

Premier Care Limited

Premier Care Limited - Specialised Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Premier Care Limited – Specialised Services is a domiciliary care agency, providing personal care to people living in their own homes. The service provides support to people who require care and supervision in relation to their mental health. The service was provided to people living in supported living arrangements.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection 3 people were receiving personal care.

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

Risks to people's safety were assessed but these had not been reviewed and updated following any incidents or accidents. We have made a recommendation regarding this. Care plans informed staff about people's preferences, likes and dislikes but required further review to ensure these were fully person-centred. Safe recruitment practices were followed, and suitable induction and ongoing training was in place for staff. Staff were signed up for external mental health training.

At the time of inspection, people were supported with the safe administration of medication. Recent improvements had been introduced and were being fully embedded into staff practice. There were sufficient staff to support people. Staff were safely recruited and felt well supported by the management team.

People received safe care and were protected against avoidable harm, abuse, neglect, and discrimination. People told us they were treated with kindness, compassion, and respect. People we spoke with felt they had developed good relationships with staff, some of whom had been providing support to them for several years. Staff encouraged people to maintain their independence and do as much for themselves as they were able to. People knew how to make a complaint. No end-of-life care was being delivered. People felt that staff understood their needs well.

There was no registered manager at the time of this inspection, but the provider was actively recruiting to this role. The provider understood their responsibilities and worked in an open and transparent way. Staff considered they were well supported by the managers of the service.

A service improvement plan was in place and the provider was working closely with commissioners of care. Reviews of care were ongoing to ensure people received appropriate care and support at the right time. Quality assurance systems were in place however, systems and processes in place had not identified the lack of regular review to risk assessments and support plans. These had not been updated following any incidents or accidents. Senior managers were working to implement changes needed to the service.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 May 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made, however the provider remains in breach of regulation.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The provider has operated under the Cera brand since January 2022.

We have found evidence that the provider needs to make further improvements. Please see the safe and well led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Premier Care Limited - Specialised Services on our website at www.cqc.org.uk.

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 and local authority 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Premier Care Limited - Specialised Services

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 team consisted of 1 inspector.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 not a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started on 22

April 2023 and ended on 18 May 2023. We visited the location's office/service on 26 April and 2 May 2023.

What we did before inspection

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

During the inspection

During the inspection we visited and met with 3 people receiving a regulated activity. We also spoke with 2 other people who received minimal support from staff. We spoke with 9 members of staff, including 2 field managers, 4 support workers, the manager and a quality officer. We looked at documents including 3 people's care plans, and 3 staff recruitment files, policies and audits.

The provider continued to submit electronic documents securely following the site visits to demonstrate compliance and to evidence improvements made. We contacted 3 health and social care professionals for feedback after the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Support planning documents contained relevant information. Risks associated with people's care had been identified and plans were in place to minimise risk occurring.
- Risk assessments, however, had not been reviewed and revised following any incidents or accidents. We found no evidence of harm caused to people, but the lack of review increased the risk of reoccurrence.
- Personal emergency evacuation plans (PEEPs) were contained within support plans and detailed the assistance each person would need in the event of an emergency evacuation. Whilst these plans were thorough, not all were on files kept in people's homes. There were some discrepancies in relation to information contained elsewhere, for example with recognised evacuation points.

We recommend systems and processes are developed and introduced to ensure on-going review of risk assessments and support plans, particularly following an incident or accident.

- We brought our findings to the attention of management. The provider responded immediately during and after the inspection. Risk assessments and people's PEEPs were reviewed and revised.
- Following an incident with a discarded cigarette the provider could demonstrate actions taken to prevent reoccurrence. A fire safety officer had attended the property and people had been reminded of the hazards and company rules around smoking. There was increased oversight and fire safety awareness workbooks had been introduced.

