

Premier Care (Lancashire) Limited

Premier Care - South Lancashire Branch

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 13 September 2018 and was announced. This meant the provider was given short notice of the inspection. This was so the manager would be available to assist us with the inspection process.

The service was last inspected on the 29 December and 2017 and 4 January 2018, when it was rated as inadequate in the area of safe and requires improvement in the areas of effective, responsive and well led. The area of caring was rated good at that time. This meant that the service was requires improvement overall. At the time of our last inspection a new provider had very recently taken over the service and the service has been renamed to Premier Care South Lancashire Branch since our last inspection.

At that inspection we found the management of medicines unsatisfactory. A basic medicine audit had been introduced, but this was ineffective, as it only focused on missing signatures on the Medication Administration Records (MAR) and therefore other shortfalls around medicines management had not been identified. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. We also identified that risks had not been managed within a risk management framework and therefore people could have potentially been at risk of harm. This was a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe care and treatment.

We also found a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centered care, because people were at risk of receiving inappropriate or unsafe care and treatment. The recruitment practices adopted by the service were not sufficiently robust to ensure that all employees were fit to work with vulnerable people. Relevant checks had not been completed in a timely manner and there was no evidence to demonstrate that police checks had been conducted. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed. Systems and processes had not been sufficiently established to ensure compliance with the requirements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Following the last inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve the key questions of safe, effective, caring and well led to at least good. Since our last inspection the new provider had taken over the service and had made a number of changes in relation to the operation, management and oversight of the service. During this inspection, we found the service was meeting the requirements of the current legislation.

Premier Care South Lancashire Branch is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, people with a physical disability and or sensory impairment. At the time of our inspection 82 people were registered with the location. However, not everyone using Premier Care South Lancashire Branch received 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 people receive this element of care we also take into account any wider social care provided. The manager told us 23 people were receiving personal care support as part of their registration.

At the time of the inspection the service did not have a registered manager in post. There was a manager who had submitted a registered managers application to the Care Quality Commission. Prior to the publication of the report the manager became registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service was run.

People told us they were happy with how their medicines were managed. Whilst improvements were noted in the way medicines were managed we saw some gaps in the medicine records. The provider took immediate action to investigate this.

People told us they felt safe receiving care from the service. Staff knew what to do if abuse was suspected and had received safeguarding training.

Safe recruitment procedures had been established and staff rotas provided clear information about the visits staff were to undertake. We received positive feedback about the knowledge and skills of the staff team. Staff told us the training provided by the service supported them in their role.

Care records we looked at had evidence of written consent. People told us their care had been discussed and agreed with them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care records contained information about health professionals involved in people's care. People we spoke with were very happy with care they received from the service. It was clear from the comments that staff treated people with dignity and respect at all times.

Improvements had been made to the care records which demonstrated what people's individual needs were and how these could be met. Technology was used to good effect for the benefit of the service provided to people.

Systems to deal with complaints were in place and people we spoke with told us they knew how to complain. We received very positive feedback about the improvements since the new company took over the service. Team meetings were held and we saw minutes that demonstrated the topics discussed.

Audits and quality monitoring was taking place. This demonstrated that the service was run effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

We noted improvements had been made in the way medicines were managed. However, we saw some gaps in the medication recording. The service took immediate action to investigate and act on this.

Training records we looked at confirmed staff had received up to date safeguarding training. Staff understood what to do in the event of abuse being suspected.

Risks assessments had been completed, which demonstrated measures needed to reduce potential risks to those who used the service and staff members.

Is the service effective?

Good ●

The service was effective.

Care records we looked at had evidence of written consent recorded. People told us their care had been discussed and agreed with them.

We received positive feedback about the knowledge and skills of the staff team. Staff told us the training provided supported them in their role.

Care records contained information about health professionals involved in people's care.

Is the service caring?

Good ●

The service was caring.

People we spoke with were very happy with care they received from the service.

It was clear from the comments that staff treated people with dignity and respect at all times.

Is the service responsive?

Good ●

The service was responsive.

Since our last inspection the provider had made changes to the records. Records seen were detailed, easy to follow and provided relevant information about how to support people's needs.

The provider demonstrated the way they used technology to organise and monitor care delivery to people.

