

Premier Care Limited

# Premier Care Crewe Branch

## Inspection report

128a  
Nantwich Road  
Crewe  
CW2 6AX

Tel: 01270213535

Date of inspection visit:  
27 July 2020  
11 August 2020

Date of publication:  
18 September 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Premier Care Crewe is a domiciliary care agency providing personal care to 50 people at the time of the inspection.

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

There were processes in place to monitor the quality of the service and a range of audits and checks were undertaken. However, further improvements were required to ensure a better oversight of staff performance and deployment and records relating to medicines.

We have made a recommendation about medicines. Whilst some improvements had been made in the management of medicines the provider needs to take further steps to ensure there is a suitable time interval between doses of medicines. The medicines administration records did not always reflect the directions of medicines and topical preparations as they had been prescribed.

People and their relatives provided positive feedback about the service and said it mostly met their individual needs. They said they felt safe and secure around staff and were treated well. 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 said the timing of their visits had improved but there was room for further improvement. People confirmed there had been better continuity in the team of staff who visited. People and their relatives were grateful that they had been able to rely on the staff support throughout the peak of the Covid 19 pandemic.

Safe recruitment practices were followed to help ensure staff were of suitable character to work with vulnerable people. Staff training, support and competency checks had been reviewed. There were now appropriate mechanisms for ensuring staff had the skills, knowledge and competence to care for people safely.

Risks to people's health and safety were assessed and better managed. People were protected from abuse and avoidable harm.

People and staff were asked for their views on how the service operated.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 10 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made but the provider remained in breach of regulation 17.

### Why we inspected

A decision was made for us to inspect, examine and follow up what improvements had been made since we last visited the service. Due to the Covid 19 pandemic, we undertook a focused inspection to only review the key questions of Safe, Effective and Well-led. Our report is only based on the findings in those areas reviewed at this inspection. The ratings from the previous comprehensive inspection for the Caring and Responsive key questions were not looked at on this occasion.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to 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 Crewe Branch on our website at [www.cqc.org.uk](http://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. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in relation to the overall monitoring and governance of the service.

Please see the action we have told the provider to take at the end of this report.

### 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 return to visit as per our 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

Details are in our well led findings below.

# Premier Care Crewe 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 three inspectors, a member of the medicines team 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 homes.

#### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because due to issues around COVID-19, we needed the service to prepare in advance for the inspection.

Inspection activity started on 27 July 2020 and ended on 13 August 2020. We visited the office location on 5 August 2020.

#### What we did before the inspection

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 took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission from the service.

We used the information the provider sent us in their action plan and subsequent updates. This outlined what they were doing well and improvements they had made or still planned to make. This information helps support our inspections.

We also used the information we had gathered by ways of the Emergency Support Framework which was a supportive conversation we had in regard to the Covid 19 pandemic.

We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 16 relatives about their experience of the care provided. We spoke with five members of staff in addition to the provider, registered manager and the area manager.

We reviewed a range of records. This included sampling aspects of 19 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff rotas, time sheets, audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as inadequate. At this inspection, this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and there remained a risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, there were still some improvements required in how medicines were managed

- There was not always a suitable time interval between doses of medicines. One person had been prescribed antibiotics and a sufficient gap had not been left between the morning and lunch time dose.
- When medicines administration records (MARs) were produced, checks were being completed to ensure their accuracy. However, the information on the MARs was not always consistent with how the medicine was prescribed.
- When a medicine had been prescribed as a variable dose it was unclear from the records how many had been given.
- The administration of external preparations were recorded on the MARs. The directions for application referred staff to a separate body chart which showed where the preparations needed to be applied. However, there was no information to explain how often they should be applied. Some topical preparations had been recorded to only be used when required when they had not been prescribed in this way.
- When people were prescribed patches, a patch recording template was in use to show when and where it had been applied. Records showed they were being applied as prescribed.
- Allergies were recorded on records to ensure staff were aware of allergies before administering medicines.

We found no evidence that people had been harmed but we recommended the provider consider current guidance on administering medicines in a timely manner and act to update their practice in regards to transcribing.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider had failed to protect people from abuse or the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff had received additional training in safeguarding adults and they had a better understanding of when to raise a concern.
- An assessment was carried out where people were at risk of self-neglect and action was taken to monitor this.
- Referrals had been made to relevant agencies where concerns in regard to people's safety and welfare had become apparent.

#### Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to ensure that support was provided in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The risks involved with delivering people's care and support had been considered and assessed.
- A review had been undertaken of the safety of the environment in which staff worked and equipment they used. Hazards had been identified and action taken to resolve any concerns.
- A falls risk assessment was undertaken, and a management plan put in place for people at greatest risk. Falls prevention information was available to assist staff in taking action to minimise risks as far as practicable.
- Staff received written information and training to help them better understand the risks associated with medical conditions or medicines.

#### Staffing and recruitment

At our last inspection, the provider had failed to ensure that staff were deployed effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People told us that there had been some improvement in the timing of their visits and they now received support from a regular group of staff. One person commented, "We are happy now, we had an uphill battle initially with sending lots of different people, but we are ok now."
- Some improvements had been made to the staff rota to ensure a better consistency of planned calls. However, staff often altered the order of visits leading to times being inconsistent, or much earlier or later than planned. The registered manager gave assurances they would address this.
- Due to difficulty in recruiting staff able to drive, a male staff member was normally on a 'double up' run being a car driver. People were complimentary about the worker but felt that it gave them very little choice over the gender of the staff. One person commented, "They send a male carer they are able to drive, but I refuse to allow them to assist with personal things."
- Staff files held the appropriate information needed to ensure fit and proper persons were employed.

