

Premier Healthcare Solutions SW Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Premier Healthcare Solutions is a Domiciliary Care Agency that provides care and support to adults of all ages, in their own homes. The service covers Hayle, Redruth, Camborne, Penzance and surrounding areas. At the time of the inspection 26 people were using the service. At our previous inspection in November 2018 we found five breaches of the regulations in relation to risk management, safeguarding, recruitment, staffing and governance. We issued a warning notice in respect of the breach of regulation 17, good governance.

The concerns identified were in respect of the management of complaints and gathering people's views of the service, recruitment checks and inductions were not always completed before staff worked at the service, poor organisation of annual leave resulting in staff shortages at certain time of year, no system to effectively monitor that care visits were provided as planned and a lack of oversight of the service.

Why we inspected: Following the previous inspection the provider sent us an action plan which included the actions being taken to meet the requirements of the warning notice. This was a focused inspection to check the service had made the necessary changes. At this inspection we only looked at the well-led question. This was because the concerns leading to the warning notice were in respect of how the service was managed.

People's experience of using this service:

- The manager and a senior care worker had been off work for several weeks. No alternative arrangements had been put in place by the provider to make sure the service continued to run smoothly. The office manager and a senior carer had been running the service on a day to day basis. They were both enthusiastic and committed but admitted they did not always know the correct processes to follow. For example, they were not aware of the need to notify the Care Quality Commission (CQC) of allegations of abuse.
- There had been a lack of oversight due to these absences. This was beginning to have an effect on how the service was organised. Observational checks on care workers practice were less frequent than planned, policies and procedures were not available for reference and the results of a staff survey had not been collated and analysed. This placed people at risk.
- An on-call system was operated seven days a week so people were able to contact someone for support at all times. On-call cover was normally provided by the manager, office manager and senior care workers. Due to the absence of the manager and one senior care worker the workload for the office manager and second senior care worker had increased. The office manager was not trained to provide personal care. Although another member of staff was able to support the on-call system on two weekends during December 2018 the senior care worker was normally solely responsible for covering unexpected gaps in the rota. If they were required to do this while they were on-call, there was a risk people needing support from on-call would not be able to contact anyone.

- Improvements to systems had been made to enable the management team to more effectively check how care was delivered. Visits were closely monitored so any missed or late visits would be quickly identified. The system also identified if visits were being cut short and people were not receiving care as planned.
- Complaints and concerns were recorded and there was a clear audit trail of actions taken in response. People were asked for their opinion of the quality of the service. When negative feedback had been received, changes to the way care was implemented had been introduced.
- Systems to check new staff were suitable and competent had been put in place. Recruitment checks and an induction were completed before new staff started work. A training matrix had been developed to highlight when training had been completed and when it was due to be refreshed.
- There were robust processes to ensure staff annual leave arrangements did not impact on the care provided.

Rating at last inspection: Requires Improvement (report published 7 November 2018)

Enforcement: See the end of this report for details of the action the provider needs to take.

Follow up: We will carry out a further inspection, in line with our inspection programme, to check improvements have been made to ensure the service is meeting the regulations. We will continue to monitor intelligence we receive about the service. If any concerning information is received we may inspect sooner.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Requires Improvement 

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Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by one adult social care inspector.

Service and service type: Premier Healthcare Solutions is a Domiciliary Care Agency that provides care and support to adults in their own homes. Not everyone using Premier Healthcare Solutions receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The manager was in the process of applying to be registered with the Care Quality Commission. A registered manager, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service notice of the inspection site visit because it is small and the manager and senior staff were often out of the office supervising staff or providing care. We needed to be sure someone would be available to support the inspection.

What we did: Before the inspection we reviewed the action plan provided following the previous inspection and other information we held about the service. We used this information to plan our inspection.

During the inspection we spoke with the office manager and a senior care worker. We looked at training records, call monitoring records, four staff recruitment files, records of supervisions and spot checks and completed surveys from people using the service and staff.

After the inspection we spoke with two people who used the service and two relatives. We also spoke with the director of the service and an external professional with knowledge of the service.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The manager and a senior care worker had been off work for several weeks and provider level arrangements to oversee the service in their absence were not effective.
- The service was being organised on a day to day basis by the office manager and a senior care worker. They were unsure of their responsibilities in some areas such as when to notify CQC of events. They did not have the authority to make all necessary decisions or performance manage staff. Due to the increased workloads some tasks had not been completed as planned. For example, the frequency of spot checks to observe staff working practices had decreased.
- There were no policies and procedures available in the office at the time of the inspection.
- The office manager and senior carer were unsure when the manager would be returning to work. They told us, although they could ask the director for advice and guidance, there had been a lack of direction and leadership.

This was a continued breach of Regulation 17 of the Health and Social Care Act (2008) 2014.

- The service had raised safeguarding concerns to the local authority but had not notified CQC of these concerns.

This was a breach of Regulation 18(2)(e) of the Care Quality Commission (Registration) Regulations 2009.

- A training matrix had been developed to enable the management team to monitor staff training needs effectively.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility.

- When concerns had been raised senior staff had addressed these with the people concerned.
- Complaints were recorded and action taken to respond to these in a timely manner.

Engaging and involving people using the service, the public and staff.

- People were asked their opinion of the service provided via a questionnaire. When negative comments had been received these had been addressed and improvements made.

- A staff survey had been circulated in October. The results still had to be collated and analysed. The surveys looked at during the inspection showed several low scores on questions about staff well-being.
- A programme of team meetings had been put in place for the months following the inspection.

Continuous learning and improving care.

- Systems to check visits were carried out as planned had improved.
- Following staff shortages due to staff taking leave at the same time new systems had been introduced to help ensure continuity of care.
- Systems for helping to ensure recruitment checks were carried out before new staff started working had been introduced and were adhered to.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered provider had failed to notify CQC of adverse events in line with their legal responsibilities.</p>