

Premier Care Limited

Premier Care Limited - Wirral Branch

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 19, 20 and 23 June 2017 and was announced. We carried out the inspection at this time as the service was in special measures and had been rated inadequate and we needed to check that improvements had been made to the quality and safety of the service.

Premier Care Limited - Wirral Branch provides a domiciliary service on the Wirral and was divided into three geographic areas. At the time of our visit, the service was providing support for 676 people and provided staff for three extra care schemes. There were 296 staff employed including the registered manager, a compliance manager, 10 co-coordinators, seven senior carers, five administrators and care staff. During the inspection a director of Premier Care was also in attendance.

The service is required to have a registered manager. 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 registered manager informed us that he would be moving to another branch in the near future and that the compliance manager intended to apply for registration with CQC as manager of the service.

At our last comprehensive inspection of the service in November 2016 we found breaches of a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to person centred care; dignity and respect; safeguarding people who use the service from abuse and improper treatment; meeting nutritional and hydration needs; and staffing.

During this inspection we found that some improvements had been made in all of these areas but further improvements were required. However, in response to the improvements that had been made we took the service out of special measures.

During this inspection, we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

During our last inspection we found that the provider had no suitable system in place to ensure that risks in relation to people's care were adequately managed. We were able to see that the service had made improvements in this area. This included updating risk assessments in people's homes. However, we had concerns about some of the risk assessments because they did not give specific guidance for staff and the information in the risk assessments was sometimes contradictory.

During this inspection we saw that improvements had been made in relation to the administration of medication. However, we identified that some records contained misleading information, for example

incomplete medication administration records that differed from instructions on the boxes the medications were dispensed in. We also saw daily records that stated staff were administering medication that had not been written into people's care plans.

During our last inspection we found that daily logs of people's care had not been adequately completed after each visit. The times reflected in the planned and actual visit records had a lot of anomalies. We also found that the majority of late and missed calls had not been followed up consistently by the provider to ensure people were safe. At this inspection we found that improvements had been made. The provider had an electronic monitoring system that was being used effectively and we saw that improvements had been made to people's daily logs.

At this inspection we saw improvements had been made to the recruitment procedures at the service. A Disclosure and Barring Service check had been obtained for all staff.

At our last inspection we identified that staff did not have sufficient support to ensure they were delivering care safely. During this inspection we saw that improvements had been made. The provider had implemented supervisions and staff had received training about medication and safeguarding and new staff had a satisfactory induction process.

During our last inspection we identified that the provider did not have an effective system in place to record, handle and respond to people's complaints, and where complaints had been received they had failed to investigate and take proportionate action. At this inspection we saw that improvements had been made and we were able to see that any complaint that had been made to the service had been investigated and an outcome had been logged.

We saw improvements had been made in some of the care files we saw in people's homes. However, we saw that some people's care files had only been reviewed and updated when staff were aware that CQC inspectors would be visiting the person as part of this inspection.

At our last inspection we found that the provider did not have effective systems and processes in place to assess and monitor the quality and safety of the service provided. During this inspection we found that improvements had been made and the provider was aware that further improvements were needed. The administrators carried out weekly compliance monitoring and people were asked for their views about the service they were receiving.

The majority of the feedback from people we spoke with was positive and people told us they felt safe with the staff visiting them. People using the service and the relatives we spoke with told us that although the service had improved there were aspects of the service from both the carers and the office staff that needed further improvement.

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.

Some risk assessments did not give specific guidance for staff and some care files had contradictory information in them.

Medication was not always managed safely.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Staff understood their responsibilities for reporting safeguarding concerns and people we spoke with said they felt safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Where required, people were supported to access food and drink, however this was not always recorded in their care plans.

Staff induction, training and supervision had improved.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Some feedback indicated that staff did not always listen to the people using the service.

People said that the majority of staff made every effort to ensure their privacy and dignity was respected when care was delivered.

The confidentiality of people's records was maintained.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Each person receiving a service from Premier Care Wirral had a personal care plan. However, the information in the care plans was not always up to date.

The information in some people's care plans was incomplete.

The office was staffed 24 hours a day and the provider had implemented systems that aimed to ensure people's safety and wellbeing.

The complaints procedure was available to people receiving a service and records showed that what the service identified as official complaints were dealt with appropriately and promptly.

Is the service well-led?

