

Premier Care Limited

Elmswood Park

Inspection report

Bowes Street
The Depot, Moss Side
Manchester
M14 4UZ

Date of inspection visit:
22 July 2022
25 July 2022

Date of publication:
15 August 2022

Ratings

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|---------------------------------|--------|
| 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

Elmswood Park provides personal care and support to people living in self-contained flats located in a single building. This is known as extra care housing and is operated by an independent housing provider which is Mosscafe St Vincents Housing.

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 there were 21 people being provided with personal care and support by the service.

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

People were safe at the service. However, we received mixed feedback from people about whether staff arrived on time. The provider monitored care visits to reduce the risk of people experiencing late or missed care visits, but further improvements were needed. Recruitment procedures had been followed to ensure new staff were suitable.

Risks to people were managed. The provider had appropriate infection control measures in place and medicines were managed safely.

Risk assessments and care plans had been recently reviewed and were up to date. Staff knew the people they were supporting well and had read the care plans. However, we found some care plans needed to be more personalised. We have made a recommendation about the person-centred care planning.

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. However, further work was required to ensure timely mental capacity assessments were undertaken for specific decisions.

The provider's governance systems and processes used to assess, monitor, and mitigate risks and to develop and make improvements were not fully effective or robust.

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

Rating at last inspection

This service was registered with us on 13 November 2020 and this is the first inspection.

Why we inspected

This was a planned inspection of a new service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Elmswood Park

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was announced. We gave the provider 24 hours' notice because people were often out, and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 22 July

2022 and ended on 26 July 2022.

What we did before the inspection

We reviewed information we had received about the service. We reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke three care workers and the registered manager while we were on site. Prior to our site visit we spoke with seven people and two relatives. We reviewed a range of records including three people's care records, medicines administration records and arrangements for three people and other records relating to the management of the service.

After the inspection

We continued to speak with the registered manager and sought clarification about the evidence gathered.

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 service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff employed at the service. However, some people spoken with told us their calls could be late and their call times inconsistent. One person told us, "Sometimes visits are on time and sometimes not." Another person told us, "The carers are late two to three times a week. A bit late can be half an hour late."
- The provider had an electronic call monitoring system in place. On occasions we found this showed instances of short calls and gaps where staff had failed to record the call visit. The registered manager was aware of these inconsistencies and informed us a new electronic call monitoring system was soon to be introduced that would improve consistency.
- Calls were carried out within agreed local authority time scales. Staff told us they had enough time to carry out their calls safely. One staff member told us, "I feel I have time to care for people."
- Staff were recruited safely; the provider had appropriate recruitment and selection processes in place to protect people from the employment of unsuitable staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and care practices were safe.
- Staff knew how to keep people safe from the risk of abuse. They received training in this area and knew when and who to inform if they had any concerns.
- The registered manager understood their responsibility to report any safeguarding concerns to the local authority safeguarding team and CQC.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were well managed. People's care records contained current information about identified risks to their safety and wellbeing.
- Risk assessments were completed to check for any potential hazards and how to reduce or eliminate the risk and keep people and staff safe.
- In addition to people's scheduled care calls, staff undertook a welfare check on people to make sure they were safe and well. People also had an emergency pendent in their rooms that would summon the support from staff in emergency situations.

Using medicines safely

- People received their medicines safely. Staff were trained to administer medicines safely and their competency to do this was regularly assessed.
- People were encouraged and received the right support from staff to self-administer where they were able

to do so. This was reviewed annually to check people were safe and to support independence. The service supported a blended approach where some people needed some medicines administering, for example, eye drops but could take their own tablets.

- People told us they received their medicine safely and as prescribed. A person told us, "Carers give me medication and write it down in a book. I've not missed any. I told the carer of a change in medication and she wrote it down."

Preventing and controlling infection

- The provider was managing risks associated with infection control and hygiene.
- Staff followed current guidance to keep people safe from risks associated with poor infection control and hygiene. We saw they used personal protective equipment (PPE) appropriately.
- The provider's infection prevention and control policy was up to date. The provider had plans in place to manage an infection outbreak at the service.

Learning lessons when things go wrong

- Learning from accidents and incidents was used to reduce safety risks to people.
- An electronic system had been implemented. This has improved the providers ability to assess and analyse accidents and incidents. We saw evidence that any accidents and incidents were investigated, and actions put in place to minimise future incidents.

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 service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff worked in-line with the MCA (2005). Continued improvements were required to ensure a consistent approach was taken when undertaking mental capacity assessments.
- People were supported to make decisions; however they were not always recorded. Where restrictions were in place for one person, appropriate assessments had not been completed. The registered manager said they would address this issue with additional training for staff.

