Premier Care Limited

Premier Care Limited - Cheshire West & East Branch

Inspection report

67 High Street
Tarpoley
Cheshire
CW6 0DP

Tel: 01829731820
Website: www.prem-care.co.uk

Date of inspection visit:
24 February 2016
25 February 2016
02 March 2016

Date of publication:
06 April 2016

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

This was an announced inspection, which took place on the 24 and 25 February 2016. Notice of the inspection was given to make sure that the relevant staff and people we needed to speak with were available. Contact was made with people, their relatives and staff on 02 March 2016 for their opinions.

This was the first inspection since the service was registered. The service provides personal care and support for over 200 people living in their own homes. They deliver nearly 1800 care hours to people per week. The service provided care and support for older people, people living with dementia, end of life care, long term conditions, respite care and night care.

There was no registered manager in post. 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 and associated Regulations about how the service is run.

We found that the registered provider was not meeting legal requirements and there were a number of breaches 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 the report.

We checked medicines management. We found that clear and accurate records were not being kept of medicines administered by care workers. Details of the strengths and dosages of some medicines were not accurately recorded. Care plans and risk assessments did not support the safe handling of some people's medicines. This breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is being followed up and we will report on any action when it is complete.

The service had not followed the principles of the Mental Capacity Act 2005 (MCA). The MCA governs decision-making on behalf of adults who may not be able to make particular decisions for themselves. The requirements of the MCA were not being followed which meant that people's rights may not be protected. This breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is being followed up and we will report on any action when it is complete.

There were systems in place to monitor many aspects of the service this had not been fully implemented. There were a number of areas not monitored such as management of medicines daily records and care plans. This breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is being followed up and we will report on any action when it is complete.

There were safeguarding policies and procedures in place. Staff were knowledgeable about what actions they would take if abuse was suspected. However they were unaware of social services accountability in dealing with safeguarding concerns. A safeguarding concern was identified at the inspection that had not been discovered by the service.

Safe recruitment procedures were followed. The service had received a number of staff and service users recently who were transferred to them from another service. The provider had identified that a number of these had gaps in their recruitment that needed to be addressed.

Staff said that they undertook an induction programme which included shadowing an experienced member of staff. Staff were appropriately trained and told us they had completed training in safe working practices and were trained to meet the specific needs of people who used the service.

People and relatives were extremely complimentary about the caring nature of staff. Staff were knowledgeable about people's needs and we were told that care was provided with patience and kindness. People's privacy and dignity was respected.

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

Not all aspects of the service were safe.

We found that clear and accurate records were not being kept of medicines administered and risks to people as result people were placed at risk of harm.

There was sufficient staff employed to meet people's individual needs.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. However not all safeguarding concerns were recognised by the service.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was not following the necessary requirements of the Mental Capacity Act 2005.

Training courses were available in safe working practices and to meet the specific needs of people who used the service.

Staff competency and skills were not assessed accurately.

Is the service caring?

Good

The service was caring.

People and their relatives were complimentary about the caring nature of staff. They told us that staff promoted people's privacy and dignity.

People told us that they mostly had the same staff team, but were not informed of any changes to the staff attending them.

Staff were enthusiastic about the care and support that they gave to people and their desire to provide a good quality service.

Is the service responsive?

Requires Improvement

The service was not always responsive

People's care plans did not always contain the information to help staff provide individualised care. Care plans were not always available to support staff in providing the appropriate care.

Staff knew people's needs and responded when people were unwell. However they did not always report their concerns appropriately to management.

There was a complaints procedure in place which was followed by the service. Most people and relatives informed us that they had no concerns or complaints.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

There was a system in place to monitor that staff attended people at the right time and stayed for the right amount of time. However there were no audits and checks to monitor the quality of all aspects of the service. As such the service was not checking on all areas for improvement and making sure that they dealt with any issues or risks in a prompt manner.

People's feedback was sought by the provider.

People using the service were complimentary about the support that they received.

Premier Care Limited - Cheshire West & East 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 is 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.

The inspection team consisted of an adult social care inspector. We had received concerns regarding the service and these were followed up at this inspection. The inspection took place over two days on the 24 and 25 February 2016 with telephone contact for people, relatives and staff on 02 March 2016.

We contacted 20 people and their relatives by phone following our inspection. Additionally we contacted 20 staff members and spoke with four staff in the main office.

