit. Overall people thought staff were trained but there was not the same confidence

with newer workers. Staff had an induction when they started work which included all modules of the Care Certificate. Staff were able to shadow a more experienced worker and had their competence assessed. Staff received an ongoing programme of refresher training which was monitored and delivered in part by a training manager.

Recruitment was safe. Staff had the required pre-employment checks carried out. The provider had faced challenges recruiting new staff which they were trying to overcome. People told us there were times the service felt short of staff, which they said resulted in late visits. Whilst overall people did not feel rushed, they knew their care workers were busy. We shared feedback from people with the provider who was also carrying out quality surveys to gather people's views.

There was a registered manager in post who had registered since the last inspection. Staff told us the registered manager was approachable and dealt with any concerns. People and relatives did not all know who the registered manager was. We shared this with the provider who told us they would send out some communication about the manager. Staff felt supported by the provider and many were long standing staff who all enjoyed their jobs. Staff had meetings and opportunities to share their views. The provider carried out spot checks regularly with staff to monitor quality and safety.

People were cared for by staff wearing suitable personal protective equipment. Staff tested for COVID-19 regularly and had received training on working safely. The provider made sure staff had all they needed to work safely during COVID-19.

Quality monitoring was taking place and the provider was regularly carrying out checks with people to monitor improvement since the last inspection. The provider had reflected on what had gone wrong at the last inspection and made many changes to carry out the improvement required. The provider worked in partnership with the local authority to meet people's needs.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 22 June 2021) and there were eight breaches of regulation. We served the provider three Warning Notices following the inspection and five requirement notices. 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 improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 22 June 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

Follow up

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aylesbury Prime Care

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 three inspectors, a medicines inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

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

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 a registered manager in post.

Notice of inspection

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

Inspection activity started on 9 May 2022 and ended on 30 May 2022. We visited the location's office on 11 and 23 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 17 people and 12 relatives about people's experiences of care received. We also spoke with 11 members of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed care and risk management plans for 23 people, recruitment files for six members of staff, complaints, compliments, safeguarding records, meeting minutes, multiple medication records, staffing rotas, incidents and accident recording, training records and staff supervision records. A variety of records relating to quality monitoring were reviewed as well as policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed. Whilst we found the provider had made improvements the rating reflects that it will take time to see these improvements embedded into practice and areas of improvement sustained.

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 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we served the provider a Warning Notice for this breach of regulation.

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

- At our last inspection, we identified people supported with bed rails, receiving oxygen therapy, or being administered anticoagulant medicines had no risk assessments in place. Additionally, when people were at risk of choking or had health conditions, the provider had failed to assess those risks and produce guidance for staff. These shortfalls had placed people at risk of avoidable harm.
- At this inspection we found risk assessment and management had improved; risk assessments were now in place where required. The provider had moved from paper based care planning and risk assessment, to an electronic system. This enabled them to review all the risk management plans and make sure suitable plans were in place to mitigate risks to people.
- Risk assessments and staff guidance was not always personalised. The provider confirmed this had been identified as part of their quality monitoring and plans were in place to review and personalise risk assessments, and associated guidance.
- People who experienced distress reactions and required a behaviour support plan had guidance in place for staff to follow. This included prompts for staff to think about their communication and body language.
- The provider assessed the environment where staff would be working both internally and externally. Any potential hazards were identified and guidance for staff was recorded. If staff had any concerns, they were reported to the office so action could be taken.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely which placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we served the provider a Warning Notice for this breach of regulation.

