

Premo Group Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
29 May 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 94 people.

About the inspection

This was an announced short notice inspection which took place on 20, 21 and 22 May 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 and obtained feedback from 18 people using the service and three of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Improvement had been made in the administration and recording of medication.
- People could be assured that they had a care plan in place, with a good level of detail to guide staff around how best to care and support each person
- Staff were caring, kind and respectful
- People could be assured that there were systems in place to monitor standards of care within the service
- Staff carried out their duties in a way that demonstrated an understanding of the training they had received
- People could be confident that the service learned from complaints and concerns.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

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

Premo Group provide support to people in their own homes with a range of personal care needs. These visits can be minimal with a medication prompt through to more complex care needs that demand more time with the assistance of two staff members.

During our inspection staff were caring, kind and respectful with people. We saw very good personalised care and support being provided. One person told us "the carers are good they supported me to get back on my feet", whilst a relative told us "they are great they work around mum and support her to remain at home."

Most people were supported by a consistent staff team which supported meaningful relationships being established. One person told us "I have my team of carers and they know what I like", whilst another told us "its good seeing the same faces." This also allows staff to notice any changes and be responsive to any changes in the person's health and wellbeing. We observed that staff were recognising and reporting concerns to the management team. All of the people receiving the support and their families spoke about the positive trusting relationships that had been established with the care staff.

Medication management was very good, an electronic system for administration of medication was in place. There was a clear medication policy and procedure in place and staff practice we observed was safe in the managing and recording medication being administered.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of leadership and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality Indicator: 2.2 Quality assurance and improvement is led well

The management team were motivated to ensure continuous improvement in the service and were providing very good leadership. We heard that staff felt confident speaking to the management team and sharing views on the service. We heard that the managers and Premo group as an organisation, were "approachable", "supportive" and "provided guidance when required." Staff felt valued and enjoyed their work.

People could be assured that there were systems in place to monitor standards of care within the service. The management team were committed to auditing, spot checks, observation of practice and self evaluation processes. The service had a comprehensive improvement plan which the manager was using to develop the service.

The service had a culture of learning. They had systems in place to address feedback, accidents and incidents which enabled them to take action to address and learn from events.

There was a clear complaints process and people were confident on how to raise a concern. Management had oversight on the service and shared any learning, which meant the service was responsive to driving improvements. The management team had very good working relationships with other professionals to ensure good outcomes for people using the service. One health care professional told us "The Managers of the service are approachable, supportive and motivational, they have created a culture where staff and outside agencies feel that they are valued."

The provider was evaluating people's experiences to ensure that everyone was satisfied and encouraging feedback to ensure that the service was providing the right support. The management team were using feedback to acknowledge good practice and develop the service.

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

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

The management team recognised the importance of complying with best practice for safer recruitment, induction, registration of staff, training and supporting staff to engage in a culture of professional development. Staff completed training that was relevant to their roles. This included training that was specific to understanding the needs of people being supported and cared for. Training records were kept which evidenced that training was up-to-date. People experienced care and support from well trained staff who were knowledgeable about their care needs. One visiting professional told us "Premo group have created a learning and development culture, where staff are encouraged and motivated to learn new skills and knowledge and put these into practice."

Staff carried out their duties in a way that demonstrated an understanding of the training they had received. Conversations with staff also evidenced their knowledge in supporting and caring for people. Most staff spoke positively off their work and told us they enjoyed working in the service. This demonstrated a commitment to both the service and the people they were supporting and caring for. Arrangements for the one-to-one supervision of staff were in place. Team meetings gave staff an opportunity to discuss any issues they experienced and to contribute to the development of the service. This evidenced that staff were valued by leaders in the service.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

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

The service had worked hard and we saw improvements had been made since the last inspection where a requirement was made. (See section Outstanding Requirements). All people had a care plan in place, with a good level of detail to guide staff around how best to care and support each person. Risk assessments were also in place which also informed the care plan.

We saw a process in place for reviewing of care plans regularly and from the sampled plans we found them to be reflective of people's changing needs.

Personal plans and carer visit records were stored electronically, which enabled ease of access for all staff and access was available to people and their families.

People and their representatives were involved in care planning, advocacy was sought where it was deemed appropriate. We saw six monthly reviews had taken place.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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)

This requirement was made on 10 February 2025.

Action taken on previous requirement

We sampled 15 from the 94 people the service supported and people could be assured that they had a care plan in place, with a good level of detail to guide staff around how best to care and support each person. Risk assessments were also in place which also informed the care plan. Care plans were reviewed regularly and were reflective of people's changing needs.

People and their representatives were involved in care planning, advocacy was sought where it was deemed appropriate. Six monthly reviews had taken place.

Met - outwith timescales

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 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)

This area for improvement was made on 10 February 2025.

Action taken since then

People could be assured that medication would be administered in a way that is right for them and in line with best practice. The service used a electronic recording system and all staff were suitably trained.

Therefore this area for improvement has been Met.

Previous area for improvement 2

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 10 February 2025.

Action taken since then

People could be confident that the service learned from complaints and concerns. We saw a clear system in place for logging and recording of concerns and complaints. We saw actions and outcomes recorded and Care Inspectorate notifications or adult protection concerns logged if required. The service demonstrated a dynamic approach to quality improvement and supported a culture of continuous improvement through learning from complaints or concerns raised.

Therefore this area for improvement has been Met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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