

Premier Care Limited

Premier Care - Manchester Extra Care Services

Inspection report

Hibiscus Court
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Manchester
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Date of inspection visit:
15 September 2021
27 September 2021

Date of publication:
22 November 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Premier Care - Manchester Extra Care Services provides care services to Hibiscus Court and Shore Green extra care housing schemes in Manchester. The schemes are owned and operated by two separate registered social landlords. Hibiscus Court has 39 properties and Shore Green has 10 properties. Additionally, Shore Green is a specialist service dedicated to people who live with dementia.

Not everyone who used the service received personal care. The Care Quality Commission (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

An exceptional level of care and support was provided to people by a team of staff who were dedicated, passionate and committed to their roles. There was a genuine determination to ensure people's individual characteristics, likes, dislikes and personal preferences were recognised, embraced and celebrated. Ensuring people were afforded every possible opportunity to maintain and/or regain their independence was a significant stand out feature of the service.

A robust framework was in place which sought to protect people from the risk of abuse. People who used the service told us they had confidence in the staff who provided support. New and emerging risks were identified and acted upon in a timely manner. People who used the service benefited from a team of care staff who were based onsite. This enabled staff to be responsive to people's needs and provide a level of consistency, which people clearly appreciated.

An assessment of needs was completed before a person started to use the service. A joint allocations meeting was well established between the housing provider and care team. This helped to ensure the service could meet people's needs before they were accepted. COVID-19 had presented many challenges around access to healthcare services. However, throughout this difficult period, staff ensured that people's routine and urgent care needs were met. An appropriate level of support was provided with eating and drinking where this was part of an assessed care need.

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.

Care plans and associated records were of a good quality and person-centred. Staff had access to electronic handheld devices, providing key information that could be accessed at the point of care. A robust assessment framework, coupled with the skills and experience of staff, helped to ensure people's communication needs were recognised, assessed and acted upon in a timely manner.

The culture and ethos of the service was one of inclusion and involvement of everyone. Staff were motivated, enthusiastic and passionate about the role they performed - this resulted in outstanding care and positive outcomes for people. The registered manager led by example and conducted their business in an open, honest and transparent way.

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

Rating at last inspection

This service was registered with us on 12/11/2019 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this at 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Premier Care - Manchester Extra Care Services

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

This inspection was completed by one inspector.

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 bought or 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people available to help facilitate the inspection and to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Due to COVID-19 precautions, we were unable to visit people in their own home. However, we spoke with two people whilst socially distanced in a communal area of the service.

We spoke with six members of staff including the registered manager, supervisor, team leader, and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three people who used the service and four relatives by telephone about their experience of the care provided.

We were sent additional documentation electronically. This included three staff files in relation to recruitment and staff supervision. We also looked at training data and quality assurance records.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A robust framework was in place which sought to protect people from the risk of abuse. Staff we spoke with knew how to recognise and respond to potential signs of abuse and were aware of local safeguarding procedures.
- People who used the service told us they had confidence in the staff who provided support. Comments included, "I find the carers very approachable and certainly have no concerns about my safety." and, "If I had any problems or didn't feel safe I'd definitely speak to someone in authority about it."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- An assessment of needs was completed before a person started to use the service. This helped to ensure known risks were identified early and appropriate management plans could be put in place.
- New and emerging risks were identified and acted upon in a timely manner. This was evidenced through effective joined up working between the care provider and the respective housing providers. This collaborative approach to risk helped to ensure people could remain in their own home for longer.
- Untoward events were thoroughly investigated, and remedial action taken to reduce the likelihood of a reoccurrence. Information related to lessons learned was shared internally with staff, and with other relevant agencies.

Staffing and recruitment

- People who used the service benefited from a team of care staff who were based onsite. This enabled staff to be responsive to people's needs and provide a level of consistency, which people clearly appreciated. Comments from people included, "I pretty much have the same team of carers which is lovely, and I know them all well" and, "It's reassuring to know the carers are more or less always around to help."
- Staff were recruited safely. Appropriate pre-employment checks were completed.