Using medicines safely

- Recent improvements had been made to the administration of medicine processes. People now received medicines as prescribed.
- An assessment of people's support needs in relation to their medicines was completed. Storage of most medicines was in people's own homes. Where there was an identified risk of people being non-compliant with medicines these were securely stored and administered by office staff, for improved monitoring. This was done in conjunction with the person receiving support.
- A company medicines administration record (MARs) was being used to record medicines administered but there were plans in place to change to one issued by the pharmacy.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place for safeguarding vulnerable adults and whistle blowing. Staff knew

how to report any concerns they had and told us they would feel comfortable in doing so.

- One house was fitted with panic buttons people could press in any emergency, alerting managers in the office across the road. If there was no direct support in the house at the time, support staff from the office attended to make sure people remained safe.
- People we spoke with told us they felt safe. One person told us, "Staff are great; very attentive, and I do feel safe."

Staffing and recruitment

- Rotas showed people received support from a regular staff team. People living in shared houses with 24-hour support had a consistent team of staff providing their support.
- There were enough staff to ensure people received safe care. We observed staff engaging in meaningful and positive ways. Staff also recognised the times when people might need space and acted accordingly.
- Electronic systems were in place and staff were logging in to most calls using an application on mobile phones. It wasn't clear if a morning call to someone needing personal care had been undertaken due to the method of logging in. This was brought to the attention of the Quality and Compliance officer and rectified during the inspection.
- The provider had a system in place to recruit staff safely. All pre-employment checks were carried out before staff started working in the service, including Data and Barring checks (DBS).

Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE) and received relevant training in this aspect.
- People told us that staff wore PPE when appropriate to do so, and staff told us they had plenty of supplies.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the field managers to ensure any actions needed to reduce the chance of a re-occurrence had been taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People referred to the service received an assessment of their needs, before any care or support began.
- Consideration was given to ensure that staff and people were compatible in relation to people's preferences, background and culture, where possible.

Staff support: induction, training, skills and experience

- New staff were provided with a sufficient induction training programme which included shadowing more experienced staff and completing required training.
- The service had identified staff required more intensive training relating to different mental health conditions. Some staff had just completed the first 12-week course, delivered by an external training provider. Staff we spoke with were enthusiastic about this training, which included information about obsessive compulsive disorder.
- People received support from staff who had the knowledge and skills to support them effectively and safely.

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

- At the time of inspection, staff outlined the mealtime support they provided to people.
- Staff assisted people with food shopping and some meal preparation.
- Systems and processes were in place so that this support could be provided as required, including recording systems to show how much people were eating and drinking.
- People we spoke with confirmed staff provided varied meals for them and gave them meal choices. Staff we spoke with encouraged people to follow a healthy balanced diet.

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

- Staff provided people with support around their healthcare when required.
- Staff were proactive in their support regarding people's health and well-being and ensured that appropriate healthcare was sought promptly when required. One person had been supported to the dentist after complaining of toothache.
- Details around people's basic health requirements were documented in care plans.

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.

- We found the service was working within the principles of the MCA. Staff we spoke with had a good understanding of mental capacity and had received training in this area.
- We observed staff supported people to make decisions about their lives, for instance on how best spend their time and plan their day.
- At the time of inspection, nobody using the service required any legal authorisations to be in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained 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 supported by staff who were kind, caring and respectful. One person said, "100% I'm happy (with the care). Another person said, "I always come and talk to [Staff name] and they help me."
- Staff we spoke with understood people's needs and spoke positively about the care they were able to provide people. One staff member told us how routines were important in people's lives and told us, "I go in to [person] late at night and check they have everything they need." They provided appropriate support, telling them safety checks had been done and windows were locked. The person was reassured, as this was important to them.
- Where a person's first language was not English the service could demonstrate action taken to meet their needs in a respectful and caring way. Support workers who could speak the same language were allocated wherever possible.