We looked for a variety of records which related to the management of the service such as policies, recruitment, call monitoring and staff training. We also viewed five people's care records.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us that they felt safe.

Comments were mixed regarding staff arrival and times of arrival these included: "I'm happy with the care I receive"; "Yes [name of person] feels very safe, the staff turn up on time most of the time"; "The girls come to get my [relative] to bed and I can have an early night if I want one"; "They let me know if someone is running late. On occasions they have been a couple of minutes late. I can't fault them" and "I know the care workers who come and I feel safe knowing them." Two people commented that they were concerned about which staff member was arriving and that they did not call at the right times. One person said "They can be up to an hour and half early of a night I don't want to go to bed then" and "I never know who is coming and they rarely tell me"

Most people received medicines in blister packs supplied by the local pharmacy. We viewed the daily care records and medication administration sheets (MARS). These records did not accurately show the medicines that people received. The records showed that staff were recording 'medication from blister" but did not detail the medication they had administered. In daily records we saw that for over three days one person had not received their medication at all. We spoke with the care coordinators regarding the person missing their medicines. We were informed that this had happened before as a relative collected the person's medicines in order for the staff to give and did not always bring them to the person's home on time. We asked what the service had done to address this, however the care co-ordinators had not taken any action. Alternative arrangements had not been put into place and no action was taken when it was determined that the person did not have their medicines available for staff to give. As a result the service had not protected the person from potential harm.

Care records did not contain up to date details of medicines that people were taking, that the staff were responsible for giving. Where staff were managing the medications for an individual this was unclear in the care plan. There was no information as to the ordering, managing or giving of prescribed medicines. Where people were prescribed medication "as needed" for pain relief as an example there was no information in the care records that told staff how to support this person appropriately or to record when these medicines had been given. As a result there was a risk that the person could receive medicines too close together. The policy and procedure available in the service did not outline how staff was to support medicines management in relation to as needed medicines.

A further person was described as not needing any support with medicines as their family were undertaking this. The daily records showed that staff were applying three different prescribed creams to the person. There was no information in the care records to direct staff so that creams were being correctly applied.

We saw that medicines which needed to be given before food did not have information available to inform staff of this or what arrangements they needed to make to make sure they gave medicines at the correct time.

Following the inspection we received information from the provider that showed what actions they intended to take to improve the management of medicines.

A review of care records showed that one person did not have a care plan. Without a care plan staff will not be able to meet people's needs safely.

This was a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not made sure that care and treatment was provided in a safe way to people receiving care and support.

We saw there were safeguarding policies and procedures in place. The policy in place did not describe to senior staff how to manage any potential safeguarding concerns appropriately. Staff spoken with knew how to raise concerns with the manager. However they lacked an understanding of what was a potential abuse allegation or the role of outside agencies such as social services.

During the inspection we identified a safeguarding concern that the service had not recognised and addressed. This was because where staff had recorded concerns in the daily records this information had not been passed on to management. In discussion with senior staff they had been aware of previous issues but had not taken any action to prevent it reoccurring. Discussions with senior staff highlighted that they were not always aware of when and how to involve social services in relations to safeguarding concerns.

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. The provider had not developed systems and processes that operated effectively to prevent abuse of people using the service.

We saw that risk assessments were in place and covered a range of areas such as environmental risks and security. However the risk assessments had not been updated since they were developed. We saw that a person's care records showed that they had a number of falls and their care records had not been updated to reflect this risk.

We checked recruitment procedures at the service. Staff told us relevant checks were carried out before they started work. Staff working within the service had transferred from another service. There were a number of gaps in their recruitment identified by the provider. We saw that a Disclosure and Barring Scheme (Police check) had been carried out before any staff member had commenced working. Not all staff had written references and gaps in their working history had not been explored. Risk assessments for staff that did not have full recruitment records were not available. The registered provider gave us information following the inspection that showed they would risk assess staff whom they had identified as having gaps in their recruitment.

Requires Improvement

Is the service effective?

Our findings

We asked people and relatives whether the service effectively met people's needs. Comments included; "They do know what I need" and "I'm happy with all the people that have come into my house". Relatives spoken with told as that overall they were "very happy" with the care. Other comments stated, "They don't always turn up on time and we don't always know who is coming". Staff spoken with told us that they enjoyed their jobs but they found that they were not always able to get appropriate support outside of office hours.

