

Premier Care Limited

Premier Care Blackburn 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Premier Care Blackburn Branch is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 187 people using this service.

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

Medicines were not always managed safely. Audits were carried out but did not pick up on errors found during the inspection. Risks were not being managed safely. Risk assessments relating to people's specific health conditions were not always in place. Accidents and incident records were completed and identified trends and themes. IPC practices were in place and supplies of PPE were available. Recruitment processes were not always being followed. We were told there was enough staff to safely meet people's needs however, visits were not always lasting the full length of the duration set out in people's care plans. A safeguarding policy was in place and staff were aware of the safeguarding procedures.

Care plans and risk assessments were not always in place for people that use the service. Staff received training and regular competency checks. Staff worked alongside other agencies to promote good outcomes and the registered manager had systems in place to make referrals to other healthcare professionals.

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.

Staff spoke positively about the people they support and the work they do. People and their relatives also spoke highly of the service. Staff were described as responsive, experienced and polite. Staff had training in privacy and dignity. Spot checks were carried out by senior management to ensure staff were providing person centred care.

Care plans were not always person centred and held conflicting information about people's care needs. Concerns were raised about visit lengths by relatives of people that use the service. End of life care was being considered and recorded where appropriate.

Governance systems were not always effective. There was limited evidence of the provider's oversight of the service and the systems in place. Feedback forms from people evidenced on-going issues that were found during the inspection. Relatives and staff spoke highly of the registered manager.

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

Rating at last inspection

This service was registered with us on 11 March 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report.

The registered manager and provider have been responsive to the feedback provided during the inspection and have implemented changes to improve the quality and safety of the service.

Enforcement and Recommendations

We have identified breaches in relation to assessing and managing risk , the management and administration of medicines and 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 work alongside the provider to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Premier Care Blackburn 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 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 service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of our inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority. 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 used all this information to plan our inspection.

During the inspection

We spoke via telephone with 5 people using the service and 5 relatives, who had given us permission to contact them. We also spoke to 8 staff including the registered manager, the area manager and care staff. We looked at a range of records. This included 4 staff recruitment files, records relating to medicines, training and supervisions, accidents and incidents and safeguarding logs, care records and policies and procedures.



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 of 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 assurances about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always safely managed. Medicines were not always administered as prescribed. There were gaps in some people's medication records with no explanation. One person had not been receiving the correct dose of their medication for several weeks. The error was noticed however, no action was taken to safeguard this person, such as informing their GP. The registered manager actioned this during the inspection.
- Staff did not always follow the medicine manufacturer's instructions. For example, we saw medicines which should be given before food, administered at breakfast which may make the medicine less effective.
- Time specific medicines were not always adhered to, for example one person was prescribed pain relief 12 hours apart. This was not always administered within the time frame resulting in a risk of overdose or poor pain management.
- Medicines audits were carried out. However, they did not pick up on the errors found during the inspection.

The provider had not always ensured the safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (2) (b) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safely monitoring and management; Preventing and controlling infection

- Risks were not always appropriately assessed. Risk assessments were not always in place for specific health conditions. This meant staff may not know what to do should a person's condition deteriorate.
- Risks associated with Covid-19 and other infectious diseases were not always documented and we saw no evidence of risk assessments being put in place for those who were at high risk.

Whilst no harm occurred, the provider failed to ensure systems were in place to demonstrate that risks were properly assessed, reviewed and actioned. This placed people at risk of harm. This was a breach of regulation 12 (2) (a) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager confirmed risk assessments will be put in place for people with specific health conditions.

- Accidents and incidents were recorded on the service's electronic system. This allowed the registered manager to identify trends and take action to reduce risks.

- Staff had received training about infection control, handwashing and use of personal protective equipment (PPE). There were enough PPE and PPE was worn in line with government guidance. People we spoke to confirmed this.

Staffing and recruitment

- Recruitment practices were not always being followed. One person had gaps in their employment history, but the reason was not sought during the recruitment process. Another person had no work reference, but they did have 2 character references on file. A risk assessment was not in place around this.

We recommend the provider completes the necessary recruitment checks to ensure safe staffing processes.

- The registered manager told us there were enough staff to meet people's needs. However, when we reviewed the visit logs, staff regularly did not stay for the full length of the call. Following the inspection, the registered manager confirmed they are carrying out a full review of visit durations.
- Staff told us there was enough staff. They said, there is always enough time. The visits aren't rushed." Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
- Systems and processes were in place to safeguard people from abuse. However, we did find incidents where safeguarding concerns were not always reported in a timely manner. The registered manager addressed this during the inspection.
- A safeguarding policy was in place and included information on how to escalate concerns.
- Staff told us they had received safeguarding training and were able to provide examples of what they would report.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs and choices were not always assessed. We found some people using the service did not have a care plan in place. This meant there was no information to guide staff on how to safely care for people.
- Where one person had a specific care need, there was no risk assessment or care plan in place to guide staff on how to safely care for this person. This went against the provider's own policy.

Whilst no harm occurred, the provider failed to ensure systems were in place to guide staff to effectively care for people. This placed people at risk of harm. This was a breach of regulation 12 (2) (b) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager has ensured care plans will be put in place.

- We saw evidence people's preferences reflected in some care plans.

