

Preferred Home Care Services Limited

# Preferred Home Care Services Limited

## 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

Preferred Home Care Services Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection the service was providing care to six people.

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

The provider did not have systems in place to monitor the service and drive improvements. The management structure and the responsibilities of the management team were unclear. The service did not fully engage with the inspection process and did not provide all information, as requested. The registered manager resigned during the inspection process. There were no audits to demonstrate how the service was monitoring the quality of the service being provided. Records had not been accurately maintained or monitored to drive improvements at the service.

Risks relating to people's care were not always fully assessed and care plans did not always reflect people's needs. Incidents were not always accurately recorded or reviewed by the management. There was no evidence of learning from incidents. Records relating to safeguarding concerns were not accurately maintained and additional information was not made available during the inspection. Care plans were not all readily available on the online system. The provider did not demonstrate that safe recruitment processes for staff had been followed. People were receiving care that was less than the amount they had been assessed for. People told us staff wore appropriate personal protective equipment (PPE) when delivering care in their homes.

Staff training was not up to date. Training which was due to be completed annually had not been refreshed. Not all staff delivering care were included in the staff training matrix. The staff rota was not kept up to date and did not accurately reflect who was providing care and when it was being provided. The care manager explained they were involved with other professionals regarding people's care however, records had not been maintained to show this collaborative approach. 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 felt staff treated them with dignity and respect. However, one relative told us their family member sometimes felt rushed by staff. People were not involved in care planning. People told us they were asked about their experience of the care but were not involved in any formal feedback.

Staff supported people who required end of life care. The care manager informed us two staff had received training in this area. Despite multiple requests, the service did not provide evidence of this training. Most care plans relating to end of life care lacked personalised detail to support people. Care planning was not always personalised.

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

### Rating at last inspection

This service was registered with us on 10 September 2018 and this is the first inspection.

### Why we inspected

This was a planned inspection as the service has not previously been inspected.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

### 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 breaches in relation to safe care and treatment, good governance, staffing and fit and proper persons employed.

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

### 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.

## 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.

# Preferred Home Care Services Limited

## **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 consisted of one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission in place at the start of the inspection. 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. During the inspection the registered manager deregistered. The registered manager was also the nominated individual at the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

The care manager has told the Commission they are in the process of recruiting a new manager.

#### Notice of inspection

We initially 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. The provider did not respond to all our attempts to arrange this inspection and were unable to facilitate the site visit as originally planned. The inspection commenced remotely on the planned date.

Inspection activity started on 07 October 2021 and ended on 11 November 2021. We visited the office location on 21 October 2021.

#### What we did before the inspection

We reviewed the information we held about the service and monitored our capacity tracker. 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 of this information to plan our inspection.

#### During the inspection

We reviewed the two care plans which were available. We requested care plans for all people using the service, but this was not available. We requested staff files including recruitment, training and supervision records. The care manager informed us they were unable to access staff files and this information was not provided. We requested audits of the service and were informed there were no audits in place.

#### After the inspection

We continued to seek clarification from the provider and requested additional information to validate evidence found. We looked at care plans and risk assessments. We spoke with two people who use the service and three relatives of people who use the service. We contacted the local safeguarding teams and commissioners with our concerns. We sent a section 64 letter to the care manager, formally requesting information and documents, relating to the service, which had not been received. The response we received from the care manager was incomplete.

# 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 newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management, using medicines safely

- Risk assessments were either not in place or did not support staff to mitigate identified risk. For example, one person was identified as at risk of choking. There was no clear guidance in place for staff to reduce this risk or how to respond if the person choked.
- Risks around catheter care were not assessed. Risk assessments referred staff to the care plan for guidance however, the care plan did not contain any guidance or information relating to catheter care.
- There were no directions for staff to safely administer medicines to people. The care manager advised the company policy was not to administer medication. Care notes provided recorded that the service were supporting one person with their medication either to self administer or administer. The guidelines for the safe administration of medicines had not been followed and we were not assured that staff were trained and competent.
- People were not receiving care to their assessed level of need. The number of care visits people required per day was assessed before the service started delivering care. Staff were not delivering care in line with these visits. People told us they were receiving less visits than outlined in their care plan. For example, one person told us their relative was frequently receiving one call a day from one member of staff when they were assessed as requiring four calls a day with support from two staff. The support of two staff was required due to a decline in their health.

