

Manchester Prime Care Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Manchester Prime Care Limited is a domiciliary care agency providing personal care to people living in their own homes. 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 this inspection, two people were receiving a regulated activity.

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

Effective systems to ensure the safety and protection of people were not in place. Staff personnel files did not evidence they had been safely recruited. Records for the management and administration of people's prescribed medicines were not sufficiently detailed to ensure practice was safe. Whilst areas of risk had been assessed, information to guide staff had not been kept under review ensuring this reflected the current and changing needs of people. Suitable arrangements were in place to minimise the risk of infection.

There was no information to show staff had the knowledge, skills and experience needed to carry out their roles. 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 did not support this practice. People's health care and nutritional needs were appropriately met.

Staff were able to demonstrate their knowledge and understanding of the individual needs of people. Staff demonstrated how they supported people in a dignified way, whilst maintaining their privacy. Aids were available to promote independence and support people in a safe way.

Care records showed people and their families had been involved and consulted with about their care and support. However, plans had not been kept under review ensuring records reflected their current and changing needs. Consideration was given to people's communication needs. People had been provided with information about how to raise concerns, should they need to.

The provider had yet to establish effective monitoring systems to demonstrate clear management and oversight of the service. The provider and manager were aware they had areas of development; they were able to clearly demonstrate their understanding of the regulations and how these were to be met. Organisational policies and procedures did not reflect current good practice guidance and legislation.

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

Rating at last inspection - This service was registered with us on 17/08/2016. Since registering with CQC the ownership of the service changed in December 2019 however the legal entity remains the same.

Why we inspected

This was the first inspection of the service. Since being registered in 2016 the service was classed as 'dormant' as they were not providing a regulated activity. This inspection was prompted in part due to concerns received about the care of people, which also suggested the provider was now delivering care and support to people.

We have found evidence that the provider needs to make improvement. Please see the safe, effective, caring, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safeguarding, medication, staff recruitment, risk management, training and development, care records and good governance at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

We are mindful of the impact of Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Manchester Prime Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised of two inspectors, one from our registration team.

Service and service type

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

At the time of the inspection the service did not have a registered manager.

Notice of inspection

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

Inspection activity started on the 9 March 2020 and ended on the 23 March 2020. We visited the office location on the 9 March 2020.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included people's care and medication records. We looked at staff files in relation to recruitment, training and support and policies and procedures.

We spoke with four members of staff including the provider, manager and care workers. We attempted, without success, to call one person who used the service and the relative of another person. Therefore, we are unable to comment about people's experiences of the service.

Is the service safe?

Our findings

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

This is the first inspection for this registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Clear systems and processes were not in place to help keep people safe.
- Due to concerns about the care and support of one person, information was shared with the local authority.
- Policies and procedures to guide staff in safeguarding people were out of date. The provider had yet to access relevant training for staff. Staff spoken with were able to demonstrate some understanding of areas of abuse and what actions they would take if necessary.

Systems to ensure the safety and protection of people were not in place. This meant there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Areas of potential risk had not been appropriately assessed and planned for, making sure people's current needs were safely met.
- One person at risk of choking needed to use a thickener in their drinks. Thickeners are used to thicken fluids for people with swallowing difficulties, who may be at risk of choking. Information provided following discharge from hospital in 2019 differed from the person's care records. This person had also seen the speech and language therapist however no information was on file. Clarification had not been sought from the person's GP or speech and language therapists (SALT's) to check this was being given as required.
- Individual assessments had been completed to help reduce the risks to people, providing guidance for staff to help minimise risk. However, these had not been kept under review to make sure information reflected people's current and changing needs.
- Environmental risk assessments also looked at how to minimise any hazards within people's homes. These needed to be reviewed and updated where necessary.

Assessment to help mitigate the risks to people had not been kept up to date. This meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Key's to people's properties were managed safely with the use of key safes. Numbers were kept confidential with information only shared with those staff who needed access.

Staffing and recruitment

- Recruitment processes were not safe.
- The provider had not satisfied themselves employment checks had been carried out for staff employed by

the previous owner. Furthermore, a newly employed care worker and the manager had commenced employment without an up to date DBS check and written references to evidence their suitability for the position applied for.

Recruitment process were not sufficiently robust to ensure people were protected. This meant there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Sufficient numbers of staff were available to support people currently using the service.

Using medicines safely

- People's prescribed medicines were not managed safely. Care plans and risk assessments implemented by the previous owner had yet to be reviewed to make sure these accurately reflected people's current support.
- Medication administration records were not sufficiently detailed, for example the administration of eye drops or use of topical creams were not adequately recorded. Confirmation from relevant health care professionals had not been sought to check arrangements for the use of thickeners and administering of 'crushed' medicines were correct so people were kept safe.
- Policies and procedures were out of date and training in the safe administration of medication had yet to be provided. Assessments of competency had not been completed to check staff practice was safe. Staff spoken with said training had been completed previously but could not confirm when.

The management and administration of people's prescribed medicines was not safe. This meant there was a breach of Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Sufficient items of protective equipment were available. Staff spoken with confirmed this, adding, "We have everything we need; managers have provided us with lots of aprons, gloves and hand sanitizer."
- Policies and procedures were out of date and staff training had yet to be provided.

Learning lessons when things go wrong

- The new provider had yet to implement effective monitoring systems. There were plans to implement an electronic records system which would enable managers to analysis information, such as accidents and incidents, helping to identifying any themes and patterns.

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.

