

Premier Care Limited

Premier Care Bolton Branch

Inspection report

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Date of inspection visit:
05 March 2020

Date of publication:
28 April 2020

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Premier Care is a domiciliary care agency providing help and support to people with varying needs in their own homes. At the time of our inspection the service was supporting 203 people with personal care. Not everyone who used the service received personal care. 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

The service was not always safe. Comments from people about staffing were not always positive. People told us there were times when staff were late, and they did not always know who would be visiting them. Care calls were delivered within a time banding arranged with the local authority and commissioning teams. We have made a recommendation about staff visiting people at the times they need it. Staff were able to tell us about the risks to people and knew how to support people to minimise the risks. The records around risks and how to mitigate these were at times brief. We found inconsistencies in people's medicines administration records, this was discussed with the registered manager and systems were in place to address the concerns. However, these changes required time to embed. We found recruitment of staff was safe. Staff had access to personal protective equipment, and they had received training on infection control. The service had procedures to minimise the potential risk of abuse or unsafe care.

The service was not always well led. At this inspection we identified issues with the provider's quality and assurance systems. We found some inconsistencies in care documentation. We have made a recommendation about embedding effective systems to monitor the service. There was a positive staff culture. We found the management team receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested.

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 nutritional needs had been considered. People we spoke with said they were given choices on what meals and drinks they wanted.

The registered manager and staff were caring. People told us they were happy with their care and staff treated them with kindness, dignity and respect. One person said, "I'm happy with the carers, the staff are good." Staff were aware of how to protect people's privacy and dignity.

The complaints folder showed complaints had been fully investigated by the registered manager and a full response provided to the complainant. Concerns raised to us during this inspection had not been raised as formal complaints. Staff supported people to go out shopping and attend appointments when they needed to. Staff demonstrated a good understanding of the people they supported and were able to talk about people's preferred routines.

Rating at last inspection

This service was registered with us on 14 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule for newly registered services.

Follow up

We will request an action plan for 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.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Premier Care Bolton 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 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.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection. We also needed to gain people's consent to undertake phone calls to gain people's views about the service.

Inspection activity started on 05 March 2020 and ended on 12 March 2020. We visited the office location on 05 March 2020.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority. We took this into account when we inspected the service and made the judgements in this report. 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.

During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with 10 members of staff including care workers and senior care workers, an internal auditor, a pharmacy practitioner, the registered manager, the deputy manager and the director.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Staffing and recruitment

- Comments from people about staffing were not always positive. Nine people told us there were times when staff were late. Additionally, these people told us that they were visited by staff that they did not know. One person told us, "There is only one lady that we can rely on for time keeping, when they are off then time keeping is an issue." Another said, "I would like to have continuity of care, which is my main priority." Staff told us that they can visit people that they have not previously met.
- We discussed this with the registered manager they informed us they work in time bands and people will receive a call within the specified period. The registered manager stated this information is not always passed on to people from the professionals who arrange the care. Staff have a log in system which is monitored in real time during office hours.

We recommend that the provider reviews the staffing of the service to ensure that staff deployed to meet people's assessed needs at the times they need it and that people are aware of when this will be.

- Recruitment was safe. Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them.

Assessing risk, safety monitoring and management; Using medicines safely

- Staff demonstrated they were aware of the different risks people were vulnerable to. We found documentation around risk was brief this was discussed with the registered manager at the time of the inspection and action was taken to review the care plans.
- Staff who administered people's medicines had completed appropriate training.
- Senior staff completed checks of medicines. We found some inconsistencies in medicine records. Prior to our inspection visit an internal audit had identified areas for improvements. Work was ongoing to address any issues that had been found.

Preventing and controlling infection

- The provider had arrangements to ensure people were protected by the prevention and control of infection.
- Staff had access to personal protective equipment, and they had received training on infection control and food hygiene.

Learning lessons when things go wrong

- Staff completed accident records which were reviewed by the registered manager to identify trends.

- The registered manager shared any lessons learned with staff to improve the safety of the service.

Systems and processes to safeguard people from the risk of abuse

- The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to demonstrate their knowledge. People told us they felt safe with the care and service received. One person said, "I do feel safe, they [staff] are vital to my everyday living."
- Management and staff understood safeguarding and were clear about when to report incidents and safeguarding concerns to other agencies. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice.

