

Premier Care Limited

Premier Care - Bradford Branch

Inspection report

Unit 16, Park View Court
St Paul's Road
ShIPLEY
BD18 3DS

Tel: 01274584202
Website: www.prem-care.co.uk

Date of inspection visit:
11 October 2022
12 October 2022

Date of publication:
06 December 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Premier Care Bradford is a domiciliary care agency providing support and personal care to people living in their own homes. At the time of our inspection the service was supporting 67 people. 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

Medicines were not always managed safely. Whilst some systems had improved, we found gaps and shortfalls in people's medicine records. This meant we were not assured people were receiving their medication as prescribed.

A range of audits and checks were undertaken to assess, monitor and improve the service. They had not been effective in identifying shortfalls in the management of medicines. Other quality checks were effective in identifying issues and driving improvements. The registered manager responded promptly to our feedback about concerns and took action to address the shortfalls. The registered manager was approachable and supportive and provided leadership to the team. Staff received regular supervision and support.

Recruitment was managed safely and there were enough staff to support people.

People and relatives gave positive feedback about staff and the support they received. They said they felt safe and staff were kind and respectful. We received mixed feedback about the consistency and timing of calls. Risks to people's health and safety were assessed and regularly reviewed. Staff knew people well and supported them based on their needs, choices and preferences.

People and staff' feedback was sought, listened to, and used to improve the service.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 requires improvement (Published 13 November 2019). At this inspection we found the provider remained in breach of regulations. The service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 9 and 14 October 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

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

Enforcement

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 safe management of medication and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Premier Care - Bradford Branch

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

This inspection was carried out by two inspectors 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. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was to ensure the registered manager would be in the office to support the inspection.

What we did before 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 (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

One inspector visited the office for two days. We looked at 6 people's care records including medication administration records. We spoke with the registered manager, quality manager and senior office coordinators. A second inspector also spoke with 6 care staff. An Expert by Experience spoke with 7 people and 7 relatives on the telephone about their experiences of the care provided . We also looked at 2 staff files in relation to recruitment and a variety of records relating to the management of the service including policies and audits.

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 requires improvement. At this inspection the rating for this key question has remained 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.

Using medicines safely

At our last inspection the provider had failed to robustly manage the administration of people's medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The provider had made improvements to the recording processes relating to medicines management. However, they had not always been followed and we found shortfalls. This included gaps in signatures on Medicines Administration Records. Where people had refused or relatives had administered medicines to people this was not always clear which meant there was not an up to date record.
- Where people were prescribed regular daily doses of medication the time of administration was not always recorded. This meant we were not assured there was the prescribed gap between doses which put people at risk of harm.
- Audits were in place but not always completed in a timely way. Some shortfalls had been identified but checks were not always carried out consistently or promptly which meant where mistakes had been made, they were not always identified or rectified.

We found systems were not robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

The registered manager responded promptly to our findings. This included carrying out an audit and scheduling refresher medication training and checks for all care staff. The provider had plans to transfer to electronic monitoring of medicines which would assist with the way monitoring was carried out in the future.

- Detailed care plans were in place to explain why and how people took their medication. Protocols were in place for medicines which were administered 'as required' including oral and topical medicines

Staffing and recruitment

- People and relatives told us they were generally satisfied with the support they received but we received mixed feedback about the timings of the calls and people were not always informed if calls were going to be late. One relative said, "The times of the calls are quite mixed up and varied." We discussed the feedback with the registered manager, and they expressed their commitment to address the concerns.
- The length of calls was generally appropriate and met people's needs. Electronic call monitoring had recently been implemented which provided a key safety net to ensure call times could be monitored.
- Recruitment checks were in place to ensure only suitable staff were employed. The registered manager told us there had been some recent difficulties with recruitment and retention but there was a rolling programme in place and several new staff were due to join the team. Staff had a detailed induction and the opportunity to shadow experienced staff when they started work. Staff received regular spot checks on their practise to ensure they were working to the required standard.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and poor care. People and relatives said they felt safe and trusted staff. One person said, "I do feel very safe with them."
- Staff had received safeguarding training and understood how to recognise and report abuse.
- The provider had good processes in place to ensure any allegations of abuse or poor care were investigated and acted on. Safeguarding referrals had been made to the local authority where required.

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

- Risks to people's health and safety were clearly monitored and assessed. Assessments were in place which demonstrated risks such as mobility, nutrition and the environment had been assessed. There were also detailed assessments relating to people's mental and physical health needs.
- People and relatives told us they thought the quality of care and support was good. One relative said, "I think they understand perfectly well the care that is required."
- Staff told us they were given clear information to support people safely. They told us they were updated if there were any changes to the care and support people needed.
- The service had a system for recording and monitoring accidents and incidents. This could be improved to ensure near-miss situations were also captured.
- There were safe and effective measures in place to reduce the risk of the spread of infection. Staff completed training in infection prevention and control. They had access to personal protective equipment and understood when they needed to use it.

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 requires improvement. At this inspection the rating for this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred 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

- Audits and checks were in place. However, they had failed to identify the shortfalls, we found relating to the safe management of medication. This was the third consecutive inspection where the provider had failed to be compliant with regulations.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded quickly to the concerns we highlighted about medicines and we were assured they would review their internal quality assurance systems in order to improve oversight of people's medicines.

- There was a strong and consistent senior team in place and there was clarity about their individual roles and responsibilities. Apart from medicine management the registered manager had oversight of the service and received comprehensive support from the provider's quality team and an area manager.
- The registered manager understood their responsibility around the duty of candour and had complied with the requirement to notify CQC of various incidents so we could monitor the 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.

- Most people and their relatives said they felt care and support was person centred. Care records were entered onto an electronic App and people and relatives could have access to this. People and relatives spoke highly of staff. One person said, "They are just wonderful. They have fitted in well and interact with the family too." Another relative said, "We have sorted out a good care plan and we are fully involved in that."
- The registered manager promoted a positive culture which supported the delivery of person-centred care. People's views were regularly sought. We looked at the provider's reviews carried out with people and their relatives and saw feedback and comments were positive.

- Staff said they enjoyed working for Premier Care and people and relationships mattered. They said the registered manager was approachable and supportive. One staff member said, "Communication is good, training is good and all the staff in the office are nice."

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other professionals to meet the needs of people and tailor their support.
- The registered manager demonstrated a commitment and desire to continually improve.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes to monitor and improve the safety and quality of the service had not been effective. Reg 17(1)(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure people's medicines were managed safely. Ref 12(1)(g)

The enforcement action we took:

Warning Notice