The service was not always well -led.

The system for monitoring and auditing the service had been improved, however further improvements were needed to ensure that the quality of the service that people received continued to improve.

The provider had reduced staff shortages so that they were able to ensure that all planned calls could be fulfilled.

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

Requires Improvement 

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 was 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 19, 20 and 23 June 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that the people we needed to speak to would be in the office.

The inspection was carried out by four adult social care inspectors and two experts by experience, who contacted people by telephone as part of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We also contacted the local authority quality assurance team to see if they had any concerns or information about the service.

We visited the office on 19 and 23 June 2017 and looked at records, which included eight people's care records, six staff files and other records relating to the management of the service. Two inspectors visited people in their own homes on 19 and 20 June 2017 and two experts by experience telephoned people on the 20 June 2017. We spoke with the director, the registered manager, the compliance manager, the training coordinator and 10 other members of staff.

We spoke to 18 people who used the service and one relative by telephone. We also spoke to eight people in

their own homes.

We asked for information to be provided following the inspection and this was provided promptly.

Is the service safe?

Our findings

During our last inspection we found that the daily logs of people's care were not always in place or had not been completed by care staff after each visit. There were a lot of anomalies in the times reflected in the planned and actual visit records. We also saw that people's visits had often been late, too early or missed altogether. We also found that the majority of late and missed calls had not been followed up by the provider to ensure people were safe.

At this inspection we found that improvements had been made. The service employed five administration staff who carried out electronic monitoring of calls and followed up any late or missed calls. The provider had started to use an electronic monitoring system called 'Care Free'. This enabled staff to check in and out of visits using mobile phones provided by the service. This meant that the provider was able to use the electronic data to track late, missed or irregular visits. We looked at the very detailed monitoring records and saw that the manager had identified issues surrounding lateness. The office manager told us that the coordinators were still developing 'runs' which would reduce staff travel time and improve continuity for the people who used the service.

We saw that staff were no longer 'double booked' on visits, which we had found on our previous inspection. This was confirmed in discussions with staff. One staff member told us "It took ages for things to settle down and it was very stressful". We also saw that daily logs of care being recorded in people's homes were up to date and the majority reflected what was specified in the care plans.

The feedback we received from people using the service was mixed in regards to their visits. We asked people if the care workers arrived on time and some people said that they did. However, other comments from people included "It's a moveable time between 2am and 5am." and "Carer does the job to suit herself. Comes to put me to bed at 6pm and it should be at 8pm". Other people told us "Times change so much, I am not happy, the visit should be at 8am and she gets here at 9am, today it was at 9.15am. The pm visit should be 8 to 9pm, now it is 7pm".

One person told us that carers usually came between 10pm and 11pm but there had been a number of occasions when they did not come until 11pm or later and on one occasion when the carers arrived at 12:08am the person was already being helped to bed by family. The daily logs at this person's home showed that there were eight occasions in the last month when carers arrived at 11pm or later.

We also saw evidence of care staff staying for less time than the planned 15 minutes. On one occasion they stayed for only eight minutes. This was immediately brought to the attention of the registered manager who told us they would investigate it.

The provider told us that they were currently in discussion with the local authority about the length of calls people were receiving. They considered that it was not always appropriate and in some cases it needed reducing. Members of staff who we spoke with told us that they reported when they felt there was not enough time to complete the care and they gave us examples. They said that they never left people without

completing the care but that could sometimes result in them being late for their next call. The care staff were aware that the office staff tried to sort this out with those who commissioned the care.

At our last inspection we saw that there was no suitable system in place to ensure that risks in relation to people's care were adequately managed. The registered manager, compliance manager and director informed us that they had concentrated on making the service safe following the last inspection. This included updating risk assessments in people's homes.

We were able to see that improvements had been made in this area. However, additional improvements were needed because some of the risk assessments we looked at did not give specific guidance for staff and some were undated. For example, one person's risk assessment was unclear regarding the person's support needs with regard to moving and handling and another person's risk assessment was unclear with regard to their risk of skin breakdown.

These examples were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the systems in place did not always give specific guidance for staff about risks in relation to people's needs.

During our last inspection we found that there was no suitable system in place to ensure that people received the medication they needed and at the required time. During this inspection we saw that improvements had been made, this included training for the staff.