Risks relating to people's care were not always fully assessed. This placed people at potential 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.

Staffing and recruitment

- There were no available records to show staff were recruited safely. Staff recruitment files were requested as part of the inspection. The care manager had a summary sheet available but there were no records including references and application forms available..
- The care manager stated that the previous registered manager had blocked their access to this information, and this was being resolved.
- Following the inspection, the recruitment information relating to two staff was provided. Appropriate pre-employment checks were completed with the disclosure and barring service. However, there were omissions in the recruitment files. For example, full employment histories of staff was not recorded and one reference was dated several months after commencing employment. Two other references were dated prior to their application.'
- Accurate records showing who was providing care had not been maintained. The care manager provided a list of staff which was different than the staff listed on the rota. The rota was also not updated to reflect

staff absences.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff had been recruited safely. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were not consistently supported with the number of staff they required. One person told us "If they are running late, one will come." This person was satisfied with this arrangement however a relative told us that care was being consistently delivered by one member of staff when two were required. We have reported further on staffing concerns in the effective domain of this report.

Systems and processes to safeguard people from the risk of abuse

- The provider's system to monitor safeguarding concerns was ineffective. The care manager made us aware of a safeguarding incident relating to a person. Following this incident, the care plans and risk assessments had not been updated. We requested the incident forms relating to this incident, but these forms were not available on site and were not supplied following the inspection.
- The clinical commissioning group (CCG) made the Commission aware of safeguarding concerns which were raised in August 2021. We requested information from the service regarding these concerns. The information provided was incomplete and was not all in an accessible format. The service had also failed to effectively engage with the local safeguarding team regarding these concerns.
- We were unable to speak to staff and gain assurances of their knowledge around safeguarding and how to raise concerns.

We have reported on these concerns further in the well-led domain of this report.

Learning lessons when things go wrong

- The provider did not have systems in place to monitor the service. The service had not maintained accurate records of incidents at the service.
- The service had not learned lessons from incidents at the service.

Preventing and controlling infection

- Some staff had completed training in Covid-19 awareness.
- People told us staff wore personal protective equipment (PPE) when providing care in their homes.

# 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 newly 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

- Staff training was not up to date. The training matrix showed that all staff had training which was out of date. Moving and handling training was not included on the training matrix and there was no evidence this had been completed. Following the inspection the care manager provided staff files for two people. Both staff files indicate that moving and handling training was provided for these people in October 2021.
- Staff had not all received training in end of life care. The service supported people with palliative care needs, however the training matrix did not show any training provided in this area. Following the inspection, staff files were provided for two staff which indicated they had received training in end of life care around the time of our inspection.
- Staff contact details were requested as part of the inspection. This information was not provided. We were therefore unable to speak to staff as part of the inspection to assess their knowledge.
- The service could not demonstrate they had sufficient numbers of suitably qualified and competent staff as there were discrepancies between the staff list provided by the care manager, the rota and the staff training matrix.
- There was no evidence staff received ongoing support and supervision.

Staff training was not up to date to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service did not consistently assess people's needs. Customer needs assessments were not in place for everyone using the service.
- Where needs assessments were in place, these were not always completed in full and did not capture all the necessary information. Some risk assessments were generic and not personalised to the person.
- People's preferences were captured in daily routines for some people. Where preferences were identified this information was detailed.

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

- Care plans did not always include sufficient detail to support people to eat and drink safely. For example, the care plan for one person stated food to be blended however, there was no further guidance for staff explaining how to ensure that the food provided was safe for the person. Another person experienced coughing episodes. The detail within the care plan around how to support this person to eat and drink safely

was insufficient. There were no records of any incidents of choking.

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

- Care plans directed staff to contact other healthcare services if there were concerns. However, the service did not maintain records of contact with other healthcare professionals. Staff told us they contacted other professionals prior to supporting people. Records of this were requested but not provided.

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

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

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.

- People's ability to make decisions was included in care plans. However, care plans were not up to date and did not show people using the service had been involved.
- People told us staff gained their consent prior to care being provided.

# 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 newly 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 treated people with dignity and respect. People told us they felt staff treated them with respect. One person told us their relative sometimes felt rushed by staff.
- Where assessed, people's cultural and religious needs were included within care plans.