We received positive feedback about the service. Systems were in place that ensured complaints would be dealt with effectively.

Is the service well-led?

Good ●

The service was well led.

Staff and people who used the service were positive about the new management and leadership of the company. Records we looked at confirmed team meetings were taking place.

We saw evidence of audits and monitoring of the service was being undertaken.

Premier Care - South Lancashire 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.

This comprehensive inspection took place on 13 September 2018 and was announced. We gave the service short notice of the inspection so that the manager would be available to assist us. Two adult social care inspectors completed the inspection.

As part of our inspection planning, we looked at a wide range of information we held about the service. This included information about any statutory notifications the provider is required to send to us by law, feedback about the service and any investigations undertaken. We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems, the provider was not able to complete a Provider Information Return. We took this into account when we inspected the service and made the judgements in this report. We used a planning tool to collate all this evidence and information prior to visiting the agency office.

To understand people's experiences who used the service we spoke with four people currently in receipt of care from the service and one relative. We also spoke with three members of the staff, the regional manager, one of the directors of the company and the manager who had overall responsibility for the operation and oversight of the service. We looked at four full care files and a further four care files in relation to medicines management for people currently in receipt of care. We also reviewed three staff files, training and supervision records, audits, quality monitoring and the operation and oversight of the service.

Is the service safe?

Our findings

People we spoke with told us they were happy with the way their medicines were managed. One person said, "I am okay with the [help with my] tablets."

Staff we spoke with said, "Any changes with people's medicines are reported to the office." This would ensure all staff were updated with any changes so that correct administration of medicines was maintained. Staff records we looked at confirmed staff had undertaken medicines training and we saw evidence of competency checks that confirmed they were safe to administer people's medicines. Up to date policies and procedures were in place that supported the safe delivery, administration and management of medicines.

Care files we looked at contained information relating to people's medicines and how staff were to support people to receive these safely when they were required. The regional manager told us they had introduced a new document to record the medicines administration to people. They said this would aid in the auditing and monitoring of medicines administration. We checked a sample of these records and saw good detail in relation to the medicine prescribed, the type, dose and when it was required. Where creams were administered we saw body maps had been developed that supported these to be applied as directed.

At our last inspection we identified some concerns in relation to the auditing process of medication administration records. During this inspection we found some improvements had been made in the monitoring of medication records; however the service took immediate action to rectify some concerns during our inspection.

We checked a number of medication records. Whilst evidence was seen of staff signing the records when they were administered not all medication records had been signed as completed in full. We saw that only basic audits were completed on the medication records which failed to identify in detail the actions taken when gaps or concerns were identified. We discussed this with the manager, regional manager and director of the company who took immediate action and reviewed the medication records for all people who used the service. They confirmed that they had developed an in-depth audit process that would identify any areas for improvement. This would ensure any lessons learned would be taken forward to improve the safe delivery of medicines. We established that any concerns relating to the safe administration of medicines would be discussed in staff supervision and competency assessments would be undertaken. We received confirmation that an audit was done immediately following our inspection. The director told us of their plans to introduce an electronic system of recording the administration of medicines. They said the new system would alert the office immediately if medicines were not signed as administered to people who used the service.

At our last inspection we identified some concerns in relation to how risks were managed by the service. During this inspection we found improvements had been made. Care files we looked at provided evidence that individual risk had been identified, considered and assessed. This would ensure people were protected from any unnecessary risks. Areas covered included, personal needs, medicines and moving and handling. Good information was seen that demonstrated environmental risk assessments were completed for each

person who used the service. Areas covered included, outside and interior flooring, stairs, emergency isolation points such as gas and electric, safe exits, control of hazardous substances and pets. Records included how to keep staff safe where concerns regarding lone working had been identified. Where potential risks were identified notes of actions had been recorded that would ensure people were protected from any unnecessary risks.

The regional manager told us there were no incidents or accidents recorded. However, they demonstrated a safe system was in place to record, investigate and act on incidents and accidents. Any incidents would be recorded into a computer system which included the details of the incident, the investigation, who would be responsible, any outcomes and lessons learned. This would reduce any future risks to people who used the service and staff. The provider had developed a business continuity plan that provided staff with important information about how to deal with an emergency. Areas covered included, major incidents, fire, flood, pandemic/epidemic infections, severe weather and IT failure. This would ensure staff had access to information about how to respond in the event of an emergency.