We asked people if care workers helped with their medicines and if this was done satisfactorily, also if care staff recorded this. People who received support with their medication said that it was recorded. One person told us "I have a blister pack and all is recorded on the MAR sheet". We were able to observe two staff who both were knowledgeable about the person's medication including recent changes.

There was misleading information in one person's file regarding their medication. In one part of the file it stated that the person was independent regarding their medication, however we saw medication administration records which suggested that staff were administering their medication.

One person told us that "Carers help me with creams, all over", however the care plan made no mention of which creams to use, where or when. This was brought to the attention of the registered manager who immediately put measures into place to investigate and reported the findings to the local authority through their safeguarding processes.

One person we visited had a thickening agent prescribed to thicken their fluids to reduce the risk of choking. There was no reference to this in the person's care plan, nor was there any guidance for care staff on how or when this should be used.

These examples were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the systems in place did not always ensure that medication was safely managed.

During our previous inspection we found that not all of the safeguarding issues we had identified during our visit, or safeguarding incidents identified by the provider prior to our visit, had been reported to CQC in accordance with legal responsibilities. At this inspection we saw that the service had reported safeguarding issues to both CQC and the local authority. This was supported in discussion with the local authority.

During our last inspection saw that information in staff files was incomplete. At this inspection we saw

improvements had been made. We looked at six staff files, including some staff who had worked for Premier Care for several years, some staff who had transferred from three other care agencies during 2016 and some staff who had been recruited during 2017. All of the files we looked at contained two references, proof of identity and evidence that an appropriate criminal records check had been made for the staff member. We also saw how the service had followed appropriate disciplinary processes when needed. The managers told us that a great deal of work had been put into standardising terms and conditions and ensuring that rates of pay were fair for all staff.

We asked people if they felt safe with their care workers when they visited and the majority of people said yes. One person told us "It is like having a friend visit" another person said "completely" and "very much so". However one person told us "One carer doesn't help me as much and I am afraid of falling".

We asked staff members if they knew safeguarding processes and if they felt confident to report any potential abuse. All the staff we spoke with showed an understanding of the different types of abuse and how to report abuse. We also asked staff if they would be comfortable whistleblowing and they told us they would and that they felt that it would be dealt with in appropriate manner. One staff member told us how she had reported a safeguarding concern before and would do so again.

Staff had access to gloves and aprons and we asked people if they saw the staff using them. The majority of people said that staff wore gloves when needed however not all of the people we spoke with said that staff wore aprons. Two people said "Gloves only". This meant that staff were always not following infection control guidance when supporting people with their personal care.

Is the service effective?

Our findings

During our last inspection we saw that no suitable system was in place to ensure people's nutrition and hydration needs were met. During this inspection we saw that improvements had been made as we asked people if they were supported to access food and drink when they needed to and we were told yes. People also told us that care staff supported them to make meals of their own choice.

One person told us that staff cut up their food for them but there was no mention of this in their care plan. There was no appropriate guidance for staff supporting a person who needed their liquids thickened. We asked staff about how the thickener was used and they told us "It's when he looks like he needs it, like if he's spilling his drink".

At our last inspection we identified that staff did not have sufficient training and support to ensure they were delivering care safely. During this inspection we saw that improvements had been made.

We saw that staff had attended a three day induction programme that included practical first aid and moving and handling. This was confirmed in discussion with a newly employed staff member. The provider informed us that the training priority since the last inspection had been updating all staff on medication and safeguarding and almost all of the staff had now completed this.

We saw that new staff 'shadowed' more experienced staff prior to working on their own. The experienced staff were then asked to sign a shadowing compliance declaration, however it was not clear which staff were qualified to complete the shadowing compliance declaration. The compliance manager told us it was 'trusted staff'. The compliance manager told us there was a plan to introduce a new role of 'care coach' for experienced carers who could lead shadowing and support new staff with the Care Certificate.

Some staff had started the Care Certificate which was accredited by 'Skills for Care', Skills for Care provides practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce. However some of these were overdue for completion as the Care Certificate is meant to be completed within the first 12 weeks of employment. The service had a full-time trainer, however they did not have any administrative support to help them identify and chase up the staff who had not completed the programme. The trainer told us they had set up some support sessions for those staff who needed it. A number of staff were working towards a Diploma in Health and Social Care.

