

Manchester Prime Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service 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. At the time of this inspection the service was supporting three people. 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

Since the last inspection clear and effective governance systems had not been implemented and embedded to help identify areas of non-compliance and the action required.

The provider had still not ensured safe recruitment procedures were followed to make sure staff had the required skills and were of suitable character and background

Since the last inspection risk management plans had been developed in specific areas of support. However, staff training identified as part of the risk management plan remained outstanding. This showed the provider had not ensured staff had received the training they required to meet people's needs.

Safer systems had been introduced with regards to the management of people's prescribed medicines and safeguarding people from harm. Appropriate arrangements had been maintained with regards to infection control procedures. Enough protective equipment was available, and staff had received training and relevant guidance covering the current pandemic.

We found no evidence during this inspection that people were at risk of harm from this concern. People, their relatives and staff spoke positively about the management changes and felt there was good communication and support from the manager.

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 and the service was placed in Special Measures (published 30 July 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. Since July 2020 ownership of the service has changed, however the legal entity remains the same. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 9 March 2020. Breaches of legal

requirements were found, and we served requirement actions for Regulations 12 Safe Care and Treatment, 13 Safeguarding, 17 Good Governance, 18 Staffing and 19 Recruitment. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains Inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Manchester Prime Care Ltd on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the 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 enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified on-going breaches in relation to staff training, recruitment procedures and good governance at this inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority 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 'Requires improvement'. However, the service will remain in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services 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, 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.

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 well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Manchester Prime Care Ltd

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met legal requirements following the inspection in March 2020 where breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations were identified relating to Safe Care and Treatment, Safeguarding, Staff Recruitment and Training and Good Governance. Two key questions were inspected, 'Is the Service Safe?' and 'Is the Service Well-led?'.

Inspection team

The inspection team comprised of two inspectors.

Service and service type

Manchester Prime Care Ltd is a domiciliary care agency that provides personal care to people living in their own homes. CQC regulates the care provided by the service. At the time of the inspection the service did not have a registered manager.

Notice of inspection

We gave the service notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and make arrangements to speak with people and staff. This helped to minimise the time we spent in face to face contact with the management team.

Inspection activity started on the 28 September 2020 and ended on the 1 October 2020. We visited the office location on the 28 September 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from local authorities. 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

During the inspection we visited the office location on the 28 September 2020 and spoke with the manager, new owner, nominated individual and consultant employed to support the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also reviewed four staff recruitment files and care records.

We requested other information which was forwarded to us electronically. On the 30 September 2020 and 1 October 2020, we also spoke by telephone with one person who used the service, the relative of another person and five staff members.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed records in relation to the management of the service, policies and procedures, staff training and risk management.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

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

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

- The provider had still not ensured safe recruitment procedures were followed to make sure staff had the required skills and were of suitable character and background.
- Since the last inspection eight new staff had been appointed, three of those by the provider. On review of four staff files we found gaps in employment, missing references and no DBS checks to confirm their suitability for the post applied for.
- We were told an audit had been undertaken by the nominated individual to check all necessary information and checks were in place. This was not effective and had not addressed the shortfalls we found.

We found no evidence that people had been harmed however, necessary information and checks had not been gathered prior to new staff commencing work. This potentially placed people at risk of harm. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during and after the inspection. They confirmed disclosure applications had been submitted to the Disclosure and Barring Service and additional references had been requested.

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, we found the management of people's risks required further improvement.

- Risk management plans to help minimise the risks to people had now been implemented and provided

guidance for staff in the delivery of people's care and support. However, we found the management of people's risks in areas such as, medication administration, falls awareness and Parkinson's disease required further improvement. Staff training in the specific needs of people had not been completed by relevant staff.

This showed the provider had not ensured staff had received the training they required to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoken with had a good understanding of the individual needs of people. Staff told us information was available electronically and they were able to read relevant information before they visited people.
- The relative of one person said they felt their relative was safe. They told us, "All the staff know [name] well and he knows them," "We've got so much trust and faith in them [staff], we wouldn't want anyone else" and "I have so much confidence in them [staff]."

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and 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 12.