Using medicines safely

- Support with medicines was provided by staff where this was part of an assessed care need.
- Staff were trained in medicines management and had regular checks of their competency.
- Medicines were ordered in a timely way, stored safely and people received them as prescribed.
- Oversight was maintained by managers via spot checks of records and observation of practice.

Preventing and controlling infection

- As part of CQC's response to the COVID-19 pandemic we are routinely looking at the preparedness of services in relation to infection prevention and control. At this inspection we looked at the infection control and prevention measure the provider had in place.
- We were assured this service met good infection prevention and control standards and adhered to the guidelines in place at the time of inspection.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- An assessment of needs was completed before a person started to use the service. This process included an 'allocations meeting' with the housing provider and other stakeholders. This helped to ensure people met the criteria for extra care housing and that their needs could be met.
- Care plans and associated documentation included relevant guidance for staff to follow, for example, guidance associated with the management of diabetes.

Staff support: induction, training, skills and experience

- COVID-19 had impacted on the providers ability to deliver face-to-face training to staff. However, to ensure training standards were maintained, the provider put in place a comprehensive online e-learning package for staff to access.
- As COVID-19 guidance changed and restrictions eased, we saw the provider was moving back to 'business as usual' with training being delivered in-person. This process was supported by the providers own in-house professional trainer.
- Supervision sessions and annual appraisals were completed as per company policy and were meaningful. Staff spoke positively about access to training and opportunities for continuous learning. Comments included, "I have an interest in end of life care, and after speaking to the registered manager about this, training was provided as part of my development."

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

- A determination to ensure a joined up, collaborative approach was at the heart of the service. One housing provider told us "Housing staff work very closely with the senior care supervisor, they have a good understanding and rapport, they carry out joint assessments with applicants and will work together to support residents and to tackle scheme issues together where appropriate."
- COVID-19 had presented many challenges around access to healthcare services. However, throughout this difficult period, staff ensured that people's routine and urgent care needs were met.

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

- People were supported with eating and drinking where this was part of an assessed care need. Where such support was provided, we saw that care plans were detailed and took account of people's individual food and drink preferences, including preferences based on cultural and religious requirements.
- Risks to people associated with eating and drinking, for example, swallowing difficulties, were detailed in care records and information shared with staff. Relevant and up-to-date guidance was also available.

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.

- We found the service was working within the principles of the MCA. Staff had received appropriate training and the registered manager had good underpinning knowledge.
- Where the person had a lasting power of attorney (LPA) in place, copies of the legal records were held within care records. Details of the LPA and their contact details were available for staff.
- People were encouraged and supported to have as much choice and control over their lives as possible. This was particularly well evidenced at the extra scheme that supported people who lived with dementia.

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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Care and support was provided by a dedicated, caring and compassionate team of staff. The service benefited from a diverse and multi-cultural staff team who were reflective of the community they served.
- Equality, diversity and inclusion was a golden thread that ran through every aspect of the service. There was a genuine determination to ensure people's individual characteristics, likes, dislikes and personal preferences were recognised, embraced and celebrated.
- The service had been proactive in volunteering to participate in a programme centred around the housing and care needs of older people who identified as lesbian, gay, bisexual or transgender (LGBT). An early success of this work saw older LGBT people being offered an LGBT 'buddy.' The aim of the buddy scheme was to ensure older LGBT people remained active and visible within their community, and to help reduce loneliness and isolation.
- Black History Month was marked with great pride and over previous years celebrations took place recognising people of prominence from black and minority ethnic communities. This helped to reinforce positive role models and the value they brought to society. NHS nurses attended to provide health and wellbeing advice and to raise awareness of certain health conditions that can adversely impact on people of black and Asian heritage. Guest speakers from the Asian community also attended to talk about culturally appropriate community based services that people could access. Comments from people included, "Its just wonderful to be involved and included."
- On a weekly basis, a mobile Afro-Caribbean caterer visited one of the housing schemes. We saw how the care staff ensured everyone who wanted to could access this service and enjoy the delights of the speciality food on offer.