This is the first inspection for this registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- A programme of training, development and support had yet to be implemented.
- There was no information to show new and existing staff had completed a thorough induction process. Supervision meetings to discuss staff performance and training needs had not taken place.
- The majority of staff had been employed by the previous owner. The manager told us as they had no evidence of any previous training having been provided, therefore had 'made the assumption' it had not been completed. Checks to make sure staff practice was safe and arrangements for training had not been made.
- Staff spoken with said they had previously completed training however could not provide more details. One staff member said they had not attended some training due to being absent. However, they told us the manager had discussed future training plans with them.

Staff had not been provided with the necessary training and support needed to effectively support people's needs. This meant there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

People 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.

- Systems did not demonstrate the provider was working within the principles of the MCA. Policies and procedures needed reviewing and updating, along with training for staff.
- Staff spoken with could not recall receiving training in this area. However, staff were able to explain how

they supported people to make day to day choices about their care and support.

- Care records showed people and their families had previously been involved and consulted with about their care and support. The provider was making plans to involve people in reviewing their records, which were being transferred to an electronic system.

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

- People's dietary needs were met in line with their needs and wishes. Support varied as family members also helped people with shopping and meal arrangements.
- Staff were aware of people's specific dietary needs as well as cultural preferences.

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

- People had access to equipment to meet their individual needs and promote their independence.
- The service worked with relevant agencies, so people received the health care support needed. These included direct payment workers, community mental health team workers and community nurses.

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.

This is the first inspection for this registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Staff understood their role and were knowledgeable and respectful about people's individual needs and background. One staff member spoke about the coordinated support for one person, so their cultural needs were met.
- The agency's Statement of Purpose stated consideration was given to areas of equality and diversity. Training in this area was to be added to the programme of training planned for staff.

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples of how they maintained people's privacy and dignity when offering care and support. Staff said people were encouraged to do things for themselves to help promote and maintain their independence.
- Staff said sufficient aids and adaptations were in place to support people safely.
- Staff knew the importance of keeping people's information safe and confirmed the new electronic systems were password protected so information was kept confidential.

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

- Staff spoken with gave examples of how people were encouraged to make day to day decisions.
- People were provided with information about the service. Information included what they could expect and how they could contact other services should they need to.
- We attempted, without success, to call one person who used the service and the relative of another person. Therefore, we are unable to comment about people's experiences of the service.

Is the service responsive?

Our findings

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

This is the first inspection for this registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Individual care plans were available for staff to refer to. Information was personalised and reflected people's wishes and preferences.
- People had been supported by staff for some considerable time. Staff spoken with were aware of the individual needs of people and clearly knew how they wished to be supported.
- Since taking over the company the provider had yet to review and update people's records, ensuring plans contained enough information to guide staff as well as accurately reflecting the current and changing needs of people.

Clear and accurate records need to be maintained so that staff are directed in the safe delivery of people's care. This meant there was a breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Policies and procedures and the service user guide needed to be reviewed and updated so people and relevant others were clear about the procedure to follow, if needed.
- We were told no complaints or concerns had been received by the agency.

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.

- We were told no one currently using the service needed the aid of specialist equipment.
- Those people who did not speak English were supported by staff who could speak with them in their first language.
- The provider said that information could also be provided in different formats, such as different languages or audio, so people knew what to expect from the service.

End of life care and support

- The service was not providing support to people at the end of their life.
- As part of the improvements to care plans, information about people wishes and feelings were to be included.
- Up to date policies and procedures and relevant training were needed to guide and support staff in

providing dignified care for people at the end of their life.

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.

This is the first inspection for this registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had only recently taken over the agency. The manager was also new to post. Both recognised they had areas of development so that they were able to clearly demonstrate their understanding of the regulations and how these were to be met. Following our inspection visit we sought assurance from the provider that suitable arrangements were in place to support and develop the service at this time.
- Providers of health and social care services are required to inform the CQC of important events which happen within the service. The provider was reminded of their responsibilities as required by law.
- The manager was not registered with CQC. Following the inspection, the manager initiated the process of completing their registration.
- The agency's Statement of Purpose and policies and procedures did not clearly outline the role and expectations of the service.
- Staff spoken with felt improvements were being made. One staff member said since the new provider took over the service was, "Absolutely better". Staff said the provider and manager, "Always offer assistance" and were "Trying to get the standards up."

Continuous learning and improving care

- Systems to provide clear management and oversight of the service had yet to be implemented. The manager felt confident once the new electronic records system had been implemented and embedded, they would have better oversight of the service.
- The provider had yet to take on any new care packages. The manager told us the management team were currently focusing on the recruitment of staff and training needs so the service could provide more flexibility in support.
- Following our visit to the agency office the owner sent us a copy of the business improvement plan, detailing what action they planned to take over the next 12 months. The provider should keep this under review to ensure compliance with the regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Formal opportunities for people, their families and staff to share their views about the service had yet to be established.

- A team meeting had been held with staff so the provider and manager could introduce themselves. Staff said they felt more informed and involved and the provider and manager had been "Very responsive."

The findings above showed effective systems were not in place to demonstrate clear management and oversight of the service; areas of quality and safety requiring improvement had not been acted upon. This meant there was a breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The service worked together with relevant health and social care professionals involved in the care and support of people who used the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Assessment to help mitigate the risks to people had not been kept up to date.</p> <p>The management and administration of people's prescribed medicines was not safe.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems to ensure the safety and protection of people were not in place.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Clear and accurate records need to be maintained so that staff are directed in the safe delivery of people's care.</p> <p>Effective systems were not in place to demonstrate clear management and oversight of the service, so areas of quality and safety were identified, in consultation with people, and acted upon.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p>

Recruitment process were not sufficiently robust to ensure people were protected.

Regulated activity

Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not been provided with the necessary training and support needed to effectively support people's needs.