

Premier Care Limited

# Premier Care Limited - Wirral Branch

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This inspection took place on 22 and 24 August 2018 and was announced as this is a domiciliary care company.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults. Premier Care Limited - Wirral Branch provides a domiciliary service on the Wirral and is split into three geographic areas. At the time of our visit, the service was providing support for 570 people and provided staff for three extra care schemes. There were 279 staff employed and 22 office staff, including the registered manager. At the time of inspection, a director of Premier Care Limited was also in attendance at the service.

Not everyone using Premier Care Limited - Wirral Branch receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager in post.

During our previous inspection in June 2017 there were breaches of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating of the service was 'requires improvement'. This was because risk assessments did not give specific guidance for staff and the information in the risk assessments was sometimes contradictory and some medication administration records contained misleading information.

At this inspection we found that the service was 'good' and was no longer in breach of regulations. This was because improvements had been made to risk assessments, care plans and medication records.

However, we found that records management had improved but further improvements were still needed regarding processes followed for covert medication and daily logs in people's homes. We were able to see how the service was continually improving regarding the visit times. However, the feedback we received from people was mixed as visits were not always on time. We were also told how people were not always informed of changes to either times or carers.

People's medicines were handled safely by trained staff and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We

saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. Staff received regular training and supervision to enable them to work safely and effectively. There was a complaints policy in place which people felt comfortable using if they had concerns.

Policies and procedures were in place and updated, such as safeguarding, complaints, medication and other health and safety topics. Management and quality assurance systems had been devised and were in place to drive continuous improvement and the service.

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedoms.

We saw that infection control standards were monitored and managed appropriately. We saw that the provider had an infection control policy in place to minimise the spread of infection, all staff had attended infection control training and were provided with appropriate personal protective equipment such as gloves and aprons.

## 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.

Records management had improved, however additional improvements were required.

Staff had been safely recruited and appropriately trained in safeguarding vulnerable adults.

There were appropriate risk assessments in place. Any incidents and accidents were recorded, analysed and learnt from.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

The service was working within the principles of the MCA; people's consent to their care was sought.

New staff members were appropriately inducted and all staff received appropriate training and support to enable them to be effective in their role.

Staff were provided with regular supervision and appraisal.

**Good** ●

### Is the service caring?

The service was caring.

People told us that their dignity and privacy were respected by staff.

People we spoke with said staff were kind, very caring and helpful.

We saw that people's confidential private information was respected and kept secure.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

The information contained in people's care files was up to date, detailed and thorough.

Care documentation held in people's homes was updated and matched what was held in the office.

People told us they felt comfortable raising a complaint or a concern. Complaints were taken seriously at the service.

### **Is the service well-led?**

The service was well-led.

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

The registered manager and provider conducted a series of quality audits on different areas of the service to ensure a quality service was provided for people.

The manager promoted an open and inclusive culture within the service.

**Good** ●

# Premier Care Limited - Wirral Branch

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 24 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care service. We needed to be sure that they would be in.

Inspection site visit activity started on 22 August 2018 and ended on 24 August 2018. It included visiting people with their permission at home and speaking with people who used the service and staff via the telephone. We also visited the office location on both dates to see the manager and office staff and we reviewed care records; 12 staff recruitment files; staff training; complaint and safeguarding information; rotas; policies and procedures and audit documentation.

The inspection team was made up of two adult social care inspectors, an assistant inspector and two experts-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.

Prior to our inspection, we requested the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information which the Care Quality Commission already held on Premier Care Limited - Wirral Branch, such as intelligence, statutory notifications and/or any information received from third parties. We also contacted the local authority to obtain their view of the quality of care delivered by the

service. We took any information provided to us into account.

During the inspection, we spoke with the registered manager, the director, the office manager, a senior co-ordinator, four co-ordinators and the trainer at the agency's office. Furthermore, we undertook home visits by invitation and met three people receiving support from the service and a relative. We also contacted a further 21 people and 5 relatives via the telephone to seek their feedback on the service.

## Is the service safe?

### Our findings

During our previous inspection we found some of the risk assessments we looked at did not give specific guidance for staff and some were undated. At this inspection we found improvements had been made.

There were appropriate risk assessments in place for risks that may arise whilst supporting a person. They were detailed and offered guidance for staff on how to keep people as safe as possible while protecting their freedom. Risk assessments had been completed with regards to moving and handling, handling medicines and people's physical health. There were also environmental risk assessments in place regarding moving and handling equipment, overhanging bushes, ramps, steps, door/gates and emergency isolation points.

