

Preferred Home Care Services Limited

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Inspection report

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27 May 2022

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Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Preferred Home Care Limited is a Domiciliary Care Agency providing personal care to people in their own homes. At the time of our inspection there was one person being supported by the service. We have been unable to allocate a rating to some of our key questions to give an overall rating as there was insufficient information/evidence for us to form a judgement.

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

At this inspection, we found some improvements had been made since our last inspection in relation to the recruitment of staff and governance documents. However, there were still concerns about the management of the service.

The provider had not had a registered manager in post since the last inspection. We were told a new manager had applied for a Care Quality Commission (CQC) Disclosure and Barring Service check, but we could not find a record of this application being submitted. The provider had not informed the CQC of changes to the nominated individual. The nominated individual is responsible for supervising the management of the regulated activity provided. This was only changed when prompted as part of the inspection. The provider was not being transparent about their most recent CQC rating on their website, this was rectified following our inspection.

The provider had an action plan in place to drive improvements following the last inspection. New audits had been devised but we were unable to assess the efficiency of these audits due to the provider supporting one person with minimal care and support needs. Staff had pre-employment checks in place, but we could not always verify who the references were from.

The care manager was the only staff member delivering care and support at the time of this inspection. Other staff were employed by the provider but were not actively working. All staff received training to underpin their knowledge in health and social care.

Care plans and risk assessments were in place for one person supported by the service. A relative told us they found staff caring and kind and felt their relative was well supported.

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 (published 16 March 2022) and there were multiple breaches of regulation. At this inspection we found some improvements, but the provider remained in breach of regulations.

This service has been in Special Measures since 16 March 2022. During this inspection there was insufficient evidence to give an overall rating and the well-led key question remains inadequate.

Why we inspected

This comprehensive inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to the running of the service at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

Due to having insufficient evidence to give an overall rating, the service will continue to be 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 effective?

Inspected not rated

At our last inspection we rated this key question requires improvement. At this inspection, we have been unable to allocate a rating to this key question as there is insufficient information for us to form a judgement.

Inspected but not rated

Is the service caring?

Inspected not rated

At our last inspection we rated this key question requires improvement. At this inspection, we have been unable to allocate a rating to this key question as there is insufficient information for us to form a judgement.

Inspected but not rated

Is the service responsive?

Inspected not rated

At our last inspection we rated this key question requires improvement. At this inspection, we have been unable to allocate a rating to this key question as there is insufficient information for us to form a judgement.

Inspected but not rated

Is the service well-led?

The service was not well-led.

Details are in our safe findings below.

Inadequate ●

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 Health and Social Care Act 2008.

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 homes.

Registered Manager

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 no registered manager in post.

Notice of 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 would be in the office to support the inspection.

Inspection activity started on 17 May 2022 and ended on 27 May 2022. We visited the location's office on 26 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

During the inspection, we spoke with the care manager and an administrator. We contacted a relative by and a staff member by email. We also spoke to another staff member by telephone, however both staff members were not actively working at the service.

We reviewed two recruitment records and one care record. We reviewed staff training and supervision. We reviewed the provider's action plan and quality monitoring arrangements.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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 the last inspection, 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Some recruitment procedures were followed. We looked at two staff recruitment records and found for one staff member the references did not state which workplace they related to. Following the inspection, one of the references were verified with the correct referee details.
- During the site visit, we were unable to check if a staff member had a Disclosure and Barring Service (DBS) check. A DBS check assists the provider in making safer recruitment decisions. We had to ask for this information several times until we were supplied with it.
- The provider employed four staff members which included the care manager, a support worker and an administrator. Only the care manager was providing care and support at the time of this inspection.

Assessing risk, safety monitoring and management

At the last inspection, risks relating to people's care were not 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.

We have not been able to robustly assess how the provider will ensure risks to people will be mitigated, due to the provider supporting only one person with minimal care and support needs. We cannot assess the breach of regulation 12 has been met.

- Risks at people's properties were assessed with strategies in place to reduce any hazards to people and staff members.
- There were risk assessments tools available for the provider to utilise to assess future risks which may become apparent.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding adults from vulnerable abuse.
- The staff member we spoke with could describe how they would report any concerns they had.
- There had been no further safeguarding concerns raised since the last inspection.

Preventing and controlling infection

- The provider had an infection policy in place which had been updated to reflect the guidance during the COVID-19 pandemic.
- The provider had access to personal protective equipment (PPE) to keep staff and people safe. A staff member confirmed they had used PPE when required.

Learning lessons when things go wrong

- There were records of accidents and incidents and action taken to reduce further occurrence.
- The provider had developed a monthly key care indicator report to enable them to review accidents and incidents. However, there had been no accidents or incidents recorded since the last inspection.