The coordinators had started to carry out care staff supervisions and managers carried out the supervisions of the coordinators. Members of staff who had been identified as needing additional support received supervision sessions on a more frequent basis. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. We were told no appraisals had been done because there were hardly any staff who had been there for over a year.

We asked people if they thought the staff were sufficiently trained and we received mixed responses. One

person told us "Not all of them" and "Some are very good but the young ones have only had one days training". Another person told us that their regular carers were "brilliant".

The registered manager, compliance manager and director had a full understanding of the Mental Capacity Act 2005. Assessments had been carried out when there was doubt about a person's capacity to make some of the decisions needed in relation to their support. The managers were also aware of their responsibility to refer any concerns to the local authority.

Is the service caring?

Our findings

During our last inspection we identified that the provider had failed to make every reasonable effort to meet people's preferences or to take any action to respond to people's concerns about their care. We also found that people's dignity was not always respected. At this inspection we saw that some improvements had been made, that the majority of staff respected people's dignity and the feedback from people using the service indicated that the provider was improving how they responded to people's concerns.

We asked people if the care workers treated them with respect and dignity especially when providing personal care. The majority of people said yes. Their comments included "Definitely" and "They close the curtains etc." Other comments were "Quite good" and "Yes, they are sensitive to my personal needs." However we did receive some negative comments and one relative told us "Some don't, especially when checking mum's pads".

We asked people if they thought the staff who visited them were caring and the majority of the comments we received were positive. People told us "The carers are very good. They pick up on things and talk to me about them". Another person told us "I've got a good relationship with them, they are good at what they are doing." and "The carers are very pleasant and I trust them but they have too much to do to stay and chat". Other people's comments included "Yes, the carers are very good. I said a particular area is sore, they will look at it", "Yes, they are very kind. We never have any problems with anyone of them" and "Of course, I am a joker and we have a happy time."

However, some comments we received indicated that staff did not always listen to the people using the service. An example of this was "Sometimes, my foot is sore but more sore recently, I asked carers to be more gentle but no change, so they are not listening to me. They put cream on my sore foot". This meant that people were not always being respected and their wellbeing was not always thought of whilst care was delivered.

The provider had implemented a 'No Access' procedure and staff had been given a card which reminded them what they should do if they were unable to gain access to a person's home. This was to ensure that staff were able to follow the proper procedures to ensure people's well-being and safety.

Two people we spoke with described how staff encouraged them to be independent and to learn new skills. One person said "Yes, now they know me. They just leave me to do things and encourage me to do things."

One person told us that there had been a change to their care which had not been discussed with them and they were not happy about. This was brought to the manager's attention.

We asked people if care workers offered choice and gained consent before supporting them with their care and the majority of people said yes.

We observed that appropriate locked storage for confidential information was provided in the office.

Is the service responsive?

Our findings

During our last inspection we found that the provider had failed to protect people from the risks of unsafe or inappropriate care as an accurate record of their needs, risks and care had not been maintained. We found at this inspection that some improvements had been made, however additional improvements were needed.

We were told that the service had concentrated on making sure that each person receiving support from Premier Care Wirral had a care plan in their home. Each person we visited and spoke to had had a personal care plan. This was an improvement as previously some people either had no care plans or there was inadequate information in the care plans.

We saw that the senior care staff had started to review the information in people's files as they were aiming to make the care plans as person centred as possible. We noted that 80 annual or six monthly reviews had been completed since December 2016 and nine first reviews had been completed since January 2017. We also saw that 166 people had been visited by senior care workers in order to update their paperwork.

We asked people if they knew about their care plan and the majority of people said they did. However, when we asked if they had been involved in their care planning we received a mixed response. One person told us "We haven't had a review in a year, but two weeks ago the office were monitoring carers' tasks" and another person told us "I did have the manager come to check the book recently".

During our last inspection we identified that the provider had failed to design care which achieved people's preferences and met their needs. We saw improvements had been made in some of the files we saw in people's homes. This included encouraging people with their wish to be independent and in some cases reviewing the times that people had their visits.

We found that the information in some people's care plans was incomplete. An example of this was that a person was identified in a tick box as being Jewish. However in the social history and personal profile document there was no mention of this. This meant there was no guidance about any specific requirements the person may have relating to their religion.