Respecting and promoting people's privacy, dignity and independence

- Ensuring people were afforded every possible opportunity to maintain and/or regain their independence was a significant stand out feature of the service. Testimony and feedback provided by relatives and professionals demonstrated consistent high praise and was impactful about the difference staff had made to people's life. Comments included, "I just wanted to let you all know that I am so grateful to all of you for all that you have done to get my [Person] through it (COVID-19)"; and "I would like to say how pleased I and my family are with the high level of care [Person] receives. Before moving in [Person] was very unhappy in a nursing home. [Person] has more independence here with an amazing team of carers. There has been a massive change in [Person], they are happier and that shows in the way [Person] laughs a lot."; and, "Quality of the service is excellent overall. [Person] has had some trauma in their life which has made [Person] very guarded and sometimes unable to communicate adequately when stressed. This means [Person] needed

good support. [Person] has received this at [location] from the managers and carers. They have been very kind to [Person] and always have time to reassure [Person] and [Person] knows that if they feel anxious or lonely, [Person] is now confident to go upstairs to the office to have some company. The carers will make [Person] a cup of tea and have a chat."; and "The care team were a great support to the housing team during the pandemic when housing had limited staff on site. The challenges of the pandemic brought the two teams closer together."

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

- People were involved in all aspects of their individual care journey. This ranged from people being routinely supported to share their views on a day-to-day basis, through to more formal periodic reviews of their care and support package. Where appropriate, people's lawful representatives were also involved. Comments from people included, "The staff talk me about my care and I do very much feel like I've been consulted" and, "At each step of the way as a family we've felt involved, even during COVID-19, when we couldn't visit. This has made such a difference."

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 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; 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

- Care plans and associated records were of a good quality and person-centred. Staff also had access to electronic handheld devices, providing key information that could be accessed at the point of care. Utilising such a system meant short notice changes to people's care and support needs could be quickly shared with staff.
- COVID-19 restrictions had a major impact on the ability of people who used the service to positively engage in activities and events, both within their respective housing schemes, and out in the wider community. However, in collaboration with the housing providers, programmes of activities, events and celebrations, as well as supporting people to access the community, were gradually being re-introduced. The care provided played a key role in this by helping and supporting people to participate.

Improving care quality in response to complaints or concerns

- Information about how to make a complaint or raise a concern was provided within care records held in people's own homes. People could also share their views via a 'how are we doing' section on the providers website.

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

- A robust assessment framework, coupled with the skills and experience of staff, helped to ensure people's communication needs were recognised, assessed and acted upon in a timely manner.

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 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

- The provider had good systems in place for audit, quality assurance and questioning of practice. The registered manager was diligent in ensuring quality standards were maintained. Comments from external professionals included, "[Registered Manager] has good oversight of the schemes and it's considered a low-risk scheme for our team."

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

- The culture and ethos of the service was one of inclusion and involvement of everyone. As highlighted throughout this report, people who used the service, their relatives and staff were empowered to contribute and were confident their views counted. Comments included, "There is basically an 'open door' policy here. If I have any issues or concerns, or I make a suggestion, I know I'm being listened to and valued."; and, "There has never been an occasion where I've been made to feel a nuisance when calling about [Relative]"
- Staff were motivated, enthusiastic and passionate about the role they performed - this resulted in outstanding care and positive outcomes for people.

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

- The registered manager led by example and conducted their business in an open, honest and transparent way. The registered manager fully understood their legal obligations around duty of candour.
- Systems and processes to ensure that lessons learned translated into improving care were operated effectively. A 'no blame culture' helped to encourage staff to speak-up early if something had gone wrong.

Working in partnership with others

- The registered manager and wider staff team fully embraced the concept of working in partnership with others and fully appreciated this was key to the success of the service. A housing professional told us, ""Care staff engage with housing staff and both teams have a good understanding of each other's roles and responsibilities which has resulted in the service quality improving."