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

- Since our last inspection, we found improvements had been made in the way the service supported people with their medicines.
- At our last inspection, we found guidance for 'as required medicines', was not always available to staff. This placed people at the risk of avoidable harm. At this inspection, we found improvements had been made and guidance, in the form of 'as required' protocols, were in place to help staff give these medicines consistently.
- However, we found that when people were prescribed variable doses of 'as required' medicines, protocols were not always clear about when to administer the lower or higher doses. We discussed this with the provider who told us they would take immediate action to address this shortfall.
- People had electronic medication administration records (MAR) which supported staff to administer medicines safely. When medicines were not administered, an automated alert was generated and flagged to staff in the office. We saw that all alerts were followed up by office staff, and records showed that all missed administrations were accounted for.
- Staff had medicines training and were assessed for competence to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to routinely and consistently protect people from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At our last inspection we found safeguarding concerns had not always been reported to the local authority, people had experienced missed calls and calls that had been poorly planned. Following our inspection, we made a number of safeguarding referrals.
- At this inspection we found outcomes for people had improved. All safeguarding incidents had been reported to the local authority and notified to CQC. One member of office staff was responsible for this process and systems had been reviewed and amended.
- Since the last inspection, the provider had reviewed their contracts with the local authority and stopped providing certain types of care packages. This meant they had reduced packages to a more manageable number which had improved consistency of visits. There had been no missed calls.
- Overall people told us they felt safe with the staff. Comments included, "I've got no worries, no worries at all", "They [staff] always test the temperature of the water when I have a shower, so it's not too hot and I don't get burnt", "Oh yes, I feel safe with [staff] here. I do trust them" and "Yes, we feel safe with them [staff], definitely, there are no concerns there."

Staffing and recruitment

At our last inspection the provider had failed to safely recruit staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At our last inspection we found staff had not been recruited safely because the provider had not consistently carried out all required pre-employment checks for staff employed.

- At this inspection we found staff had the required checks in place. A member of office staff was allocated to oversee recruitment files and took responsibility for carrying out the required checks. This included checking gaps in employment histories and obtaining references.
- All staff had been checked with the disclosure and barring service (DBS). A DBS check helps providers make safer recruitment decisions.
- People we spoke with had a core group of care staff, but they did tell us at times there appeared to be a shortage of staff. They said this meant that their visit could at times be late.
- Comments from people and relatives about punctuality included, "They [staff] are on time unless someone is sick. Then it's awful. A short time ago it was happening every week. Now it is getting better. They can be very short staffed. They [the provider] do phone me. It's worse at half term, they need more staff", "Occasionally carers can be in a rush. On weekends the carer is always late" and, "If they [staff] are going to be a lot late they let me know. They are late now perhaps once or twice a month. Sunday's carers were never on time and I cancelled."
- The provider talked to us about staffing challenges they had faced over the last 12 months. Recruitment was ongoing and the provider had applied to the home office to recruit more staff from overseas. In order to mitigate risks, the provider was taking steps such as not taking on certain packages of care and prioritising people most at risk.
- We shared the feedback we received with the provider. They told us they were completing quality monitoring with people to make further improvements.

Preventing and controlling infection

- People were supported by staff who had been trained on working safely in COVID-19 and had access to personal protective equipment (PPE). Staff told us they had plenty of PPE to use and were able to get more stock when needed.
- People and relatives told us staff wore the correct PPE all the time. Comments about the staff included, "They [staff] wear their masks, aprons and gloves", "They [staff] have [PPE] on all the time, and they're very clean" and, "They [staff] wear all of it every time, and keep everything around me very clean. They take all their disposable gear out with them when they go too which is very pleasing."
- The provider had made a short video to share information and demonstrate how to put on and take off PPE and how to thoroughly wash hands. The video was available on the providers website.
- Staff were testing regularly for COVID-19 and the provider knew where to go for advice and guidance for infection prevention and control.