Policies and guidance was in place and records we looked at confirmed infection prevention training had been completed that provided staff with information about how to ensure people were protected from risks associated with infection. The manager told us all staff were provided with personal protective equipment such as gloves, masks and aprons where required. These were readily available in the office for staff to access. This supported safe measures to protect people from infection.

People we spoke with told us they felt safe with the staff who delivered their care. Comments included, "I feel safe and well looked after" and "I am well looked after with my care. I feel safe." A relative told us, "He is safe there are no issues." Staff were able to discuss the actions to take if they suspected abuse. They told us, "Any possible changes I would call the office, would contact social services [local authority]. With safeguarding it is safer to report."

Staff told us they had completed safeguarding and whistleblowing (reporting bad practice) training and records we looked at confirmed this. Up to date policies and guidance were in place to guide staff on how to deal with any allegations of abuse. This would provide up to date information and guidance to keep people safe and act on any allegations of abuse. Appropriate systems were in place that provided good evidence of the actions taken to investigate and act on allegations of abuse that would protect people from the risks of abuse.

People who used the service and relatives we spoke with raised no concerns in relation to the staff allocated to their visits or the timings of these. They said, "We see the same faces. [Name of person] knows all the names of the staff", "They [the staff] come on time but will call if they are going to be late" and "I see the same faces. It is the best part of my day. The service email me the times of visits and who is going to visit."

We asked how the service allocated people's visits to the staff team. The manager told us and we saw all visits were allocated into the computer system and each staff member was sent a list of their visits through an electronic device provided by the service. This provided staff with information about the person they were visiting and the time the call was due. We saw that if a visit was late or missed it automatically alerted the office that enabled a follow up call to check the progress of the staff member. Staff told us, "There are enough staff [to complete the visits], people's needs are met."

At our last inspection we identified concerns in relation to the recruitment systems in place. During this inspection we found improvements had been made. Since our last inspection the service had reviewed all of the staff files and undertook Disclosure and Barring Service (DBS) checks. This ensured all staff working for

the service were safe to work in the company. The DBS helps employers to make safer recruitment decisions and helps to prevent unsuitable people from working with those who use care and support services. Records we looked at confirmed recruitment procedures had been followed. These included the receipt of completed application forms, references from previous employers and proof of identify. This confirmed only staff suitable for their role were employed by the service.

Is the service effective?

Our findings

We received very positive feedback about the knowledge and skills of the staff team. People told us, "They [staff] are very good, they come twice a day" and "They are lovely, they have very good qualities. I am delighted with all of them."

All the staff we spoke with told us they received training that was relevant to their role. They told us, "The training is very good now it is practical for moving and handling and CPR [Cardio Pulmonary Resuscitation]. The training is done in [another office] they have equipment available for training", "I have done my NVQ level three and practical moving and handling. We are able to ask for extra training. I am looking into my level four and train the trainers course" and "Everyone has done three days training under Premier Care. It covered the care certificate, moving and handling, health and safety, fire, safeguarding, infection prevention and fire. We have enough training."

We checked the training records which confirmed staff received up to date training relevant to their role. Areas covered included, fluids and nutrition, safeguarding, basic life support, understanding your role and confidentiality. Records included evidence of spot checks on individual staff and knowledge checks following training being completed that ensured staff had the knowledge and skills to deliver people's care effectively. The provider had a dedicated training room in another location that staff accessed to undertake practical training. New staff to the service told us they received a detailed induction on commencement to the service. Staff records we saw confirmed this. This would ensure all staff were provided with the knowledge, information and guidance about the role for which they were employed.

Staff told us and records confirmed that regular supervision was completed by the management. These covered a wide range of topics to support staff in their role. Areas in staff supervision included, training, performance, safeguarding, dignity, rotas, and feedback from the supervisor. There was evidence that annual appraisals took place with the management team that allowed staff the opportunity to discuss their progress as well as any future plans to work towards.

