

Premier Care Limited

Premier Care - South Lancashire Branch

Inspection report

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Lancashire
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15 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Premier Care – South Lancashire Branch (Premier Care) is a domiciliary care service. At the time of the inspection the service was providing personal care for 33 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

People told us they felt safe using the services of Premier Care. One person said, "They're (staff) really good and I trust them." Another told us, "I feel very safe. They (staff) are very caring people."

People were very complimentary about the registered manager of the service. One person told us, "She's a lovely lady. The staff have a lovely boss; she's grand. She's a carer as well. When they have been short and the staff can't get to someone she (registered manager) does it, so you know she cares, which is really good. When she came she talked to me about my package of care and I have to say it's looking like a good package from Premier Care, so I'm very happy. The manager is really good and caring."

Medicines were not being managed well. The Medicine Administration Records (MAR) were not being completed accurately and this put people at risk of harm.

The plans of care were not always person centred, as they failed to accurately reflect people's assessed needs and how these were to be best met.

We made a recommendation in relation to assessing risk. However, infection control practices were robust. Systems were in place to ensure any safeguarding concerns were dealt with appropriately. Staff understood the actions to take in the event of a concern. Staff had been recruited safely and relevant training and supervision was undertaken.

We made a recommendation in relation to monitoring of the service, as some areas in need of improvement had not been identified through the auditing process and actions taken were not clear.

We made a recommendation in relation to mental capacity assessments, consent and best interest decision making. However, we observed that 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.

People's needs were assessed and they received good care. People and their relatives were happy with the care provided by the staff team.

The service demonstrated partnership working. The staff team ensured effective liaison with relevant community professionals to support good care to people.

Complaints were well managed. People we spoke with raised no concerns about the service. Team meetings were being undertaken and positive feedback was seen about the service provided. A range of policies and guidance was available to support the care provided. The provider understood the operation and management of the service.

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

Rating at the last inspection

The last rating for this service was good (published 22 October 2018). Since this rating was awarded the registered provider of the service has changed its name. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection conducted due to the change of ownership.

At this inspection we have identified breaches in relation to the management of medicines and the planning of people's care.

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

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 - South Lancashire 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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and a medicines inspector on day one of the inspection. On day two, one inspector and a medicines inspector visited people in the community and on day three, two inspectors returned to the agency office. An Expert by Experience conducted telephone calls to people who used the service and some relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 October 2019 and ended on 15 October 2019. We visited the office location on 1 October 2019 and 15 October 2019.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to 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

We contacted eight people who used the service and two relatives by telephone to discuss their experience of the care provided. We visited three people in the community and spoke with a further three relatives. We spoke with seven members of staff including a director, area manager, registered manager, team leader and care workers. We reviewed a range of records. This included five people's care files and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were also viewed.

After the inspection

After the inspection we continued to seek clarification from the provider to validate evidence found and reviewed further records in relation to the service.

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 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

- The systems in place did not ensure medicines were managed safely.
- We found MAR charts did not represent a full list of medicines that people were prescribed by their doctor(s).
- We found that MAR charts had missing signatures and we could not tell whether the medicines with missing signatures had been given. Not having medicine administered as prescribed may increase the risk of harm for the service users.
- Care workers had signed to say they had administered more tablets than what was recorded on a MAR chart. This made it unclear what medicine was administered.
- MAR charts only showed medicines and doses care workers were administering and did not include any medications self-administered by the person or the person's family or friend.
- We found one person who was known to be at risk had excess controlled drugs in their cupboards. The provider had not escalated this to the person's doctor for review.

We found no evidence that people had been harmed however, systems were not robust enough to ensure the safe management of medicines. This placed people at risk of harm. This is a breach of Regulation 12(1)(2)(g) (Safe Care and Treatment) of The Health and Social Care Act 2008, (Regulated Activities) Regulations 2014

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

- Although the registered manager had conducted risk assessments in relation to people's health and safety, these could have been more detailed and more extensive, with actions recorded to keep people safe.