Learning lessons when things go wrong

- At the last inspection the providers systems for learning from incidents was not robust. Since the last inspection systems had been reviewed to make improvements.
- A member of staff was allocated to review incidents and accidents and make sure the required action had been taken. We observed on meeting minutes discussions with staff had taken place to identify actions required to prevent reoccurrence.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to make sure staff were suitably trained and skilled for their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we served the provider a Warning Notice for this breach of regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection we found staff had not been routinely and consistently trained to make sure they had the skills and knowledge needed for their roles. We were also not assured by the induction process for newer members of staff.
- At this inspection we found improvements had been made to the training and development of staff and more training was being planned. Specialist training had been provided for the office team to make sure they were skilled in managing risks and planning care calls.
- Staff were supported to complete mandatory training and there was additional training provided on health conditions such as epilepsy.
- A training manager was employed who had oversight of training completed by staff. They made sure staff had refreshers when needed and they supported induction for newer staff, Those new to care completed the Care Certificate.
- People told us their regular staff were competent and skilled, there was some concern about the skills of newer staff members. Comments from people included, "They [staff] are very competent, very friendly. Not pushy at all", "Staff have definitely been trained and they have matched the right carers for me. They [staff] know how to use the hoist and wash me, they are very good and very kind" and "Biggest concern is if a new carer comes then [they] might not know what to do and that increases the risks."
- We shared the feedback with the provider who told us they are continuing to improve their induction process and give new staff a variety of training to help them in their roles. All new staff were signed off as competent by the registered manager.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to make sure they were working in line with the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found they were.

- At our last inspection we found the provider's policy for MCA was not written in line with the principles of the MCA. Since the last inspection the provider had reviewed their policy and made sure it aligned with the principles of the MCA.
- At the last inspection we found capacity assessments were not decision specific, and improvement was needed to best interest processes. At this inspection we found the provider had reviewed assessments and ensured they were decision specific. Where decisions were being made in people's best interest, records demonstrated who was involved.
- At the last inspection, we found staff lacked understanding on MCA principles. At this inspection staff we spoke with understood how MCA applied to their work and understood the principles. One member of staff said, "If someone is able to make their own decisions, even if they are not the best decisions, they have to make their own."
- People told us staff always asked them first before they did anything and checked for consent. Comments from people included, "They [staff] ask me first. They say, "Is that how you want it". They check if I need anything else before they go" and "The regulars [staff] know what to do, but they still ask. No complaints. They deserve a medal."

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

- People's needs were assessed prior to the service starting any care or support. Designated staff undertook assessments with people and/or relatives, to ensure the service could meet peoples' needs prior to starting.
- Assessments covered all of people's health and social care needs and the provider used nationally recognised tools such as Waterlow assessment tool. This is a specific assessment tool to identify risks of developing pressure ulcers.
- People's oral health needs were assessed, and guidance provided for staff to know what support to provide.

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

- Some people had support with their food and drink. Where this support was needed it was recorded in people's care plans and we found people were supported in line with their assessed needs.
- People's nutritional needs ranged from preparing a meal to making sure people had access to drinks during the day.

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

- Staff worked with a range of healthcare professionals to support people when needed. Systems were in place for staff to report concerns or observations to the office, then office staff would liaise with professionals.
- People and relatives told us staff ensured peoples' health concerns were reported and addressed. One person told us, "I had a funny attack last week. The carers phoned the office and they phoned my [relative]. The carers didn't leave me alone." One relative said, "[relative] fell over yesterday. The staff consulted me, so we decided together to call an ambulance, we decided together it was the best thing to do. I felt very respected by being involved and consulted."
- Professionals we spoke with were positive about staff and told us they found them responsive to people's health needs. One professional said, "Staff evidently knew the service-users well and were able to identify small cues and signs which indicated something was not right, this is really important for these service-users."

Is the service caring?

Our findings

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

At our last comprehensive inspection, we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were happy with their care staff. People and relatives told us staff were kind and caring. Comments included, "They [staff] are lovely", "They [staff] are marvellous and very kind. We have a good relationship with all of them", "They [staff] are excellent people and very kind. More like friends" and "They [staff] are very helpful, polite and altogether fine. We chat. They are very chatty."
- The provider told us they did take time to match people to staff. Decisions were based on availability and location but also personalities. The provider told us they wanted packages of care to be successful and for people to like and trust their care worker. One relative said, "Up until a year ago [relative] was getting a different carer every day. But now it's only 10% of the time if a new carer comes." Another relative said, "I think I've got to know them [staff] all now. It was a bit haphazard at first but now it's settled, it's much better having the same people come so they get to know each other."
- People's plans had information about life history and background. This information helped staff to understand people's needs.