Staff support: induction, training, skills and experience

- People were supported by staff who received training, supervision and appraisal. We received mixed views from people as to whether they felt staff were appropriately skilled to care for them. Comments included, "I think the staff need more formal induction training" and, "I think that before they [care workers] start they could do with more training." The registered manager was arranging additional support for staff to address these concerns.
- Staff completed a full induction when they commenced employment. This included key training, shadowing experienced staff and competency checks carried out by senior staff. Staff new to care, completed the Care Certificate. 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.

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

- The provider had arrangements in place to make sure people's care and support needs could be met by the service. The provider had undertaken assessments of people's needs and also discussed the person's needs with the housing team to ensure the extra care setting could meet the person's needs.
- People had been able to state their choices about how and when support was provided, and this information had been recorded in their care and support plan and regularly reviewed.

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People were supported to meet their dietary and nutritional needs. Elmswood Park had a bistro on site that was overseen by the housing association. The bistro provided people with choice and people could access the dining room so they could eat socially, or meals could be provided in their own flats.
- Staff explained that they reported any concerns about people's eating and drinking to the registered manager or to the person's relative and GP. Recommendations from health professionals had been followed.

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 service. This key question has been rated 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; equality and diversity

- People received good care. Comments included, "The carers are excellent in every way. They chat after writing up a visit" and, "I don't have anything bad to say about them. My carers have been trained over a long time and the new ones have settled in" and "The caring consistency varies. New carers need things explained to them."
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were recorded in their care records so staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People had been supported to express their views and be involved in making decisions. People's care records reflected the choices and decisions they had made about how their care and support was provided.
- People's feedback was obtained at regular intervals to make sure the care and support people received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy. Staff were able to describe how they respected people. This included, asking to enter the person's home and considering how they like to be supported. One staff member said, "I always knock on people's door before entering their flats."
- People's care plan clearly described what tasks people could do for themselves to promote their own independence. We found one person self-administered their medicines, and just needed prompts from staff at times.
- Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view them.

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 service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care. Support was provided to people by a small staff team, they were able to provide continuity of care to people. "The carers are excellent in every way. They have time to chat to me after writing up a visit."
- Although we found people's plans were clear in respect to the support that would be provided, records relating to people's long-term conditions needed to be further developed to ensure they contained all of the information needed.
- People and relatives told us that they were involved in their care decisions. This helped ensure that care and support met people's individual current needs.

We recommend the provider consider current guidance on person centred care planning to ensure people's holistic needs are captured.

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.

- People's communication needs had been identified, recorded and highlighted so staff had access to relevant information about how they should be supported with these.

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

- People were supported to maintain family and social relationships.
- The housing association had a weekly timetable of activities for people to participate in. We received mixed feedback about the activities that we have asked the registered manager to share with the housing association, they confirmed they would pass on this feedback.

Improving care quality in response to complaints or concerns

- There were good arrangements in place to deal with formal complaints. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care.
- People's care plans contained information about their end of life wishes, including where they wanted to be cared for and who they wanted involved.

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 service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a clear management structure in place to support the day to day running of the service. Staff understood the role each person played within this structure. A registered manager had been appointed and feedback about their appointment from staff and people was positive.
- The provider had quality assurance systems in place; where regular key performance indicators were measured, and internal quality audits were conducted. However, the providers quality assurance systems had not always been carried out effectively to identify areas for improvement. It had not identified all the areas we found requiring improvement at this inspection. For example, not all of the audits undertaken found issues with the approach to mental capacity assessments and care planning inconsistencies.
- Although the registered manager was aware of certain calls not being logged on the electronic system, we found no audits had been undertaken to scrutinise this data in order to flag the areas that needed to be improved.
- Shortly after the inspection we were provided with assurances from the registered manager and quality lead that the issues identified during this inspection would be dealt with and more thorough audits would be put in place to improve consistency around call times, care planning and obtaining direct feedback from people who use receive a service.

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

- The registered manager was passionate about creating a positive culture within the service and, since their appointment they had held meetings with staff to inform them about the plans for the service and to welcome feedback.
- Staff spoke positively about the recent changes across the service and the registered manager. One staff member told us, "The new [registered] manager is much more approachable."
- The registered manager explained that quality assurance feedback surveys were completed by the provider for all services collectively, rather than individual locations such as Elmswood Park. Given aspects of the inspection feedback was mixed the registered manager and quality lead for the provider had already begun to speak with people in order to capture their views.

Working in partnership with others

- Good relationships had been developed with a range of healthcare professionals involved in people's care.
- The registered manager maintained a close working relationship with the housing provider of the extra care housing scheme and made them aware of any issues or concerns relating to the environment and premises promptly.