Staff support: induction, training, skills and experience

- Staff were receiving training. Staff completed the care certificate and had access to a wide range of courses. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should be part of a robust induction programme.
- Detailed induction and competency checks were completed with staff, prior to working with people.
- Evidence was viewed to show staff undertook regular training for their role. Staff spoke highly of the training programme. One staff member said, "If I ever needed training on anything, they [registered manager] will arrange this."

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

- People lived in their own homes and could eat and drink what they wanted. We saw evidence of record's detailing people's likes and dislikes.
- Staff had training on the use of equipment to maintain people's nutritional needs.

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

- Staff worked alongside other agencies to provide joined up care and promote good outcomes.

- The registered manager was informed when people require referrals to other healthcare professionals and referrals were made in a timely manner.

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 MCA 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.

- The provider was meeting the requirements of the MCA. We reviewed people's records and there was evidence that people's capacity had been assessed and consent gained, where required. Where people lacked the capacity to consent, the provider had ensured that consent was gained from their relative acting on the person's behalf.
- We spoke to staff about their understanding of the MCA and we were assured they had appropriate training and knowledge.

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 well treated, and their individuality was respected. The provider and staff knew people well. People told us staff were caring. Staff were described as responsive, experienced, polite and friendly.
- Staff spoke positively about the people they supported and the work they do. They said, "They [people that use the service] are like family" When asked if they would be happy for their family member to use this service they responded, "yes, definitely."
- One person told us, "I have found them [staff] to be a breath of fresh air, it's nice to have carers who treat me with dignity and respect."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence.

- Care records indicated how best to communicate with people and how they could be supported to make decisions to express their wishes. However, as mentioned in the effective domain, some people did not have a care plan in place.
- Feedback forms were sent to people that use the service to obtain their views. We noticed the same concerns were being raised. The registered manager confirmed these concerns will be dealt with and discussed in staff meetings.
- Relatives told us the care their relative received was exceptional. One person said, "I can review his [person] care documents on the online app at any time and they give me all the information I need. I can't fault them [staff], and they contact me with any issues."
- Spot checks were carried out by senior management to ensure staff gained consent before providing personal care and were respectful.
- We saw evidence that staff had completed training in relation to privacy and dignity.

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation

- People's care plans were not always person centred. We reviewed 2 people's mobility care plans and found them both to hold conflicting information on how to safely assist people with their mobility. This means people were at risk of harm if not supported correctly.
- We reviewed visit logs and found that staff were regularly not staying for the full length of their allocated visit. This was reflected in people's views of the service.
- One person told us, "Things have changed regarding my [relative's] ability, they used to be able to get out of bed, now they can't and there hasn't been a change to their care plan to accommodate the time needed. [They] are supposed to have a half hour visit but they are here for about 20 minutes."

This placed people at risk of harm as their needs were not always recorded appropriately to reflect their level of support. This was a breach of regulation 12 (2) (b) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our visit, the registered manager has updated all relevant care plans and ensured risk assessment were in place to guide staff on how to safely care for people. In addition, the registered manager and area manager confirmed a review of people's visit times/lengths will be completed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were being met. We saw care records which identified people's communication needs. When speaking with people, no concerns were raised about meeting people's communication needs.
- The registered manager was able to describe the different formats they could present information if required.

Improving care quality in response to complaints or concerns

- Systems were in place to record and respond to complaints. A complaints policy and procedure was available, and A complaints log was maintained, along with details of responses.

- One person told us, "I spoke to [registered manager] and they dealt with my concerns promptly."

End of life care and support

- End of life care was being considered. People's wishes for end-of-life care and support were identified and recorded, where appropriate.
- Records identified people's advanced decisions around resuscitation.

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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Governance systems were not always effective. Audits had not identified the issues we found during our inspection.
- There was no clear process in place for monitoring care plans. We found conflicting and missing information as mentioned in the responsive domain, which may have been recognised by the service if effective auditing was in place.
- The provider had policies and procedures in place. However, these weren't always followed which placed people at risk of harm.
- Visit durations were not being monitored and addressed when short in duration. Feedback from people raised concerns around visits not lasting the full length of time. There did not appear to be a clear plan in place to address and resolve this.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate records and governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (2) (a) (b) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Since the inspection, the registered manager has completed an audit of care records. The registered manager has also provided assurances that visit times will be reviewed to ensure person centred care is delivered.

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; Continuous learning and improving care; Working in partnership with others

- The registered manager was able to explain their responsibilities under the duty of candour and spoke about being open and honest when something goes wrong.
- Referrals were being made to outside agencies such as safeguarding authorities and relevant notifications to the CQC. Complaints were being recorded and we reviewed some lessons learnt by the service.
- The registered manager worked in partnership with local authorities and health teams.

- Relatives and staff knew who the registered manager was and felt able to contact them when needed.
- Staff spoke positively about the registered manager. One staff member told us, "The manager is very approachable, and I can call if I have a problem."

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>Regulation 17 HSCA RA Regulations 2014 Good Governance</p> <p>The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to mitigate risks relating to the health, safety and welfare of service users.</p> <p>This was a breach of regulation 17 (2) (a) (b)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider and registered manager had failed to ensure all necessary processes were being followed and paperwork was in place regarding people's care needs</p> <p>The provider and registered manager had failed to ensure risks were being appropriately assessed and managed</p> <p>The provider and registered manager failed to ensure medicines were being safely managed. This put people at risk of harm</p> <p>This was a breach of Regulation 12 (1) (2) (a) (b)</p>

The enforcement action we took:

A warning notice was issued.