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

- Systems were in place to involve people in their care. People were involved in setting up a care plan and then regular reviews of their care. This was carried out by telephone and when changes were needed, they were updated in a timely way.
- Whilst people recognised staff were busy and sometimes keen to get to their next visit, people told us they enjoyed having conversations with their care worker and did not feel rushed. Comments from people included, "They [staff] always ask if there is anything else you need? They will post a letter for me", "I am not rushed by the carers" and "They [staff] are all lovely, all very chatty. It's lovely to have them in. They make my day; they have a heart of gold. They chat and we talk about all sorts of things."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect and their independence was promoted. People gave us examples of how their dignity was promoted. Comments included, "I have a sit-down wash from head to toe. I choose my own clothes. The door is closed, and the window is frosted glass" and, "The carers help me shower and dress in the morning. The door is shut. I don't want male carers for personal care and that is respected." One person said, "It's the way they [staff] talk to me, and they will listen to anything I have to say. They will do things like watering my plants, it's kind as well as respectful of me and my home."
- Systems were in place to make sure all personal information was protected and stored securely.
- Staff received training on person-centred values which included privacy and dignity. Staff spoke with us

about how they worked in a person-centred way.

Is the service responsive?

Our findings

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

At our last comprehensive inspection, we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received care that was personalised and met their needs. All information about people's needs was recorded in an individual care plan. Comments from people and relatives about care plans included, "A care plan has been set up and we were both involved. Now and then, the main carer does an assessment and it goes to the office" and, "We discussed [care plan]. It was both medical and led by us. It's quite detailed. There was review a few months ago and it changed due to new needs."
- The provider had introduced an electronic system since the last inspection. Staff had worked hard to move paper records onto the system and were planning additional work to improve quality. All care plans had been reviewed as part of the switch from paper to an electronic system.
- Staff accessed care plans on the electronic system and told us they had that information before and during their visits. This helped them to know what personalised care to deliver. One member of staff said, "We have everything electronically. We can see everything, all the personal routine, medication, what we need to be aware of, likes and dislikes."
- Some people told us that since the change to an electronic record, they had not been able to access the care plan. We shared this feedback with the provider who told us they would remind people how to access their records.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded. Staff checked with people what their needs were and what support was needed.
- If people needed information in different formats the provider would source that for them.

Improving care quality in response to complaints or concerns

- Systems were in place to record, investigate and respond to all complaints. A copy of the complaints process was available to people in the provider's 'service user guide'. The guide was given to people when they started a service with the provider.
- People told us they would not hesitate to complain if needed and knew how to do this. Comments from people included, "I would just ring the office and bleat at them if I had to, thankfully I haven't had to" and,

"In the past I raised a few issues about time keeping, but it's got much better and I haven't had to for a while now."

End of life care and support

- There was no end of life care being provided at the time of the inspection. The provider had supported people at the end of their lives and systems were in place to do so if and when needed.
- Some people had recorded their end of life wishes but some had chosen not to. The provider was carrying out questionnaires with people to find out what their wishes were for end of life and make sure information recorded was accurate.
- The registered manager told us they would promote and encourage people to make sure specific wishes were recorded. This would make sure all involved in people's care would have the knowledge needed to support people at the end of their lives.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Whilst we found the provider had made improvements the rating reflects that it will take time to see these improvements embedded into practice and areas of improvement sustained.