We recommend the provider develops more robust risk assessments, so that any risks to people's health and safety are clearly identified and strategies implemented to protect people from harm.

- We observed staff members assessing risk and promoting people's safety whilst support was being provided. One person told us, "I used to have two carers, but as my risk of falling has reduced, I now only need one. They (staff) make sure I am safe all the time. That's the best thing; they care and they have helped me to get more mobile and now I am more steady on my feet. They take their time with me, which gives me confidence. They don't rush me."
- The provider had ensured arrangements were in place to document and act on any accidents and near misses. However, none had been logged, but systems were in place for the recording of such events and actions which would be taken. This would support any lessons learned in the future.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were kept safe.
- Safeguarding policies and procedures were available for the staff team and safeguarding incidents were managed appropriately.
- Staff had received annual training in relation to safeguarding people from abuse and they were confident in reporting any concerns to the relevant authorities.
- People told us they felt safe using the services of Premier Care. One person said, "I feel very safe; yes, very safe when they (staff) come."

Staffing and recruitment

- People told us they had not experienced any missed visits, but if care staff were running late, due to unforeseen circumstances then they were always notified of the delay. One person told us, "They (staff) are usually on time. They are usually very punctual and very good. If they are late they always apologise."
- Some care workers felt there were not enough staff to cover all visits comfortably, which could be stressful at times. We discussed this with the management team, who confirmed new staff had just been appointed and were on induction programmes.
- The provider had ensured recruitment practices were robust and that disciplinary procedures were being followed in day to day practice.

Preventing and controlling infection

- The provider had systems in place to ensure good infection control practices were being followed.
- Policies and procedures in relation to infection control were available for the staff team.
- Infection control risks had been assessed and systems implemented to reduce the possibility of cross infection.
- We observed staff wearing protective clothing when attending to people's needs and food hygiene practices were in accordance with current legislation and good practice guidance.

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.

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 so they can 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.

- The provider had systems in place to assess if people had the mental capacity to make their own decisions. However, these had not always been completed in full and on one occasion evidence was not available to demonstrate a best interest meeting had been held.
- Written consent had been obtained from some people, which covered care and support, access to peoples' homes and access to records. However, this was not consistent. Although people told us they had been involved in planning their own care and we observed staff members offering people choices, formal agreement to care planning was not evident.

We recommend the provider consistently obtains formal consent and mental capacity assessments are completed in full, with best interest meetings being held for those who are unable to make their own decisions.

- We observed care staff explaining to people what they were doing and verbally asking for their consent before any activity was commenced. One person told us, "Everything is done with my consent. They (staff) always ask and I always give them permission."
- No Court of Protection applications had been made, as those who used the service were not being deprived of their liberty. However, one person, whose records we looked at had appointed someone to act on their behalf, although legal documentation had not been obtained. We discussed this with staff, who told us the service was waiting for the documentation to be forwarded by the relative.

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

- The service had ensured people's needs and choices were assessed before a package of care was arranged. Information about people was gathered from a variety of sources. People told us someone from the agency visited them at first to see what they needed. One person said, "The manager is nice. She came to assess me at home and took her time to make sure everything was right."
- People confirmed their needs were being met in accordance with their preferences and wishes.

Staff support: induction, training, skills and experience

- The provider had developed robust systems which helped to ensure the staff team were well trained and regularly supervised.
- Staff members told us they received enough training to help them to provide a good level of care and records we saw supported this information. One person told us, "All the staff seem to know what they are doing and seem well trained." Another commented, "One or two (staff) need to be shown or told what to do, but the regular ones are brilliant; they know exactly what to do and they tell the others what needs to be done."
- The provider had developed a range of training material for the staff team, including flash cards, which covered a variety of learning modules.
- Staff members told us they received regular supervision and annual appraisals. Records we saw supported this information. Evidence was available to show new staff shadowed more experienced team members and spot checks were periodically conducted.
- Records showed thorough induction programmes had been completed by new staff. However, induction records indicated all topics were completed on the same day, which would be too much for staff to absorb. The management team confirmed this was not the case, but due to computerised technology all induction topics were signed off on completion of the induction programme, rather than as each topic was completed. The management team confirmed they would look at this recording issue.