These risk assessments had been reviewed regularly and with input from either the person or their family member if appropriate. We saw that the risk assessment information contained in people's care plans which were kept in their homes exactly matched the information held by the office. This meant that staff had up to date guidance when supporting a person.

During our last inspection we found that the systems in place had not always ensured that medication was safely managed. At this inspection we found that improvements had been made to the recording of what medications were being administered, when and in what form. These records were regularly audited by office staff to ensure there were no mistakes. Staff received medication training before they were allowed to support anyone with their medication. We asked people if they received their medications appropriately and each person we asked said yes. Comments we received included "I don't take a lot of medicines but they are always on time, they always put on clean gloves and aprons and take them off when they leave", "I sort out my own tablets but they always check to make sure that I have" and "They make sure I take my tablets."

We were able to see how the service was continually improving regarding the visit times. However, the feedback we received from people was mixed. One person told us about inconsistency as to which carer would be attending to their daily care and not being informed of staff changes. Another person told us "They are good but I do not like the frequent staff changes. I like to know which carer is coming. They never let me know who is coming. I have asked them to let me know quite a few times but they still fail to tell me." We were also told "I usually have the same carer she is excellent, they are all good! The problem is when a new one comes they should be shadowed and shown what to do! It can be a bit tedious having to explain everything to new people." We were also given positive feedback with comments that included "Yes, [person] has two girls at a time, six times throughout the day", "We have not had a strange carer! We know all the carers" and "[Person] has two carers at a time, so if a new carer came she would be with a regular one."

This feedback was given to the registered manager and director who assured us that ongoing work would continue to improve the service being delivered. We could see through the services key performance indicators, 'KPI's', that visit times had vastly improved however there was evidence that continued improvements were needed. The registered manager and provider had worked closely with the local



authority regarding the time and length of visits required for a person who received a service from Premier Care Limited - Wirral Branch.

Records management had improved in the service, however we identified that the record of one person who had transferred from another agency to Premier Care Limited - Wirral Branch, had not had the processes that had been followed to allow the administration of covert medications recorded. This was brought to the registered manager's and director's attention who assured us that this would be clarified immediately. This was carried out following the inspection. We saw well detailed files maintained in the office. However, in one person's home who we visited, we identified daily records written on scraps of paper and one carer had not signed in or out on certain days in August. This was brought to the registered manager's attention who assured us this would be actioned immediately.

Through collaborative working with the local authority and the health service Premier Care Limited - Wirral Branch had been certified as a 'trusted assessor'. This meant that specifically trained staff of Premier Care Wirral were able to support a person to be independent in their own home by being able to assess the need for low level equipment such as commodes and stand aids. This meant the people living in their own homes had quicker access to the service and increased their independence.

We asked people and their relatives if they felt safe receiving a care service from Premier Care Limited - Wirral Branch. Each person we spoke with said that they did. Comments included "Very safe", "Very safe, they are all very good" and "I do [think person is safe] they are a good bunch of girls." Everyone we spoke with felt the care workers looked after them in a safe way.

The service had an appropriate safeguarding policy in place, this contained information on how to raise a safeguarding concern. This information was available to staff. Staff had received training in safeguarding vulnerable adults. When we spoke with staff they were knowledgeable about safeguarding vulnerable adults, signs that may indicate people may be at risk of abuse and what actions they would take to ensure people were safe. The home kept a detailed record of incidents that they had reason to believe may relate to safeguarding a vulnerable adult. Information about these events had been shared with the local authority. If appropriate these had been investigated by the registered manager.

The people we spoke with and their relatives told us that infection control procedures were always carried out by the staff visiting them. Appropriate gloves and aprons were always worn by the care workers and staff had received training surrounding infection control and health and safety.

Staff had been recruited in a way that helped to ensure they were safe to work with vulnerable adults. There was appropriate information in new staff members files to demonstrate that they had been safely recruited. Checks were made on candidates work history, identification, conduct in previous employment and character was checked by references. Checks from the Disclosure and Barring Service (DBS) were sought. DBS checks are carried out to help ensure that staff are suitable to work with vulnerable adults in health and social care environments.

## Is the service effective?

### Our findings

Premier Care Limited - Wirral Branch had an up-to-date policy in place regarding the Mental Capacity Act 2005. The provider and registered manager were able to discuss with us the support people were receiving and whether they had capacity or not for specific decisions. The service was aware of their responsibilities and were able to give staff guidance when providing care for people who may not have capacity to make some of the decisions needed in relation to their support. This was supported through discussions with staff. Everyone we spoke to told us their choices were respected. We saw that care plans held people's documented consent to their care and that this was regularly reviewed.

