

## Premo Group Housing Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
10 February 2025

**Service provided by:**  
Premo Group Ltd

**Service provider number:**  
SP2021000231

**Service no:**  
CS2021000363

## About the service

Premo Group Ltd, provides support to adults and older people in their home and in the community, throughout Falkirk, Stirlingshire and Clackmannanshire.

The service registered with the Care Inspectorate on 17 December 2021.

The organisation's mission states:

"To provide the highest standard of service to our service users whilst providing the best possible conditions for carers by ensuring that each individual feels valued."

At time of inspection the service was supporting 98 people.

## About the inspection

This was an announced short notice inspection which took place on 4, 5 and 6 February 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with ten people using the service and four of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Caring and respectful relationships between people and staff were observed
- Improvement was needed in the recording of medication being administered
- Management team were committed to ensuring people were well cared for
- Risk assessments and care plans were required to improve to ensure they accurately reflected people's care and support.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people.

### **Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support.**

During our inspection we saw caring and respectful relationships between people and staff. One person told us "the staff are all lovely, I am very appreciative for the care", where a relative told us "they are all very nice and really helped me as I was struggling with my wife."

People were not always supported by a consistent staff team which did have an impact on meaningful relationships being established. One person told us "I don't know who is coming but I know someone will come", whilst another told us "I get lots of different faces and don't know all there names or who is coming." The service were working hard to improve this and were in the process of recruiting staff members, to support and enhance the consistency of the care teams.

Everyone who received the service and their relatives told us that communication from carers and office staff were good. Staff knew what was expected of them to meet people's care needs and people felt staff were well trained and knowledgeable. The office staff had good links with local health and social care professionals and liaised with them promptly when any concerns were identified. One healthcare professional told us "Premo are extremely supportive of the individuals they support and always work in a manner that is person centred."

People had a copy of their personal plan in their home and some people told us this was important to them. The service was in the process of transition and implementing a new care planning system which plans to work better for people. We plan to address this later under key question 5 "How well is our care and support planned?"

People should be confident that medication policy and practices are well managed to ensure their health and wellbeing benefits. There was a clear medication policy and procedure in place and staff practice we observed was safe, however improvement was needed in the recording of medication being administered. (See Area for Improvement 1).

### **Areas for improvement**

1. To support people to keep well and safe, the provider should ensure that all medication being administered, is recorded following best practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

**How good is our staff team?****4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people.

**Quality Indicator 3.3 Staffing arrangements are right and staff work well together**

Staff we observed appeared to be clear within their role and what was expected of them during visits. All of the staff we spoke with told us they enjoyed their job and working with people. Staff delivered support with kindness. They interacted well with people, building trusting relationships and people told us that staff supporting them were compassionate and respectful. Staff were flexible and worked well together to benefit people using the service. We heard how staff covered additional shifts to allow other staff to have leave.

Whilst the service had vacancies we did not see cancelled or shortened visits as the office staff or the management team covered support. The service worked hard to minimise the impact of vacancies on people and to recruit and retain new staff. The service was using two scheduling systems which were assured to make the scheduling more accurate and accessible for staff, once the transition had completed fully.

Communication was noted as a positive with people using the service and their relatives telling us that office based staff were responsive to telephone calls. They told us information was shared with the staff providing direct support.

The service worked hard to support staff's wellbeing, and promote a sense of team work, this was done through regular team meetings, newsletters and team building events, which made team working positive.

**How well is our care and support planned?****3 - Adequate**

We evaluated this key question overall as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh positive experiences and outcomes for people may be reduced significantly because key areas of performance needed to improve

**Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes**

People should expect consistent care and support. Whilst there were personal plans in some people's homes they were not of a consistent quality and some plans did not make proper provision for people's care and support needs or detail clearly how these or outcomes would be met. Whilst some staff knew people well, this made it difficult for staff to deliver care and support effectively. Documentation and records must be accurate and sufficiently detailed, and those we viewed did not always reflect the care provided or provide pertinent information. This was partly because some personal plans were not updated when people's needs or circumstances changed. Personal plans should be reviewed on a regular planned basis and updated when there are any changes to a person's care or support needs. People could not be fully confident that staff were providing current and accurate support using the personal plans in place. (See Requirement 1)

While people experiencing care, together with their relatives, were consulted and involved in the development and review of the personal plan initially, this practice had not always continued. The service recognised that personal plans needed to improve for people and were in the process of transition to a new online system which would include provision for future planning. This would mean people are helped to live well right to the end of their life by having their preferences and future wishes clearly detailed in their personal plan.

There were risk assessments within the personal plans we sampled however, some risk assessments would benefit from being more personalised and reflective of people's current care needs. The new system should address this. This would further assist the service to identify and address individual risks for each person and ensure staff were directed in delivering care safely.

Reviews had been completed for most people. There was oversight of this which helped staff plan these meetings with people. However, review minutes and actions were not fully detailed on how the person was involved in the review process and reflected their input and feedback to update the personal plan ensuring people are supported with their current needs and wishes.

## Requirements

1. By 12 May 2025, the provider must improve the quality of recording within care plans to ensure that people receive care and support that is right for them.

To do this, the provider must, at a minimum ensure:

- a) each person has a detailed support plan which reflects a person centred and outcome focused approach directing staff on how to meet people's care and support needs
- b) support plans contain accurate and up-to-date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified
- c) future needs are anticipated, documented and reviewed
- d) support plans are regularly reviewed and updated with involvement from people, relatives and advocates (if required)
- e) detailed care reviews are undertaken regularly which reflects people's care needs and preferences.

This is to comply with Regulation 5(2)(b) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15)

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To inform the dynamic approach to quality improvement and ensure the service develops a culture of continuous improvement through learning from complaints/concerns. The service should, at a minimum:

- a) Keep records and log of any concerns/comments made by people who use the service, representatives, relative or other persons.
- b) Ensure that each record: Includes details of the date received, issues raised, action taken and outcome.
- c) Ensure that they adhere to the Care Inspectorate notification guidance for reportable events.
- d) Implement a system to regularly monitor, review and learn from complaints, concerns and adult protection concerns.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

**This area for improvement was made on 28 April 2023.**

#### Action taken since then

Whilst we saw improvement in the record keeping of any concerns and comments received and adhering to the Care Inspectorate guidance for notifications. The service was in the process of changing electronic recording systems which had an impact on the ability for the service to develop a regular system to monitor complaints and drive improvements.

Therefore this area for improvement has not been met and is repeated.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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