

Premier Care Limited

Premier Care - Halton Branch

Inspection report

Ashley House
Ashley Way West
Widnes
Cheshire
WA8 7RP

Tel: 01514205698
Website: www.prem-care.co.uk

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06 February 2020

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Premier Care Halton is a domiciliary care agency providing care to people living in their own homes, so they can live as independently as possible. At the time of our inspection the service was supporting 345 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.

The service is contracted to provide personal care by Halton Borough Council. Premier Care – Halton Branch then sub-contracts approximately 140 people's care packages to another service in the area. For the purposes of this inspection, care packages that were being fulfilled by the sub-contracting company were not looked at.

People's experience of using this service and what we found

Medicines were not always well managed. There were concerns with the recording of administration and audits had not always been effective at identifying concerns. Risks to people's health and well being were not always assessed appropriately. Risk assessments relating to bed rails and specific health conditions were either missing or not completed sufficiently. The provider had addressed some of the concerns before the end of the inspection.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Mental capacity assessments had not always been completed when appropriate and best interest meetings had not always been recorded. People were supported by a well trained staff team who felt supported by management.

There were systems in place to monitor the quality and safety of the service through auditing, however these were not always effective at identifying concerns found at this inspection. There were not always clear actions in place to address concerns that had been identified. The provider and manager were responsive to concerns raised during the inspection.

People told us they had good relationships with the staff that supported them. People were treated with dignity and respect. Staff supported people to express their views about the service and their care. People were supported by a consistent staff team who knew them well.

People and relatives told us the service was person-centred. There was a complaints procedure and any received were investigated and responded to. Staff and people told us that when they had raised concerns with the management team they had been responded to appropriately. People's communication needs

were recorded, and staff supported people day to day in ways that met their needs. However, information about the service had not always been made available to people in a way that was suitable for their communication needs. We made a recommendation about this.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 February 2019) and there was a breach 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, however we found other areas of concern and the provider remains in breach of regulations

Why we inspected

This was a planned inspection based on the previous rating

Enforcement

At this inspection we have identified breaches in relation to the safe management of medicines, risk assessments, consent and good governance.

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 arrange to meet with the provider to seek assurances about concerns raised at this inspection. 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 - Halton 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 one inspector, one medicines inspector and one 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The registered manager was not present at this inspection as they were on extended leave and had not been in the service since September 2019. There was an interim manager in post to cover the registered manager's absence. The interim manager was in the process of becoming registered with the CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. We also wanted time to obtain contact details of people who used the service and relatives, where appropriate.

Inspection activity started on 31 January 2020 and ended on 10 February 2020. We visited the office location on 3 February and 6 February 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 23 people who used the service and seven relatives about their experience of the care provided. We did this by visiting four people in their homes and speaking with others over the telephone. We spoke with ten members of staff including the manager, area manager, senior care worker, care workers and pharmacy technicians.

We reviewed a range of records. This included eight 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 also reviewed.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Using medicines safely

- Medicines were not always safely managed. Systems were in place to manage medicines in accordance with national guidance, however staff did not always follow them.
- People's medicines records were insufficient and it was not always possible to identify what medicine had been administered to people. For example, one person was prescribed a variable dose of warfarin. The medication administration records (MARs) did not record what dose had been administered. A new MAR had been implemented a few days before the inspection which did record all medicines prescribed to people.
- There was a lack of guidance for staff to follow with regards to how to safely administer medicines prescribed to people 'as required' and covertly (disguised in food or drink).

We found no evidence that people had been harmed however, the provider had failed to ensure the safe administration of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people had not always been appropriately assessed. There were people using the service who had bed rails in place. The provider had not assessed whether bed rails were safe for each person to use in line with best practice guidance.
- People with specific health conditions, such as epilepsy, did not always have sufficient risk management plans in place to guide staff how to support them safely. There was generic guidance available in care files, however, they were not always relevant to the person's specific needs.

The provider had failed to ensure risks to people were always appropriately assessed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised this with the manager and they acted upon our concerns before the end of the inspection.

Staffing and recruitment

- The provider carried out thorough staff recruitment checks to ensure staff were suitable to work at the service.
- People received support from staff in sufficient numbers to meet their care and support needs safely.
- People were mostly supported by a consistent group of staff. People valued having regular staff as they felt staff got to know them well.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from the risk of harm. People told us they felt safe with the staff who supported them. Comments from people included, "They always make me feel comfortable and safe," and "I have no issues about safety with the care workers."
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff were confident to share concerns with the manager and other essential agencies.
- The manager appropriately reported potential safeguarding incidents to the local authority and the Care Quality Commission.

Preventing and controlling infection

- There were arrangements in place to reduce the risk of infection. People and relatives confirmed staff wore protective equipment such as gloves when providing support.
- Staff told us they had infection control training and knew how to reduce the risk of infection.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were not always supported in accordance with the principles of the Mental Capacity Act 2005. Where there were concerns over a person's ability to consent to specific decisions in respect of their care for example, with regards to the use of bed rails or covert medication, no assessment of their capacity to consent had been undertaken. There was also no evidence that any discussions with people or relevant others had been undertaken to ensure any decisions made were in their best interests.
- One person's consent forms had been signed by an unknown person. There were no assessments completed that evidenced this person did not have capacity to make that decision.