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 make 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.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

None of the people who used the service were subject to a DoLS. However, the training records we looked at confirmed all staff had undertaken relevant training that covered mental health and dementia. This would

ensure staff had the knowledge and skills to ensure people were protected from unlawful restrictions where concerns about capacity were identified. The service had developed guidance in relation to MCA and consent that provide them with important information about how to support people's decision making and protect them from unlawful restrictions. This provided them with information about how to protect people from unlawful restrictions.

Care files contained information that confirmed capacity assessments had been considered and consent had been recorded, which showed people's care had been discussed and agreed by them. Consent recorded included personal care, access to key codes and reviews of care. Everyone we spoke with who used the service confirmed they were asked permission from staff before carrying out any care or activity. They said, "They [staff] always ask permission before they do anything" and "The staff always knock before they come in and they ask permission." Guidance was available to advise staff about how to ensure consent was obtained from people before they undertook any activity.

Where people required support with meals, preparation of meals and shopping this was reflected in their care files. This would ensure staff had information available to them about how to meet people's nutritional needs. People who we spoke with confirmed they were supported appropriately by staff. One person told us, "They help [name] with my meals."

Care records identified medical conditions which provided staff with information relevant to people's health. This would support staff to identify any changes in people's conditions and enable them to act on any deterioration appropriately. This supported positive health outcomes for people who used the service.

Is the service caring?

Our findings

Everyone we spoke with told us they were very happy with the care they received from the service. Comments included, "I am very happy with the care", "They were so good I extended it to seven days. It is the best part of my day. The staff know my routines, they check the file every day and note any changes straight away. I have chosen a good team of people" and "They help me with personal care."

Staff understood the importance of delivering good care to people. They said, "People are involved in their own care. This is important for people", "People receive the care they require, any changes in needs are reported to the office" and "People get sufficient care. I look at the care plan and I ask the service user [people who used the service]. Any changes are reported to the office." It was clear staff and the management of the service understood people's needs well and were passionate about their role and the positive support they provided to people who used the service.

The service user guide developed by the company recorded that the provider was committed to supporting people's independence, dignity and personal care needs. Care files clearly identified people's needs and choice and how staff could support this. Records we saw included an 'All about me profile' that contained information about people's personal objectives and the support they required to meet their individual needs.

All people we spoke with told us staff consistently treated them equally with dignity and respect whilst maintaining their privacy. Comments included, "I have no issues, I am always treated with dignity and respect. I don't ever feel embarrassed" and "They help me with a shower and are very respectful." Policies and procedures were in place to support and promote equality, diversity, cross gender care and the wishes of service users.

The feedback from people demonstrated that they had been involved in decisions about the care they received. One person told us, "They always review my care and it is discussed with me."

We spoke with the regional manager about how people who used the service were provided with information about how to access advocacy services. They told and we saw an up to date advocacy policy was available that offered support and guidance to staff about how support people to access these services. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Is the service responsive?

Our findings

People who used the service told us their care plans had been developed with their involvement and the care they received reflected their needs. People told us, "The staff have gone through the help [name] needs", "They fill in the file at every visit, they always review my care and the care is discussed with me" and "The staff check the file at every visit."

At our last inspection we identified some concerns in relation to the organisation and the content in care files, which failed to incorporate person centred care planning to ensure they reflected people's individual needs. During this inspection we found improvements had been made. All the care files we reviewed were easy to navigate and followed a chronological pattern. Care plans and risk assessments were in place and were detailed about how to ensure staff delivered people's care in line with the individual needs, choices and preferences. Areas included, personal care, medicines, moving and handling, falls and the environment. Personal support plans were detailed and contained important information about what is required to be undertaken at each visit. This included, the tasks to be completed and a summary of duties. The support plan included information about the person's goals and how to achieve this. This confirmed people's likes, views and choices had been discussed and agreed with them and enabled people to be supported to live fulfilled lives of their choosing.

Personal information was recorded which included date of birth, next of kin, relevant professionals and how to communicate effectively with the person, for example the use of glasses and aids. This promoted positive communication between staff and people who used the service and ensured their individual communication needs were met. The service had developed communication booklets that contained important information about the daily tasks undertaken by staff, body maps, any financial logs and medicines administration. Information included who had undertaken the visit along with the date and time that these were completed.