- Improvements had been made to the management of people's prescribed medicines.
- Individual medication profiles, risk assessments and administration records were now in place detailing people's support needs and how these were to be provided.
- One person was being assisted with their medication. Their relative told us the service responded to their family members changing needs. They told us, "[Manager] has gone out of their way to make sure [relative] gets the medication when needed, they're doing extra visits. They've been very flexible and accommodating."
- The service had implemented an updated policy and procedure, however as outlined above some staff still required relevant training to help minimise risk.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from abuse and improper treatment. 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.

- Systems were in place to protect people from harm.
- Up to date policies and procedures were now in place, which include relevant details of other agencies and the procedure to follow. A flowchart was displayed in the office clearly showing the steps to follow should an allegation be made. As part of the new e-learning staff were completing training in safeguarding adults and children.
- Staff spoken with were able to demonstrate their understanding of abuse and knew who they would speak with should they have a concern, this included external agencies. One staff member said, "I would

speak with manager, hopefully it would be resolved, if not I would go to higher management or CQC."

- The family member we spoke with said the team had 'gone the extra mile' following recent incidents involving their relative. They said, "Staff were round like a shot, even [manager] came round to offer reassurance."

Preventing and controlling infection

- Sufficient items of protective equipment were available. People we spoke with confirmed that staff always wore appropriate protection when providing support. We were told, "They [staff] always have gloves and aprons" and "Yes they've [staff] been wearing masks."
- Policies and procedures were in place which had been expanded to include information about COVID-19. Staff had completed Coronavirus Awareness and Infection Control training.
- Staff spoken with gave examples of the safe 'donning and doffing' of personal protective clothing (PPE) between visits. We were also told, "There's no problems with getting PPE, just phone the office and arrange to collect, we've never run out" and "[Manager] is always sharing information and updating staff about what is needed. We have discussions in the group chat."

Learning lessons when things go wrong

- Due to further changes in the ownership and management of the service effective monitoring systems had yet to be implemented. With assistance from a consultant the provider was to implement an electronic recording system. This will enable the management team to analysis information, helping to identifying any themes and patterns so that areas of improvements are made.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same.

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; Continuous learning and improving care

At our last inspection the provider had failed to implement effective systems to demonstrate clear management and oversight of the service, so areas of quality and safety were identified and acted upon. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection there had been a change of ownership, management arrangements and the nominated individual had left. This showed the leadership at the service was inconsistent. We found significant shortfalls and some of the regulations had still not been met.
- Due to the organisational changes all necessary improvements had not been made. Clear and effective governance systems had not been implemented and embedded to help identify areas of non-compliance and the action required, as detailed within this report. Without these we cannot be confident the provider is meeting the regulatory requirements.
- The provider and manager acknowledged they had areas of learning to clearly demonstrate their knowledge and understanding of the regulations and how these were to be met. The provider had employed a consultant to help in drawing up plans as well as offering mentoring and support to the manager.
- We were told the agency policies and procedures were being reviewed and the Statement of Purpose would be updated.
- Following our visit, we were sent a copy of the business improvement plan devised by the consultant in partnership with the management team. It was anticipated this would be implemented over a six-week period. Improvements made and sustained would be reviewed as part of the on-going monitoring of the service.

We found no evidence that people had been harmed. However, robust systems were not in place to demonstrate effective management and oversight of the service, so people are kept safe. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Due to the size of the service we were told there was regular communication and involvement of people, their families and staff.
- The service had introduced an App, which meant policies and procedures were easily accessible for staff. Staff also had opportunity to discuss their work through the group chats, supervision sessions and team meetings. Staff told us they, "They [management] seem to be working well together and getting things done i.e. training and staff rotas. I enjoy the job and like working with them" and "I'm satisfied with the support I get. They do check up on me and have resolved any issues I've had. Very satisfied in my role, feel comfortable and feel able to talk openly with them."
- People we spoke with were complementary about the manager and felt there had been improvements over the last few months. Comments made included, "Management change has meant things are more efficient, any questions or queries they always come back to me" and "If I had any issues or concerns, I would feel very confident that [manager] would address it."

Working in partnership with others

- The service continued to work with relevant health and social care professionals involved in the care and support of people who used the service.

We could not improve the rating for 'well-led' from Inadequate because to do so requires consistent good practice over time. We will check this during our next inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment process were not sufficiently robust to ensure people were protected.</p> <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received all necessary training so that people using the service their specific needs could be safely and effectively met so they were kept safe from harm or injury.</p> <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</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> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p>

The enforcement action we took:

Warning Notice