We checked how the service followed the principles of the Mental Capacity Act and its associated code of practice (MCA). 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

The service did have a policy on consent but we found that some of the information in this conflicted with other sections and was confusing in its guidance to staff. There was also a policy regarding how to implement and adhere to the MCA. We saw that care records made no reference to people's capacity and a number of people had been diagnosed with conditions that could potential impact on their mental capacity to make decision. There was no information for staff as to when to support people to make decisions and no information that informed staff if a person lacked capacity or who had the legal standing to make decision on their behalf.

We saw a number of people received medicines from the staff, however there was no evidence that they had consented to this or that decisions had been made in their best interests where they were unable to manage their medicines safely. Assessments undertaken by the service prior to commencing the support did not determine if the person had given informed consented and whether decisions had been made in their 'best interests'.

In discussion with staff they were unclear as to how to make sure that they obtained appropriate consent for people and had not received any training in the MCA.

This was a breach of Regulation 11, Consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not making sure that care and treatment was provided only with the consent of the relevant persons as they were not meeting their obligations under the Mental Capacity Act 2005 and its associated codes of practice.

Staff said that the training provided was good. They gave examples of training which they had completed. This included a three day induction course that they commenced when they started working, moving and

handling, health and safety, infection control and medicines management. We looked at the records in place to test staff member's understanding of their training. We saw that where they had supplied written questions at the end of training course these were not marked and in some instances incorrect answers had not been explored with the staff member.

Staff informed us that they received supervision however this had decreased recently and an annual appraisal. These are used amongst other methods to check staff progress and provide guidance. The registered manager confirmed that supervision and appraisal had been, "a bit ad hoc" and they had no system to check that staff had received supervision regularly. The manager stated that they would shortly be implementing a supervision log and matrix that would show what staff had received and when.

People's needs in relation to food and fluids were briefly documented in their care records. The amount of help given varied from person to person and was not always clear in the care records. Staff monitored but did not record the amount of food or what people had eaten and drunk. There was no information in the care records that informed staff of what the person's preferences were or how to make sure their preferences were met. The registered provider and registered manager told us that they were aware that the care records were not sufficient at present. They outlined plans that included reviews of people using the service, training of staff and a structured programme of updating care records to reflect people's views and provide guidance to staff.

People and relatives told us that staff contacted health and social care professionals to ensure that people's health care needs were met. We saw care plan entries which documented that care workers had sought advice from external professionals. However this information and changes to the persons needs was not always communicated to the senior staff in order for peoples care records to be updated. For example: where a GP had prescribed antibiotics for an infection this information was not recorded or used to update the persons care records in order for staff to safely support the person. There was no information in the plan about the diagnosed infection, the antibiotics that were prescribed or what actions staff needed to take in order to make sure that the treatment was effective.

Good

Is the service caring?

Our findings

People and relatives were extremely positive about the support provided by staff. Comments included, "I'm very happy with the support I receive"; "The staff are genuinely caring, I can't fault their attitude"; and "I'm happy with the staff. Some are much better than others but they do care".

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. One staff member told us, "I stay in this job as I care about the clients I look after. I think we all do"

People told us that they were provided with all the information they needed from the service. The manager explained that people were given a service user's guide when they started receiving care from the service. This contained information regarding what they could expect from the service and how they would be cared for. The provider told us that the content of this guide was explained to people and they were supported to understand it

Staff said they supported people to make choices, and adapted their approach in relation to people's needs. One care staff gave us an example of how they supported people. They told us they whilst respecting people's decision regarding clothing choice they would make sure the person was still comfortable. Another described how they were assisting a person to develop life skills. They were disappointed that not all staff did this and explained that this was because the support they were giving was not always recorded in the persons care records.

Staff were aware of the need to preserve people's dignity when providing care to people. Staff told us they took care to cover people when providing personal care, and helped people to dress their top half, for example, before washing their lower half. They also said they closed doors, and drew curtains to ensure people's privacy was respected. One care staff said, "I try to maintain the dignity as I think it's a key issue".

The service can and has supported people with end of life care. The staff spoken with explained how external agencies such as palliative care nurses would be contacted for the correct support. The service also provided staff with an over view of end of life care as part of their training.

Requires Improvement

Is the service responsive?

Our findings

Most people and relatives stated that staff were responsive to people's needs. One person told us, "The staff are kind and helpful." We spoke with people and relatives about the staff team that supported them. Comments included, "I don't always know whose coming. I don't really mind as they are all good" another said, "I mostly get the same staff. I don't like it when they send someone I don't know".