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

- The registered manager ensured people were supported to maintain a nutritious diet.
- Staff supported people to eat and drink according to their needs.
- Nutritional risk assessments had been conducted, which helped to ensure people received a nutritious diet.

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

- The service worked with a range of community professionals to ensure consistent and timely care was provided. One family member told us staff had recently contacted their relative's GP, due to medical concerns.
- Records confirmed local authority assessments were in place and had been shared with the service.

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The provider had systems and processes in place which ensured people were treated well by the staff team.
- We observed staff members treating people equally and respecting their individual needs.
- Everyone spoke very positively about their care workers and the support they provided. They were described as 'respectful', 'polite' and 'lovely'. One person told us, "They (staff) are very pleasant and nice to talk to. They ask how we are and show genuine interest in what we have been like. They always ask if we are okay and if we have had a good week." Another commented, "They (staff) are kind and polite and help me to get dressed and washed, as I can do most of it for myself, but they encourage me when I'm in need of help; really good they are. They are always friendly and helpful." A family member told us, "My relative gets care twice a day and she gets a shower three times a week."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- A range of policies, procedures and guidance was available to support staff in delivering care. These included privacy, dignity, respect, and service user rights and choices. Staff were provided with training about advocacy. This would ensure people received support with important decisions. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.
- People said they were involved in planning their own care and support and we saw care workers offering people a variety of choices during their visits.

Respecting and promoting people's privacy, dignity and independence

- The provider had systems in place which promoted people's independence and protected their privacy and dignity.
- We observed some very positive interactions by care staff towards those they supported. Staff members were kind and caring, showing compassion and empathy. One person told us, "It is by far the best agency we have had. The carers are second to none. They are like gold dust" another commented, "I cannot fault any of my carers. They are all pleasant and will do anything for me. They often go above and beyond the call of duty."
- We saw people being helped to maintain their independence, in accordance with their wishes, whilst support was readily available as needed.
- The service ensured confidential information was stored securely in line with the General Data Protection Regulations (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Policies had been developed to guide staff about confidentiality.

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 requires improvement. This meant people's needs were not always met.

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

- The provider had not always ensured peoples' care was planned in a person-centred way.
- The plans of care were very basic, providing limited guidance for staff about people's needs, interests, choices, preferences and wishes and how these were to be managed in a person-centred way.
- The plans of care did not always incorporate specific needs, such as mental health support.
- Sections of the care records were left blank, conflicting information was sometimes provided and evidence was not always available to show people had been involved in the planning of their own care.

We found no evidence that people had been harmed however, we found the provider had failed to ensure the plans of care were person centred and these did not always accurately reflect people's needs or how these were to be best met. This placed people at risk of receiving inadequate or inappropriate care and support. This is a breach of Regulation 9(1)(3)(b) (Person -centred care) of The Health and Social Care Act 2008, (Regulated Activities) Regulations 2014.

- The plans of care were present in the houses we visited and they had been reviewed and updated regularly. One relative told us, "Yes she has a care plan and they (staff) discuss it with you; if anything needs changing they will talk to the manager; she's really good and it will be changed in our best interests."

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.

- There was reference to peoples' communication needs in the care plans we saw. However, this information was basic and did not provide clear guidance for staff about how communication needs could be best met.
- Computer systems were being used to record visit allocations and to develop care planning, staff records and information relating to the operation and oversight of the service. Two small computers were available at the agency office. All staff had been provided with smart phones to access records and scan in and out of peoples' homes. However, some staff members told us there were problems with the system which needed to be rectified, as some information was not being pulled through onto the electronic system. The management team confirmed this was being addressed.