We asked people if they felt staff were skilled and competent to provide care and if they seemed knowledgeable and confident. Everyone we spoke to said yes. Comments included "Oh yes, they are", "Yes, they do know what they are doing" and "Very much so".

Staff who had recently joined the team had started the Care Certificate. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. Staff also learned about people's needs through a shadowing period and by working alongside more experienced staff. The competency of staff was checked before they worked alone and through regular spot checks on their practice and staff underwent a three-month probationary period that was reviewed. The registered manager and trainer had accessed a charity who visited each induction session, which provided additional support for those who were wanting to get back into the workforce and included help with travel or clothing.

Training was provided by a mix of face to face and computer based e-learning. People were cared for and supported by staff who had relevant training and skills. For example, staff had completed training in moving and handling, equality and diversity as well as medicine management and safeguarding. Ongoing support for staff was achieved through individual supervision sessions and an annual appraisal. Staff told us they received regular supervision which measured their own development and identified any additional training needs. The trainer had also identified a person who used the service who was willing to take part in the training sessions. This was to critique the training and to give the point of view of the person receiving the support from care staff.

People's needs and choices were assessed as part of the care planning process when first referred to the agency. Their support was delivered in line with these by staff who had the skills and knowledge to do so effectively. We asked people whether staff listened and took action, for example arrange for a doctor to visit, if they had any concerns about their health. We were told "They usually leave it up to me [to call a doctor] unless it is serious. They have had to call an ambulance as I have angina and the office is pretty good as well", "They have my doctor's surgery number, just in case", "[Carer] would call a doctor but she would also let my sister know" and "Yes, they would call a doctor."

We asked people and their relatives if staff helped with their meals and if they were able to decide what they wanted to eat. We were told "They do what you give them to do, which is whatever I have in", "Yes, I tell them

what I want and they do it" and a relative told us "They always ask what she wants." We saw that care plans in the office and in the people's homes contained dietary and food management information such as allergies, own shopping, risk of poor diet, risk of choking, when to check food dates, identifying adequate storage for food, difficulty swallowing and whether they were diabetic. We saw that the monitoring information was completed for the most part however we did identify that one food balance chart had not been fully completed for the person, this was brought to the senior staff members attention who assured us that this would be investigated.

## Is the service caring?

### Our findings

All the people we spoke with told us they thought the staff were kind considerate and caring. Comments included "Yes, definitely kind and caring", "They are very kind and considerate" and "They are very kind". Relatives also commented "They are brilliant" and "They are all good." All staff were reported to be friendly, polite and respectful. We asked if staff were patient and listened to people when they wanted to tell them something. Everyone said 'yes'.

We asked if the carers supported people to do as much as they could for themselves. Everyone said 'yes'. Comments included "They tend to do anything that is asked of them, they don't take over. One girl in particular even waters my plants for me as I can't bend down to do it myself", "Yes, I have always been independent but they do some things", "They certainly don't take over" and "I can shower myself but she will do what I can't." We also asked relatives if people's independence was supported. We were told 'yes' with comments including "As much as they can" and "Yes, my mother is very independent."

We asked if the staff protected people's privacy and dignity when providing personal care. Everyone we spoke with said 'yes'. Comments included "They are pretty good" and "The first thing they do is shut the door." We were also told "No problems, always happy respectful and work hard. I am pleased with all they do for me, it is a great help especially with my medication."

We saw that people's confidential private information was respected and kept secure. For example, people's care plans were securely stored and information held on computers was password protected. This treated people with dignity and respect. The registered manager was able to show how staff had received training in General Data Protection Regulation (GDPR), this is a regulation on data protection and privacy for all individuals within the European Union (EU) and the European Economic Area (EEA).

Information available for people who received a service from Premier Care Limited - Wirral Branch included an overview of the service, the type of support that could be provided, service user rights and how the service delivers care. The 'service user guide' also included information about people's rights to complain, dignity and privacy and independence. We also saw that staff received training on equality and diversity and when we spoke to people receiving the service we were told that staff respected them. One person told us "Yes, she sits with me and she notices when I am down or when something is wrong" and another person commented "She and the office staff are lovely, all are very polite and respectful to me."

Each person we spoke with confirmed they were able to communicate with their carers and engage with office staff directly if needed. However, we were told by some people that they were not always told if their carer was running late. We brought this to the registered manager's attention who told us that this had been identified and processes were in place to improve communication with people.

