

Manchester Prime Care Limited

Manchester Primecare

Inspection report

296-298
Barlow Moor Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Manchester Primecare is a domiciliary care agency providing personal care to 5 people at the time of the inspection. The service provides support to older people and younger adults.

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

People were supported safely. Risks were identified and mitigated. Staff understood strategies to reduce risks to people. Medicines were safely managed. People were assessed to ensure the correct medicines support was implemented. Safeguarding arrangements were robust, and staff were confident to raise any concerns. Incidents were recorded and analysed to reduce further occurrences. Infection control was well managed.

Assessments were completed to ensure the provider could meet people's needs. Where support was required with eating and drinking or health interventions, this was clearly captured in the person's care plan. Staff received a full induction linked to The Care Certificate when commencing employment with the provider. 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. Inhouse and online training was completed annually by staff. Regular spot checks and supervision were completed by the registered manager on staff.

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.

Staff were caring and had built positive relationships with the people they supported. People felt they were provided with dignified care and spoke positively about the staff and the registered manager.

Care plans were detailed and gave clear guidance for staff to support people effectively. Care plans were regularly reviewed to ensure they were factual and up to date. The provider had a robust complaints management process in place. No complaints had been received since the last inspection. The provider was not actively supporting anyone who was at the end of their life, however, there were policies and procedures in place to support end of life care and staff had received training to enhance their knowledge.

The provider had embedded many improvements across the service since the last inspection. Audits to monitor the service were completed monthly and any to do actions were captured and added to the

provider's improvement plan. Staff felt well supported by the registered manager and enjoyed working for the provider. The provider had been working with the local authority to improve outcomes for the people they support.

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 requires improvement (published 1 April 2022). 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.

Why we inspected

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Manchester Primecare

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

The inspection team consisted of 1 inspector.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to ensure the registered manager, staff and the people the provider supported were available to speak with us.

Inspection activity started on 6 February 2023 and ended on 9 February 2023. We visited the location's office on 7 February 2023.

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 and professionals who work with the service. 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 this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, a director of the service, 1 person who uses the service and a relative. We sent staff members a questionnaire via email and received 4 responses.

We reviewed two care records and multiple medication records. We reviewed two staff recruitment records and information pertaining to staff induction, training and supervision. We also reviewed audits to monitor and improve the service, policies and procedures, improvement plans, and feedback received.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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. At this inspection, the provider had improved and was no longer in breach.

- There had been an improvement in risk management across the service.
- Risk assessments clearly documented how staff should reduce risks and staff confirmed they were aware of the strategies in place. As people received support in their own home, the provider had ensured the risk of fire and other environmental factors had been considered.
- A relative told us, "Staff are on the ball (in regard to risk management)."

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and felt safe being supported by the staff team.
- Processes were in place to ensure any concerns were reported to the appropriate professionals. People supported by the provider and staff felt confident to report concerns to the registered manager.
- Staff received safeguarding training.

Staffing and recruitment

- Staff were recruited safely.
- Appropriate pre-employment checks were in place to ensure staff employed were safe to support vulnerable people.
- People received support from regular staff teams at the agreed times. One person said, "I have the same staff. They always turn up and never let me down."

Using medicines safely

- Medicines were safely managed.
- People were assessed for the support they required with medicines and had their medicines prompted or administered in line with the agreed care plan.
- Staff were trained to safely administer medicines and had their competency to do so regularly checked by the registered manager.
- One person told us, "They (staff) prompt me with medicines. I feel safe with them. They tell me how to take them and bring me a drink and watch me take them."

Preventing and controlling infection

- Infection control was well managed.
- Staff received training in infection control management and had access to personal protective equipment such as disposable gloves and aprons.
- Staff promoted good hygiene to people they supported. This was recorded in care plans.

Learning lessons when things go wrong

- The provider had recorded any incidents and analysed each incident to reduce further occurrences.
- A relative told us, they would be informed if there were any concerns.

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 changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to ensure the provider could support them.
- Assessments captured detailed information about people's needs and choices and they generated care plans.
- Where people needed to improve their health status, this was captured as part of the assessment process and the staff team promoted these improvements.

Staff support: induction, training, skills and experience

- Staff working for the provider had the right skills, training and experience to support people.
- Induction training was provided, and training linked to The Care Certificate was completed. 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
- Training provided was linked to the needs of people the provider supported. All staff we communicated with confirmed they had received an induction and ongoing training, supervision and competency spot checks.