Using medicines safely

- The provider was not administering medicines to people at the time of inspection. A medicines policy was in place and staff had received online training to support their knowledge of medication administration.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection, we have been unable to allocate a rating to this key question as there is insufficient information for us to form a judgement.

Staff support: induction, training, skills and experience

At the last inspection, staff training was not up to date to meet people's health 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff employed by the provider had previous experience within health and social care services
- Staff received online training in various subjects within health and social care.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider told us, assessments of capacity were completed as part of the assessment process before providing any care and support. We have not been able to review this as there has been no new admissions to the service since the last inspection.
- Staff received online training to support their knowledge of mental capacity and the principles of the

Mental Capacity Act.

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

- People who wished to be supported by Preferred Home Care Limited would be assessed to ensure the provider could meet their needs.
- We were able to view a blank assessment as no new assessments had been completed since the last inspection.

Staff working with other agencies to provide consistent, effective, timely care;

- The provider reported any concerns about people's welfare to the family.

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

- The provider was not providing support to anyone with diet and nutrition at this inspection.

Supporting people to live healthier lives, access healthcare services and support

- The provider was not supporting anyone to access other healthcare and support at this inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection, we have been unable to allocate a rating to this key question as there is insufficient information for us to form a judgement.

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

- A relative told us, "[Staff member] has provided amazing care and emotional support to [person]. Having continuity of care has really helped."

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

- Care plans documented how the person preferred to be cared for.

Respecting and promoting people's privacy, dignity and independence

- A relative told us, the service provided compassionate care and attention and they were extremely thankful.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, we have been unable to allocate a rating to this key question as there is insufficient information for us to form a judgement.

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

- The provider had an electronic system in place to enable care plans to be produced.
- We reviewed the care plans for one person. They described what action was required to support the person with their needs. We were unable to assess how the provider implemented further personalised care due to only one person being supported with minimal care and support needs.
- There was no evidence care plans had been agreed with the person or their representatives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider provides information to people as part of the assessment process. The information can be presented in other languages.

Improving care quality in response to complaints or concerns

- There had been no complaints received by the provider.
- A complaints policy was in place.

End of life care and support

- The provider was not providing end of life care to anyone at the time of the inspection.
- Staff had received online training to support their knowledge in end of life care.
- A policy was in place to support end of life care practices.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has remained 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.

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

At the last inspection, the provider failed to have systems in place to monitor and drive improvements at the service. Records and documentation were 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.

We have not been able to robustly assess how the provider will continue to monitor and drive improvements at the service or how records and documents will be maintained. This is because the provider has not been able to embed any improvements due to supporting only one person with minimal care and support needs. We cannot assess the breach of regulation 17 has been met.

- Since the last inspection there has been no registered manager in post at the service. The care manager told us a new manager had been appointed and had begun the process of registration with the Care Quality Commission (CQC). However, we had not received an application. At this inspection, the care manager told us a new employee would be applying for registration as the manager.
- At the last inspection, the nominated individual resigned from their position. The provider did not notify the CQC of a change to the nominated individual until this inspection commenced.

The provider did not notify the CQC of specific changes in the running of the service. The provider did not notify the CQC, a person other than a registered person was carrying on or managing the regulated activity. This was a breach of regulation 15 (Notice of Change) of the Care Quality Commission (Registration) Regulations 2009.

- The provider was not being transparent about their current inspection rating on their website and was displaying they were compliant with 'CQC national standards.' We advised the provider at the site visit to review this. This was changed following our inspection.
- The provider had appointed a consultant to assist in improving the service since the last inspection. There were new assessment tools in place to assist the provider in monitoring and improving the service. However, they had not been able to utilise the tools to their full potential due to only providing care and support to one person with minimal care needs.

- At the last inspection, we made a number of safeguarding referrals for people using the service. Some of these concerns related to visits by the staff not being at the correct time. The care manager told us they should have communicated more effectively with commissioners about the changes to visiting arrangements.

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

- Staff who were employed but not actively working for the provider were being kept informed of any changes and invited to staff meetings.
- We looked at two supervision records, but these had not been signed by the staff member. Appraisals had been planned for staff following the inspection.
- Some comments had been received by staff and a relative on the quality of the service. These had been positive.
- Staff felt supported by the care manager.

Working in partnership with others

- The provider had not worked with any local authorities or commissioning groups since the last 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	Regulation 15 Registration Regulations 2009 Notifications – notices of change The provider did not notify the CQC of specific changes in the running of the service. The provider did not notify the CQC, a person other than a registered person was carrying on or managing the regulated activity.