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

At our last inspection the provider had failed to evaluate and improve their practice in respect of the monitoring they had completed to drive forward improvements which placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we served the provider a Warning Notice for this breach of regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection we found people's records were not available, accurate and suitably maintained. Quality monitoring was not effective and did not highlight shortfalls in governance. Provider policies and procedures were not robust and did not give staff the guidance needed to support people safely.
- At this inspection we found provider oversight and quality monitoring had improved. The provider had reflected on the last inspection and identified what had gone wrong. Systems had been reviewed and action taken to make improvements in all areas.
- The provider had worked with the local authority to improve the service to provide better outcomes for people. One professional said, "We have seen considerable improvement. They have reviewed every client using the [electronic] system and their quality management has improved."
- Spot checks of staff were carried out to ensure staff were following the provider's policies and procedures. Following quality monitoring activities, the provider added actions to their service improvement plan. The provider kept check of actions needed to make sure they were closed in a timely way.
- The provider had reviewed their quality monitoring policy and included quarterly meetings of a 'performance board' attended by senior management and directors. The provider told us the purpose of this board was to understand lessons learned from all feedback received to drive improvements. Minutes from the first meeting showed discussions were held on key areas such as safeguarding, recruitment and compliance.
- There was a new registered manager who was working with the provider to review systems and allocate

responsibility for certain areas to designated staff. There was a clear staff structure in place and staff understood their roles and responsibilities.

At our last inspection the provider had failed to notify us of all the events it was legally required to do so. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection we found notifications had not been submitted in line with requirements. This meant we were not aware of some safeguarding concerns and one incident involving the police.
- At this inspection we found systems had been reviewed so that CQC notifications were submitted when needed. We did not find any incidents which had not been notified.

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

At our last inspection the provider had failed to make sure people routinely received person-centred care which promoted their independence and dignity. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At the last inspection we found visits to people were poorly planned and not carried out in line with people's wishes or needs. People told us they felt rushed and were not supported by a continuity of staff. People were not receiving their commissioned care.
- At this inspection we found the service had improved but there was still further work to do which the provider recognised and was taking action to address. Since the last inspection the provider had moved to an electronic care planning system. This gave them immediate oversight of people's calls so they could identify punctuality concerns and monitor the duration of the call.
- The provider had also stopped providing certain care packages which they had found difficult to fulfil. The provider recognised they had overstepped their limitations and by taking on those packages they had overstretched their service.
- People were receiving care from staff who knew them and enjoyed their work. Comments from the staff included, "I do enjoy the work, I really like it. It gives you a great opportunity to work with people and talk to them" and "I love it, this is the best job I have had."
- At the last inspection, there was no registered manager in place. At this inspection, there was a manager in place. Staff told us they were approachable and had good management skills. Comments about the manager and provider were, "If I have a problem I can ring. I have really felt supported that someone was looking out for me" and "I get on well with management with [registered manager] and [provider]. I do feel able to talk with them, they are interested in what I have to say. If there has been an issue you let the office know."
- Many people and relatives we spoke with did not know who the manager was. We fed this back to the registered manager and the provider who told us they would make sure people knew who was managing the service. The registered manager told us they were helping with people's visits at times of staff shortages so had met some people.

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

characteristics

- The provider had carried out quality surveys since the last inspection to gather views on improvements they had made. The provider told us they were keen to know from people and relatives if the service had improved for them and if not, where further improvement was needed.
- Results from surveys we reviewed demonstrated a more positive outcome for people. Most people had rated the service as good or excellent.
- People and relatives we spoke with told us whilst further improvement was needed in some areas, they were happy overall with the service. Comments included, "I think it's well organised, I'd give them nine out of 10 today but on Sunday it's about six out of 10", "I think it's organised. I have got no problems" and, "I would [recommend the service] because our experience has been very good. As far as we're concerned, it's all running very smoothly."
- Staff meetings were held, and staff were invited to attend and share their views. Minutes were kept and sent to all staff, so they were aware of discussions held. One member of staff said, "When you work in a team it is important to get on. We have team meetings, we get told a lot of things, it is sharing information."

Working in partnership with others

- Staff worked with local authorities and healthcare professionals to make sure people's needs were met. Feedback from professionals we spoke with and contacted was positive. One professional told us, "Throughout my time working with Prime Care, staff were always professional and organised. They always knew when we were due to visit, what the plan for the visit was and were ready for us each time. They were interested in receiving our support and were enthusiastic about implementing our ideas and recommendations. They took on board our suggestions and implemented things in between our visits which was really good to see."