The provider failed to ensure staff were working in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People were supported by a well trained and competent staff team. Training records and people's feedback confirmed this. One person said, "Carers are very good, they know what they are doing."
- Staff received an induction and completed the Care Certificate where appropriate. The Care Certificate is the recognised standard for training for staff new to health and social care. Staff were required to shadow experienced staff until ready to undertake lone working.
- Staff received formal support through supervisions and appraisals.

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

- People's nutritional needs were met. Where people were supported with this aspect of their care they told us they were happy with the support they received.
- The level of detail regarding people's preferences for food and drink varied. However, people told us staff knew what they liked to eat, and generally offered them a choice of food.

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

- People were supported with their health needs and had access to healthcare services. This was reflected in people's feedback and relatives said they were kept informed about any changes to their relations' needs.
- Staff sought advice from external professionals when needed. There was evidence that advice had been sought from external health professionals, such as GP's and specialist nurses.

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

- People's needs were assessed before they started to use the service to ensure care plans reflected the support required.
- Care and support was planned, delivered and monitored in line with people's individual assessed needs.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 supported by staff who were kind and caring. People told us they were well looked after and they were happy with the staff supporting them. Comments included, "Staff are brilliant, kind and compassionate. All my care workers are brilliant!" and "They [staff] know me well. They are kind and caring and always respectful to me and my house."
- People told us they had good relationships, particularly with staff who supported them regularly and they had got to know them well. People told us staff understood their needs. One person said, "The care workers are more like friends. They know what I like. They are very good with me."
- Staff told us they always treated people as individuals and fairly. People confirmed this, and they said their support was personalised to their preferences.

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

- People were involved in the planning of their care.
- Regular care reviews were held with people and where appropriate their relatives. This ensured people's views were regularly considered.
- People told us they were able to make day to day choices about their care, and this was reflected in records.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's needs and wishes and ensured people's rights to privacy and confidentiality were maintained.
- People told us staff were respectful and protected their dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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.

- People's communication needs were identified, recorded and highlighted in support plans. Staff were aware of these and supported people in these ways.
- Where people had difficulties with communication identified, information about the service or their care had not always been provided to them in a way that met their needs, for example in an easy read format or larger print. However, the manager told us information could be provided in different formats if requested.

We recommend the provider review best practice guidance regarding the Accessible Information Standard and update their practice accordingly.

Improving care quality in response to complaints or concerns

- A complaints system was in place and information on how to complain was made available to most people.
- People and their relatives told us they felt comfortable raising any concerns and knew how to. People told us their concerns were listened to and the management team were responsive to issues they raised.

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

- Staff knew people well including their likes, dislikes and preferred routines and people were supported in line with their preferences. However, people's care plans did not consistently reflect the personalised care being given. Some care plans contained lots of personal information on people's likes and dislikes, and some care plans lacked this level of detail.
- Care plans were regularly reviewed with people and if appropriate their relatives, which ensured people's needs were up to date.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- The provider had an end of life policy in place to provide support to staff.

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 requires improvement. At this inspection this key question has remained the same. 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure there were effective systems in place to monitor and improve the quality of care provided by the sub contractor. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection regarding the oversight of the sub contractor, however we have identified other concerns at this inspection and the provider remains in breach of Regulation 17.

- Systems to check the quality and safety of the service were not fully effective. There were checks and audits in place but these were not always effective at identifying concerns we found at this inspection.
- Where the provider's audits had identified concerns, it was not always clear what action had been taken to address these concerns. For example, the provider's medication audit had identified poor record keeping in relation to medicines but we found little evidence that any effective action had been taken to address this.
- The provider did not complete effective checks to ensure appropriate assessments of capacity to make decisions were completed.
- The manager and provider failed to ensure risks to people were always appropriately assessed.

The provider failed to operate effective systems and processes to monitor the quality and safety of the service. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to concerns raised during the inspection. Some of the concerns raised had been addressed before the end of the inspection.

- Improvements had been made to quality assurance processes with the sub-contractor. Regular meetings took place with the service and robust checks were in place to ensure they were delivering safe, quality care to people.

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

characteristics; Working in partnership with others

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf.
- Staff were encouraged to contribute to the development of the service through meetings and supervision.
- When referrals to other services were needed, we saw that these referrals were made in a timely way.

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

- Most staff we spoke with told us the management team were responsive to concerns raised and approachable.
- Staff promoted a person-centred approach to people's care and support. They discussed with people how they wanted to be supported and involved them in developing their care. However, this wasn't always recorded in people's care plans.

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

- There was an open culture within the service. People and their relatives told us the manager and staff were open and honest with them.
- The manager had discussed concerns raised with people and their relatives.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not ensure the principles of the Mental Capacity Act 2005 were always followed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always ensure the safe management of medicines.</p> <p>The provider did not ensure risks to people had always been appropriately assessed and did not ensure appropriate risk plans were always in place, specific to each individual need.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The monitoring of the quality and safety of the service was not always effective at identifying concerns. When concerns had been identified there were not always appropriate plans in place to address these.</p>