We saw that some people's care files had been reviewed and updated when staff had been informed that CQC inspectors would be visiting these people as part of the inspection. The files should be regularly checked and updated, not as a consequence of a CQC inspection.

The agency provided a mobile night service and the office was staffed 24 hours a day. An 'end of shift report' was handed over at the end of the night shift and included information about people's health, any equipment issues and information regarding any contact with families or health professionals. This showed that the provider had implemented systems that aimed to ensure people's safety and wellbeing.

During our last inspection we identified that the provider did not have an effective system to record, handle

and respond to people's complaints. When complaints had been received, the provider had failed to investigate and take proportionate action. At this inspection we saw that improvements had been made, however additional improvements were needed.

We asked people if they knew who to go to if they had a complaint and they told us "In the care book there is a phone number, I'd use that" and "I would ring the office". We saw records that showed the service had acted on what they had classed as 'official complaints' they had received. These complaints had been investigated and each one had an outcome logged. However on speaking to people, it was clear that not all complaints were being logged as 'official' which meant not everyone's concerns were being acted on appropriately. The service had a comprehensive complaints procedure that referenced CQC as a contact point if people were unhappy with any actions taken by Premier Care Wirral.

We asked people if they had made a complaint and one person told us "I did at the start when we moved to Premier Care and had many different carers, but yes, it has resolved now" Another person told us "I have made complaints many times about the times carers visit, spoke to the manager and nothing gets done".

Is the service well-led?

Our findings

At our last inspection we found that the provider had failed to have effective systems and processes in place to assess and monitor the quality and safety of the service provided. During this inspection we found that improvements had been made and the provider told us that they were aware that additional improvements were needed. These improvements included updating and reviewing information contained in risk assessments and care plans.

The provider told us they had been working to achieve safety and were now moving on to quality. The manager told us how the structure had been re-organised and a further re-organisation was planned in the near future so that the office teams would be more integrated.

We looked at data provided for May 2017 which showed that very detailed monitoring of care calls was now taking place. This identified what issues had occurred including any missed calls, late calls and any issues with technology. We saw an improvement in compliance had been achieved on a weekly basis.

We looked at how the provider gained people's opinions of the service they received. Telephone surveys had been carried out during May 2017. Out of a total of 540 service users, 243 had been spoken with, of whom 37 raised issues. The issues mainly related to the timing of calls, however five people had raised issues relating to the standard of care. We saw that these issues had been investigated.

We asked people if they had been contacted for feedback about the service. The majority of people we spoke with said that they had in some form. Their comments included "Had a phone call several weeks ago" and "Had people with a questionnaire twice". However other people said "not at all" and "Had a questionnaire, but no change".

An external audit of the service had been carried out and raised issues about management structure; training; service user files; consent forms; safeguarding; complaints; management of records; medication competency checks and staff files. The manager showed us an action plan to address these issues which was dated May 2017 and had dates for completion. We also saw that human resources staff from head office were auditing and completing staff files.

We asked people who used the service if they knew who the management were and most were able to name someone from the office. These were usually the care co-ordinators. We asked if they were easily contactable and approachable and we received mixed responses. One person said "I wouldn't say that they are always approachable". However other people said "[Co-ordinators name] certainly is" and "They are when I telephone them".

We saw that improvements had been made to the systems and structure of the organisation and the registered manager, compliance manager and director were open and receptive to our feedback and told us that they recognised that the service needed to continue to improve and that they were committed to the work required.

At the time of our last inspection, the quality and safety of the service had been affected by the amalgamation of three other care agencies into Premier Care between July 2016 to October 2016. Following the inspection, the provider had voluntarily suspended any new commissioning of care until they had put systems and structures in place to ensure people's safety and wellbeing. We also saw that they had reduced staff shortages so that they were able to fulfil all of the care calls.

The manager had started holding team meetings and there were plans for additional meetings to be held. These meetings included coordinators meetings, monthly seniors meetings and area meetings. The minutes showed that staff were comfortable speaking out and airing their views.

The service's policies and procedures had been reviewed by the provider and these included policies on health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment and lone working. This meant staff had access to up to date guidance to support them in their work.

The provider and the management staff understood their responsibilities in relation to the service and to registration with CQC and knew to regularly update us with notifications and other information.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The systems the provider had in place did not always give specific guidance for staff about risks in relation to people's needs and the provider did not have systems in place to ensure that medication was safely managed.</p>