We asked whether the service was providing support for people nearing the end of their life. Whilst no one was in receipt of this type of care good information was available to guide and support staff when it was required. Leaflets had been developed that contained good information about all areas of end of life care and how to ensure people's individual needs would be met. Topics covered included, do not attempt cardio pulmonary resuscitation, communication, refusing treatment, end of life symptoms and family support.

The manager, regional manager and director of the service were effectively using technology to improve services for people. They told us an electronic system of organising and ensuring visits were allocated and monitored was in place. All staff responsible for the delivery of care were provided with hand held devices to access information about their visits and any relevant details, such as changes in people's condition or care needs, as well as signing in and out of each visit at people's home. The director told us the system also alerted the company if a call logged as completed when the staff member was not present at the address of the person who used the service. This ensured delivery of care was provided to people at a time and location of their choosing. All staff we spoke with told us the system in place provided accurate information about the people they were delivering care to. We saw that computer systems were used to develop audits

and monitoring. This would support a safe monitoring system was in place.

Positive feedback about the service was seen. Comments included, "Thank you for everything", "Thank you for the support and care you have given [name of person] over the past three months. You encouraged and enabled [name] to keep [name] dignity and independence through this traumatic time" and "To all my guardian angels thank you again and again."

Where we saw complaints had been recorded we noted evidence of the investigation along with details of statements relating to investigations. However, we could see no written evidence of the outcomes or any lessons learned. The manager confirmed what action had been taken as a result of the complaints and confirmed that they would ensure all outcomes and lessons learned were recorded into the system. People told us they were happy with the service and would be comfortable raising any concerns with the management team. They said, "I would call the office and voice any complaints. I have no concerns any minor issues are sorted with staff" and "The first occasion they were late I complained. They [the service] responded well, no issues since."

Is the service well-led?

Our findings

All people who used the service and the relative we spoke with were complimentary about the leadership and management of the service. Comments included, "I am aware it is a new company and management. There are no issues." Staff were very complimentary about the new leadership and management of the service. Comments included, "I am very impressed with Premier Care and the management. Absolutely able to approach [manager], it's nice to have a good manager. Since Premier Care took over, the staff morale is pretty good. They are very good at communicating with us and are very supportive" and "It is a lot better now since [manager] is here. I get so much more support. I can go to her with anything."

There was a manager in post at the time of our inspection whose registration with the Care Quality Commission was completed prior to the report being published. It was clear from the evidence reviewed and through our discussions that the management team had a good understanding about the operation and management of the service and improvements had been made in relation to the breaches of the regulation at our last inspection. The management team provided evidence that action plans had been developed as a response to our last inspection and this had supported improvements in the service. Throughout the inspection process all members of the staff team were open and transparent and supported the inspection team well.

We saw relevant certificates were on display in the office. These included certificates of registration with the Care Quality Commission, employer's liability and an Investors In People (IIP) silver certificate. Investors in People is the mark of high performance in business and people management. A range of up to date policies and procedures were available in the office for staff to access, which provided current information and guidance to support them in carrying out their role safely.

Staff we spoke with confirmed team meetings were taking place and records we looked at confirmed these had been held recently. Topics discussed included, the new structure, visits and call logs, travel time, uniforms, on call system, communication and auditing tools. This would ensure staff were provided with updates and relevant information to support their role.

The regional manager told us a detailed audits system had been developed that monitored all areas of the service. These had been organised into each domain of safe, effective caring, responsive and well led. Where any gaps had been identified, or actions were required, the person responsible for this and the date of completion had been recorded. Weekly audits were being completed by the manager and these were reviewed two weekly by the regional manager and then two monthly by the senior management team. Audits seen covered a wide variety of topics. These included, hours worked, staffing planned, new staff, the workflow for people who used the service, visits undertaken, punctuality, staff training, annual reviews for people who used the service and spot checks of care delivered. Audits included targets and results that would enable an effective system of monitoring the service.

We saw details of telephone surveys that had been completed by head office. These provided feedback about the provision of care. Where comments had been recorded, actions were seen to have been

completed with outcomes evident and lessons learned going forward that would ensure improvements were implemented.