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

- The service did not show people were consistently involved in decisions about their care. There were no records of care reviews and some information was out of date.
- Individual needs assessments were not completed for everyone using the service. The service mainly supported people who had been discharged from hospital through a 'fast track' process. The care manager did not provide any records to show conversations had taken place about people's care.
- One person told us staff asked them their opinion of the service.
- Care notes were requested for all people using the service. The care notes were provided for one person which only covered a four-day period. There was no evidence that care notes had been completed or records of the care being delivered on other dates.

Respecting and promoting people's privacy, dignity and independence

- Care plans, completed by the care manager, respected people's dignity and encouraged their independence. For personal care tasks, care plans were personalised and promoted people's independence to carry out personal care.
- One person told us, (the staff are) "first class, they really do look after me and I feel as though they really care for me."
- People told us they were consistently supported by the same members of staff including the care manager.

# 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 newly 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

- Care plans did not always contain sufficient personalised detail were not always personalised by the service.
- Care plans did not always represent the care that was being provided. For example, staff had assisted people with catheter care, but this was not recorded. Some people were receiving less calls than the number outlined in the care plan. Staff had administered medication for a person who had been assessed to administer themselves or receive family support. The care manager informed us that some people received additional support. There was no evidence provided of this.
- Some care plans contained contradicting information regarding the support required around moving and handling.
- People's preferences had not always been considered. People we spoke to were not always aware of the time staff were arriving to deliver care. For example, one relative explained that their morning call could be anytime in the morning as staff sometimes ran late. People told us the time staff arrived had sometimes negatively impacted their plans.

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.

- The service included an assessment of people's communication needs in their care plans. People did not share any concerns about how their relatives were communicated with.
- People were unaware of staff completing care notes in their homes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to engage with activities in the community. People were supported by staff to attend events they enjoyed.

Improving care quality in response to complaints or concerns

- The service had not maintained an accurate log of complaints or concerns. Information was requested relating to concerns raised. This information was not received.
- One person's relative told us they had received more consistent staffing after speaking with the care manager, however this was still not in line with their care plan.

- The service had not responded appropriately to all concerns around call times and missed visits.

#### End of life care and support

- Staff supported people with end of life care. However, we were not fully assured staff had the correct skills and training to provide this.
- Care plans relating to end of life care lacked sufficient detail about how people would like to be supported.

# 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 newly 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; Continuous learning and improving care

- The provider and management team did not understand their legal responsibilities and failed to fully engage with the inspection process. Not all information was provided, as requested. When information was provided this was often inaccurate and contradicting.
- We therefore used our powers under section 64 of the Health and Social Care Act to formally require the provider to submit this information. The deadline for this was missed and the information provided was incomplete.
- The registered manager was not based at the office address. The care manager's role included the day to day running of the service, administrative tasks and delivering care. The provider and management team were unclear on their roles and responsibilities at the service. People were not aware who was in charge of the service.
- The care manager informed us of an incident which should have been notified to the Commission. We requested the incident form, relating to this incident. This information, despite multiple requests, was not provided.
- Incidents and safeguarding concerns had not prompted learning at the service.
- Accurate records relating to care plans and delivery of care had not been maintained.
- The provider had not maintained systems to accurately record and store records relating to care delivery. Care notes did not include the duration of the call being delivered.
- There were no systems in place to monitor the quality of the service, including safeguarding concerns, to drive improvements.
- The provider was not clear about their governance role. The registered manager left the service during the inspection.
- Information to support performance monitoring was not being gathered. Performance monitoring is used to monitor the service and drive improvements. As this information was not being gathered the service were unable to identify trends in performance and drive improvements, where necessary.

The provider failed to have systems in place to monitor and drive improvements at the service. Records and documentation was not always suitably maintained. This was a breach of regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider did not demonstrate that people using the service were engaged . Staff contact details were requested however this information was not provided. There were no records to show staff were consulted with.
- People told us they were able to contact the service if they needed support.
- People did not feel involved with their care plans.

Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was poor collaboration between the service and the local authority. The service did not appropriately engage with safeguarding investigations.
- Although people had interaction from other services, there was no evidence of partnership working.
- There was poor communication between the management team which did not instil a positive culture at the service.