Improving care quality in response to complaints or concerns

- The provider had systems in place to ensure complaints were managed well.
- People told us they would know how to make a complaint, should they need to do so.
- A complaints policy was available, so that people were aware of the procedure to follow should they wish to raise a complaint to the management team or to an external governing body.
- Complaints received were clearly recorded and evidence was available to show a thorough investigation had been conducted. One person told us they had raised concerns in the past, which had been dealt with appropriately. Another person said, "I've no complaints at all and would find it hard to complain about anything."

End of life care and support

- The provider had systems in place to ensure people received appropriate end of life care and support, when this was needed. At the time of the inspection no one was receiving end of life care. However, policies and guidance were available for the staff team, should these be required.

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 requires improvement. 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

- The provider had conducted audits, which had identified shortfalls in some systems. However, action taken had not been clearly recorded. Other audits were not always effective, as they had not identified areas in need of improvement, such as the management of medicines and the care planning processes.

We recommend the provider implements more robust audits, so that any areas for improvement are recognised and addressed in a timely way.

- There was evidence of regular meetings with the directors of the organisation. This enabled discussions around quality performance and improvements needed.
- The provider had a business continuity plan in place, which helped to prepare the business to cope with the effects of emergency situations, including fire, flood, pandemic, rioting and adverse weather conditions.
- The provider had a policy in place which outlined quality assurance processes and the management of quality monitoring systems.
- A range of audits had been completed at regular intervals by the registered manager, regional directors and an external organisation. The outcomes of these were shared at all levels and used to improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had systems in place which demonstrated a positive and transparent culture.
- People were supported to voice their concerns and to make a complaint, should they wish to do so.
- A wide range of compliments had been received by the service, which showed people had experienced satisfactory outcomes. Extracts included, 'Over the moon with the care being provided'; 'I would just like to thank the staff who attended to my relative during her recent and final illness. The staff were always punctual and pleasant and their professionalism could not be faulted' and 'This is the best agency we have been with and she is one of the best carers we have had. These we trust and they are really excellent.'

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

- The provider had systems in place which demonstrated the service was open and honest with people when things went wrong.

- The management team demonstrated openness and honesty with the inspectors throughout the inspection process.
- The service demonstrated its responsibilities for monitoring the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had developed strong links with community professionals and other organisations. One person told us, "If I am not well my carers contact the medical people for advice, which is reassuring. They don't hesitate. They will speak with the district nurses too if necessary."
- Regular newsletters were circulated to people, to help them to keep up to date with any changes and feedback from people was periodically sought.
- Records showed the registered manager occasionally contacted and visited people in the community to ensure they were satisfied with the service provided. One person told us, "The manager is excellent; she's really kind and has been to chat with us."
- Evidence was available to show regular team meetings were held, which allowed the staff team to discuss relevant topics in an open forum.

Continuous learning and improving care

- The provider had a wide range of policies and procedures in place, which had been reviewed and updated, although a few were overdue. We discussed this with the management team, who advised us they would ensure these were reviewed quickly.
- The staff team received regular training and their work performance was continuously assessed.
- Staff spoken with said they felt well supported by the managers of the agency. One staff member told us, "They (Premier Care) are a refreshing change from the previous company I worked for" and another commented, "It (Premier Care) is very well organised."
- Everyone we spoke with was happy with their care workers and felt they were well trained.

Working in partnership with others

- The provider had plenty of guidance for the staff team around partnership working, which was displayed within the agency office and included in the staff handbook. One family member commented, "They (Premier Care) appear to be an upward company that genuinely care."

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People who used the service were at risk of receiving inadequate or inappropriate care and treatment, because the plans of care were not person centred and did not always accurately reflect people's needs or how these were to be best met.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used the service were not protected against risks associated with unsafe medicine practices.</p>