People and relatives' comments about the continuity of care provided, was confirmed by our own observations. Staff we spoke with were knowledgeable about people's care needs and could explain these to us.

Most people and their relatives told us that people received their care calls as planned. Most explained that they had never had a missed call. Some people and their relatives said that there had been the occasional missed call or staff arriving a few minutes late, but these were not regular.

There was a complaints procedure in place. Most people and their relatives with whom we spoke informed us that they had no complaints or concerns. We looked at the policy and procedure for complaints and found that the complaints would be formally addressed following the policy. We were aware of two complaints and saw that these had been logged and investigated. Lessons learnt had also been passed on to staff in order that this helped prevent the situation recurring. In discussions with staff, complaints were not always recognised by them or actioned removing the opportunity for the service to address complaints and improve service quality.

Of the five care records we looked at a person centred approach was not evident. One person did not have a care plan available at all. There was no explanation from the service as to why a care plan was not available. The care was laid out as a series of tasks to be accomplished and did not take account of people's personal preferences, such as what particular food they liked to eat or what particular toiletries they preferred to use. Staff told us that people tended to tell them these things but did acknowledge that not everyone was able to tell them or had a relative available that could inform staff. The provider stated that the care plan system was under review and it was their intention to make sure that care plans were more reflective of people's views in the future. They sent us an action plan following the inspection and discussed with us how they were going to train staff and computerise their care planning systems.

We did see examples where call times were changed to accommodate people's personal choices and preferences. The manager explained that they always try to manage this by using staff to work in the same area during the day and had a little more flexibility.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager logged with CQC, however the registered manager has since left the organisation and the new manager has applied for registration but has not yet completed the process. They spoke enthusiastically about their role and dedication to ensuring the care and welfare of people who used the service.

People and relatives informed us that they were generally happy with the service provided. Comments included, "We have had excellent service and would recommend them to anyone needing someone cared for"; "A good organisation when it is working well"; "It is outstanding" and "It's absolutely fantastic."

We received mixed views from the staff, some described a culture from the senior management that they felt could penalise staff who did not work the way some senior staff wanted them too. All the staff spoken with felt "disappointed" with a lack of support out of office hours. They told us they often had to ring several times before they received an answer.

There was no quality monitoring of the care delivered. "Spot checks" (a check on staff in people's own homes) were in place however there were no arrangements for these to be undertaken at planned or regular intervals. The spot checks reviewed the staff appearance, arrival time, duration of call and interactions but not the care planned, management of medicines or if the care delivered met the persons assessed needs. The manager and registered provider confirmed that these were on an ad hoc basis and were not planned. Senior staff stated that they did not have time to do spot checks as they needed to make sure that all the calls were covered.

We discussed with the manager and registered provider if there were any quality checks or reviews of health and safety such as accidents, the quality of care planning, medications, policies and procedures, handling of complaints, staff supervision or the views of staff and people who used the service were sought. The registered provider confirmed that they had developed questionnaires for people that they were currently reviewing. Following the inspection we received a sample of the questionnaires: overall they were positive but there were areas for improvement such as people always knowing who was to attend them.

This was a breach of Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems and process in place to assess, monitor and improve the service provided.

There was an extensive reporting system that checked that staff attended people at the correct times, stayed for the correct amount of time and that all the calls were covered making sure that no person was left without a call. This was printed out on a monthly basis and a management meeting held each month. As the service has only just introduced this they have not yet commenced the monthly meetings

The service operated a visit logging system. Staff were given a mobile that contained a duty rota showing all the calls they were to go to. A bar code was placed in people's homes and scanned using the mobile phone,

this then recorded the times staff arrived and the times they left. We reviewed the logs for that day and this showed 20 occasions when staff had not scanned that they had arrived. At this point an alarm is sent to the system and office staff then contact the staff member to check they are at the call or if they are delayed how long they would be. As result no person who used the service was left without a member of staff attending to them maintaining their safety.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not making sure that care and treatment was provided only with the consent of the relevant persons as they were not meeting their obligations under the Mental Capacity Act 2005 and its associated codes of practice.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not made sure that care and treatment was provided in a safe way to people receiving care and support.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not developed systems and processes that operated effectively to prevent abuse of people using the service.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and process in place to assess, monitor and improve the service provided.