We asked if people's daily routines were as they wanted them to be and if people could make their own choices such as being able to get up/go to bed when they wanted to. Everyone we spoke to said that the carers did not interfere with their daily routines.

## Is the service responsive?

### Our findings

During our last inspection we had found that the information in some peoples care plans was incomplete. At this inspection we found improvements had been made.

Care plans were written in a personalised way and included information about what and who was important to the person. We saw care plans and risk assessments were in place and had been reviewed when a person's needs had changed. We saw that care plans were available for staff guidance surrounding a person's social history, their personal profile, religious and cultural needs. We also saw that peoples personal care plans detailed choice, capabilities and dignity. These were reviewed regularly. We asked people and their relatives if the carers understood people's needs and what was important to them and we were told 'yes'. One person commented "They are very good, very pleasant."

We saw guidance about people's sight and hearing documented in their care plans. This meant the provider looked at ways to make sure people had access to the information they needed in a way they could understand it. This complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

We asked people and their relatives if they knew about their care plans and if they had agreed and for the majority people said 'yes' or that a family member dealt with it. Comments included "My daughter has done that for me", "I have signed my care plan and if anything needs changing they [the office] let me know and they will change it" and "My husband sees to that." A relative told us "I did read it when they [Premier Care Limited - Wirral Branch] took over mum's care. Some of the senior staff have been out a few times to go through it but it is due for review" another relative told us "They come in about every three months to review it."

No formal or serious complaints were reported to us during the inspection and people told us the procedure for making a complaint would be direct to their individual carer or to the office staff. Any issues were generally resolved quickly to the service user's satisfaction where possible. We saw that any complaints received by the registered manager were recorded and responded to. Information about complaints was stored securely in the office. We also saw logged responses to complaints. We saw that an investigation took place and what changes could be made to prevent this from happening again. This showed an open and learning culture at the service.

People we spoke with told us that they felt comfortable raising issues if they were not happy with something. Comments included "I would ring up and tell them", "I would ring the office" and "Never had to complain as they do a good professional job for me, whatever I need"

Premier Care Limited - Wirral Branch at the time of inspection were not providing end of life care but were able to tell us how they would prepare for this by accessing end of life training for the staff and

implementing appropriate care plans by liaising with others. There was an up to date end of life policy in place for staff guidance.

## Is the service well-led?

### Our findings

The service had a registered manager who had been in post since 2017. The registered manager was supported by an office manager, branch trainer, senior co-ordinator, senior care staff, six co-ordinators and administrative staff. The registered manager was also supported by the provider and compliance officer. The registered manager understood their responsibilities in relation to the service and with their registration with CQC. We received regular updates with notifications and other information which meant there was evidence of transparency.

The registered manager of the service actively updated their own knowledge by attending networking and best practice events. The registered manager told us they were well supported by the provider and could contact them at any time for support. We also spoke with the local authority who told us how Premier Care Limited - Wirral Branch were working in partnership with other agencies such as health to improve the quality of services.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format within the office and on their website.

All the staff who spoke with us said the service was well led and that they felt supported. One person told us "If I have a problem I'll speak to [registered manager], she'll sort it", another staff member said "[Registered manager] is always open to suggestion." People receiving a service told us they would have no hesitation in contacting the office with any issues. One person told us "Yes I think the office staff are approachable, easy to talk to good and they are always friendly."

We saw that there were regular team meetings that gave staff the opportunity to put their views forward and helped with communication of information that affected the service.

The registered manager, provider and senior staff conducted a series of quality checks and audits on different areas of the service and the quality of the service provided for people. These included staff supervisions, spot checks and the registered manager regularly liaised with the local authority. We saw that medication records, care records and daily log sheets were regularly audited and actioned if any issues were found such as missing signatures and inappropriate report writing.

Other quality assurance included asking people who used the service to express their views through a satisfaction survey as well as by a continuous improvement system. This meant that there was an on-going process of the service acting on issues and comments made. We were told by one person who uses the service "Now and again the office will ring and ask if I am happy with the care" and another person commented "Every few months someone from the office will come and check my book."

The service had policies and procedures in place that included health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment and lone working. We saw these were

regularly reviewed and adapted. This meant staff had access to up-to date guidance to support them in their work.

We asked people whether there were any suggested improvements but all confirmed they were happy with the care they are currently receiving. The only recommendations suggested were to be informed of carer staff changes and where possible to have the same carer as much as possible.