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 to 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.

- We found the provider was working within the principles of the MCA. We saw consent to care had been recorded. At the time of the inspection no one being supported by the service lacked the capacity to consent to their care and treatment.
- The staff we spoke with demonstrated understanding of the MCA and were aware of the need to seek consent from people before delivering care. We spoke with the registered manager who informed us they were aware of when a best interest assessment would be needed and how to complete this.

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

- The registered manager assessed people's needs and developed plans of care to ensure care met people's individual needs and preferences.
- The registered provider had policies and procedures for staff to follow which reflected relevant local and national legislation, guidance and CQC regulations.
- Staff considered people's protected characteristics, such as their religion or beliefs.

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

- People's nutritional needs had been considered. People we spoke with said they were given choices on what meals and drinks they wanted.

Staff support: induction, training, skills and experience

- Staff received a range of appropriate training to carry out their role effectively. New staff were given an

induction to ensure they could carry out their role safely and competently.

- Staff told us they were provided with opportunities to discuss their responsibilities, concerns and to develop their role. They were complimentary about the support they received from each other and from the registered manager.

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

- The registered manager and staff provided appropriate support to meet people's healthcare needs. People's physical and mental healthcare needs were documented which helped staff recognise any signs of deteriorating health.
- Staff worked closely with social and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments.

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

- People were treated with respect, compassion and kindness. They were given emotional support when needed.
- People were complimentary about the attitude and kindness of staff. One person said, "I am happy with the staff they treat me good."

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected and promoted people's privacy, dignity and independence. One person said, "I have dignity and privacy. I have built up a rapport with my regular carer."
- Staff encouraged people to maintain their independence whenever possible. People told us how they were encouraged to be independent in daily living activities.
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in legislation.

Supporting people to express their views and be involved in making decisions about their care

- The service supported people to make choices in their daily lives. Staff said they had time to talk with and listen to people.
- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations, monthly review meetings and customer surveys.
- The registered manager told us they would inform people of local advocacy services that were available if people needed support to express their views or make decisions.

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 good. This meant people's needs were met through good organisation and delivery.

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

- Staff demonstrated a good understanding of the people they supported and were able to talk about people's preferred routines. Documentation did not always contain information about people's personal needs and preferences. We discussed this with the registered manager at the time of the inspection and action was taken to review the care plans.

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.

- We saw care records which identified people's communication needs. When speaking with people no concerns were raised about meeting people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them;

- People were supported to maintain contact with their friends and family.

Improving care quality in response to complaints or concerns

- The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. The complaints folder showed complaints had been fully investigated by the registered manager and a full response provided to the complainant.

End of life care and support

- We did not see end of life wishes captured in the care plans we looked at. We discussed this with the registered manager who told us people did not always want to discuss it. The service was not supporting any person with end of life care at the time of our inspection.

- Staff had not received any specialist training in end of life care. We discussed this with the registered manager who informed us training would be explored

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; Continuous learning and improving care

- The systems in place to monitor the quality of the service people received were not always effective. Care records were not always returned to the office to be checked. Changes had been put in place to rectify this however, these require time to embed into practice.
- We found some inconsistencies in documentation. Quality assurance and management monitoring processes in place had not identified the shortfalls we found during this inspection.

We recommend the registered provider continues to embed suitable auditing systems to consistently promote safe and high quality care.

- We were assured by the registered manager that full oversight of the quality assurance systems would be carried out by them.
- The registered manager had notified the Care Quality Commission about events that happened at the service. This was required by regulation.

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

- There was a positive culture at the service which focussed on providing good standards of care. Staff told us they felt supported and valued by the management team.
- Management had the skills and knowledge to lead effectively, they were well respected by the staff team.

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 registered manager and provider understood their duty of candour responsibilities.
- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one to one support sessions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager sought feedback to improve the home. People and relatives completed satisfaction surveys and the registered manager responded to any comments. Staff said they had staff meetings as well as informal opportunities to seek clarity and share their views.

- The registered manager maintained positive relationships with external agencies. This included working with commissioners and external health and social care professionals to ensure people could achieve their best outcomes.