#### Preventing and controlling infection



- The provider had taken steps to ensure that staff and their family members had adequate supplies of appropriate Personal Protective Equipment (PPE) throughout the Covid 19 pandemic.
- Staff had received training in regard to Covid 19 which included identifying symptoms, use of PPE and maintaining a safe working environment. Staff did not always follow guidance whilst travelling together. The registered manager took immediate action to reissue the relevant guidance to all staff.

#### Learning lessons when things go wrong

- An action plan had been put together following the last inspection and steps taken to improve the service delivered to people.
- The registered manager had reflected on safeguarding matters in order to improve practice and to keep people safe.

# 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.

At the last inspection, this key question was rated as inadequate. At this inspection, this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
At our last inspection, the provider had failed to health and safety concerns were included and addresses in a person's assessment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- People's physical and mental health needs were assessed and plans put in place to support them.
- The registered manager had researched health conditions and provided appropriate information for staff to enable them to deliver care, treatment and support to people in line with legislation and best practice.
- The role of assistive technology and equipment had been recognised in keeping people safe and promoting independence. The registered manager had liaised with external agencies to secure the provision of falls alarms and sensors where appropriate.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff were competent or had received effective training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People told us they had confidence in the staff and their abilities. Comments included, "I think they are all competent and good carers. They are professional but very kind and caring too" and "I feel very safe with them. I wouldn't attempt a shower without them here to support me."
- The registered manager had reviewed the training on offer by the registered provider and supplemented this with sessions for staff on key areas of risk or medical conditions. Staff knowledge and understanding was checked post training.
- Staff told us they had received lots of training and support since the last inspection and felt better informed.
- Staff, new to the service, undertook an induction and period of shadowing before being assessed as competent to work on their own. Ongoing spot checks and assessments were completed and recorded.

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

- People told us that staff supported them with meals and drinks. Records were kept if this required close monitoring.
- Some relatives commented that the timing of calls was not always conducive to encouraging dietary intake. Records confirmed that some people refused foods when the duration between calls was shorter than planned.

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

At our last inspection, the provider had failed to ensure that people were supported to be safe and healthy. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff had a better understanding of a people's health conditions and what action was required if there was a deterioration or concern. Matters were escalated and the advice sought of GP's, District Nurses, Occupational Therapists.
- The service had worked well with other agencies during the height of the Covid 19 pandemic to ensure that people could remain at home or return home from another setting. One relative told us, " The staff are my heroes as they supported [relative] to be able to come home and have bent over backwards to make this possible."

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure that care and support was only provided with the consent of the relevant person. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Staff were better informed about the Mental Capacity Act and records reflected that people were offered choices.

- A number of mental capacity assessments still covered multiple decisions within one assessment which is not in accordance with the MCA. Staff informed us they did this in order to demonstrate where a person was known to have capacity and they wanted to evidence their consent to care
- Other mental capacity assessments were decision specific where there was suspicion that a person lacked capacity regard to key aspects of a person's care such as medicines.
- Records indicated if a third party had a legal authority to make decisions on behalf of people and what this related to. Staff were aware of the implications of this.

# 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 the last inspection this key question was rated as inadequate. At this inspection, this key question has now improved to 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.

Previously, evidence in this domain pointed to a widespread failure by the provider to ensure that systems and processes were robust enough to demonstrate the service was safe and of a sufficient quality. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2009 (regulated activities) regulations 2014.

Whilst we found some improvements had been there was an on-going breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and registered provider failed to use the systems in place to identify a number of concerns and therefore could not take action to correct this.
- The registered manager did not always fully scrutinise the rota and electronic system that logged the visit times. This meant that differences with planned and actual times as well as duration had not been highlighted, reviewed and issues addressed.
- Some staff told us they worked long hours without a break and review of records confirmed this. This pattern had not been highlighted through the monitoring of time sheets to enable the reasons for this to be explored in supervision with those staff.
- Although improvements to medicines management were noted, further action was required to address the timing of calls to ensure people had their medicines on time. Audits had not picked up where the MARs did not reflect accurately the directions for each medicine.
- Where staffing concerns had been identified there was a lack of robust monitoring and oversight to ensure that matters were resolved, and good standards sustained.

This failure to demonstrate robust oversight was a continued breach of regulation 17 ( Good governance) of the Health and Social Care Act 2009 ( regulated activities ) regulations 2014.

- CQC were informed of events which affected people that used the service as required by law.

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 been open and honest with people who used the service and their families following the

last inspection. A written apology had been made for the short falls and what they intended to do to make changes.

- The provider had displayed their last rating on the website and in the office, so people were aware of their regulatory position.

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

- Staff received support and supervision which afforded them an opportunity, should they wish, to provide feedback on issues affecting them and the service.
- Quality calls were made to people using the service to avoid unnecessary contact during this period of Covid 19 pandemic.
- Spot Checks were carried out by senior care staff which allowed people to comment upon their experience of care.

Continuous learning and improving care

- Whilst it is recognised that there are ongoing issues with some aspects of the service, it is noted that positive improvements have been made in a number of key areas.
- Following the last inspection, the provider and registered manager reflected upon the findings and set out an action plan for improvement. They provided CQC with a monthly update.
- The registered manager had been keen to develop the training opportunities and knowledge base of staff to enable them to provide safer care.

Working in partnership with others

- The service worked alongside the local authority and families to maintain an effective service during the Covid 19 pandemic. This has enabled people to remain at home or to return home from another care setting.
- The service has worked with social workers and families to address concerns and risks to people using the service.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The governance systems place were not used effectively to fully assess, monitor and drive improvements in the quality and safety of the service provided.</p>