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

- People were supported to eat and drink as part of their assessed needs.
- Staff encouraged people to eat a healthy and nutritious diet. Any likes or dislikes were documented within the care plan.

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

- People were supported to access healthcare and support services to enable them to live healthy lives.
- Any health and social care concerns were reported to the appropriate professionals when required.
- Any advice given to improve people's health outcomes were recorded in the care plan. For example, any alcohol reduction plans gave clear direction of how this should be undertaken.
- One person told us, "[Staff] have supported me to an appointment."

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 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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was fully aware of the Mental Capacity Act and staff received regular training about mental capacity and deprivation of liberty safeguards.
- Staff were aware of those people whose capacity fluctuated and where they may need further assistance to make complex decision in the person's best interests.
- At the time of the inspection, there was no one subject to any restrictions.

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 inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Respecting and promoting people's privacy, dignity and independence

- People were treated with respect, privacy, dignity, equality and diversity. People had their independence supported.
- Care plans captured how staff should support people to retain their independence. Each person was supported as per their own preference and staff were aware of these preferences.
- People and relatives felt they could discuss personal concerns with staff and found the staff team to be very supportive.
- Staff were able to describe how they ensured dignity was observed which included knocking on doors and ensuring the person was aware of the support to be provided on each visit.
- One person told us, "The day I came home from hospital, my care package started. I arrived home and the house were clean, and they had done all my pots – I cried." A relative told us, "They (staff) are very personable and have taken the time to get to know [Name], they respect [Name]."

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

- People were supported to be involved in making decisions about their care.
- A relative told us, "They (staff) took time to get to know and talk to [Name]. What [Name] likes. [Name] is quite happy sitting there and chatting with staff now."
- A person told us, "If staff have extra time, they will make my bed or Hoover up. But they also sit and chat with me and have a natter before they go. It's a great agency. Very dedicated."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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's care was planned around their individual needs. Each care plan incorporated personal preferences.
- People were included in their care planning and felt staff understood their needs. Staff had time to read the care plans and get to know people, their likes and dislikes.
- Care plans were regularly reviewed to ensure they were reflective of people's current needs.
- One person told us, "I have been involved in planning my care."

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.

- Information was provided to people when they commenced support by the provider. Contact details and a service user guide was given to people in the most appropriate language format.

Improving care quality in response to complaints or concerns

- There was a robust process in place for handling complaints.
- There had been no complaints raised since the last inspection. The registered manager told us any minor concerns were dealt with promptly which prevented them escalating.
- One person told us, they felt comfortable to raise any concerns.

End of life care and support

- The provider was not providing any support to people who were at the end of their life at this inspection. However, there were policies and processes in place to support good end of life care and staff received training to enhance their knowledge.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, further work was needed to ensure robust quality assurance systems were fully implemented by the manager and the provider had sufficient oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had improved and was no longer in breach.

- The provider and registered manager had embedded a robust governance system to maintain oversight of the service and to enable them to monitor and improve.
- Where area's for improvement had been highlighted, they were added to the providers improvement plan and actions taken promptly.
- The registered manager had been instrumental to the improvements across the service since the last inspection and this was echoed in the feedback from people supported and the staff team.
- A further programme of induction had been developed by the registered manager to ensure all staff were aware of their role and responsibilities at the beginning of their employment. This included being aware of local and national policies and procedures and legislation.
- Staff felt well supported by the manager and told us they enjoyed working for the service. Staff told us they were continually kept up to date with any changes by the registered manager and were aware of any changes to people's health and well-being prior to supporting them.

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

- People shared positive feedback about the service. For some people, the service had changed their view of care agencies due to the engagement of the registered manager and staff.
- A relative shared with us how the service had changed the life of their relation and spoke positively about the positive culture across the organisation. They told us, "This (agency) is a 10 compared to previous agencies. It's been a breakthrough for the family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of how they should be open and honest with people when things went wrong.
- Policies and procedures underpinned how the provider would handle any incidents where Duty of

Candour may be applied.

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

- People, their relatives and staff felt fully engaged in the running of the service.
- It was evident, regardless of people's health and social care support needs, people were supported as individuals and the service provided was built around the care needs of each individual.
- Staff felt well supported by the manager and told us they enjoyed working for the provider.
- One person told us, "[Registered manager] is lovely. A good manager and a good carer. The team think the world of [Registered manager]. [Registered manager] comes out and asks me how I am about the care I receive. [Registered manager] is a sweetheart."

Working in partnership with others

- The provider had been working with the local authority to improve the service. Feedback obtained was positive.