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

- People were involved in making decisions about their own care and support. Relatives were also involved where it was appropriate to do so.
- Spot checks were carried out on staff and people's opinions were sought about the care and support they received. People had built good relationships with staff who supported them and were complimentary about the staff.
- Staff understood the importance of involving people in decisions about their care where possible, and this was documented in care planning
- Staff recognised that people had good and bad days. One staff member said, "[Person's name] has up and down days. I know when to leave it; I don't push it."

Respecting and promoting people's privacy, dignity and independence

- Staff recognised the importance of promoting people's independence.
- There was evidence of people previously requiring help with personal care. Due to input from staff and increased independence this was no longer required. Support was now minimal.
- Staff were aware of keeping information safe and not disclosing personal information.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were 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; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Support plans contained information about people's needs. The provider had recently improved these and was reviewing these to ensure care plans were fully person centred.
- Strategies for staff were outlined within care plans in how best to support people. Staff we spoke with were informed about people's likes, dislikes, and routines. Field managers and staff members we spoke with understood the needs of the people they were supporting and knew them well.
- House meeting agendas reminded staff to encourage people to socialise. One person told us that staff encouraged them to go out into the community as much as they were able to, but they preferred to remain in their home.
- Staff had recently supported one person to a family wedding and photos of the occasion were on display in the person's room. The person told us how happy it had made them feel, going to the event. Another person had been supported to apply for and attend a college course. They had succeeded in gaining qualifications.
- People were supported to help look after their pets. These helped to reduce any isolation.

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.

- The provider was aware of the requirement to provide accessible information in different formats.
- Staff told us where people struggled to read or understand information this was explained to them in terms they understood. Staff helped people deal with appointments, letters and bills.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which enabled complaints to be recorded and dealt with formally.
- We saw that when complaints were made, records were kept of actions taken to address the concerns raised.
- People we spoke with told us they were comfortable to make a complaint. One person told us they would raise it with support staff first to see if they could help resolve it. People had filled in feedback forms and one person had written in the event of a complaint they would visit the office and talk to a field manager.

End of life care and support

- At the time of inspection, nobody was requiring any end-of-life care or support.
- End of life care would be done in conjunction with other health professionals, such as the person's GP and community nurses.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager in post at the time of this inspection. The provider was committed to ensuring the right person was appointed to the position of registered manager. Interviews had been held but were on-going until a suitable candidate was identified.
- Known risks to people had been assessed and documented within care plans. However, these had not been reviewed or updated.
- Systems and processes had not identified the lack of regular review to risk assessments and support plans. These had not been updated following any incidents or accidents. Improvement was required to ensure that care planning documents and risk assessments were reviewed and updated on a regular basis. We found no examples of harm to anyone using the service, but this lack of oversight meant there was increased risk of harm to people.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following our inspection and feedback, actions were taken to improve the care plans and risk assessments in place. Other audits and checks were in place and were effective.
- The provider had a service improvement plan in place. This was on-going and identified improvements required in the service with achievable time frames.
- Daily management and oversight of the service was provided by supervisors, known as field managers, who were responsible for managing their own staff teams. Staff were clear about their responsibilities, and who to report to if they had concerns.

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

- People told us the support they received was positive.
- A staff member we spoke with told us how they had raised concerns. They considered one person was at increased risk of exploitation from others they lived with. On raising it with managers action had been taken and the person was moved to a different house. This had been a positive outcome for the person.
- The provider was working with commissioners and other professionals to help people achieve more positive outcomes and ultimately move towards independent living where possible.

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

- People using the service told us they were asked their opinion of the service, and feedback forms had last been completed in March 2023. There was a service user guide (SUG) available for people.
- Team meetings were held by field managers for their staff, to discuss various subjects and provide any updates. Staff could raise any concerns during these meetings. One staff member told us how they had requested a house meeting to discuss people's use of alcohol.
- Staff considered communication from management was good. Information was cascaded down to staff to better help them support people. This was done via handovers, monthly meetings, emails, or via the messaging service on the phone app.
- Staff felt part of a team. Staff said they enjoyed working at the service. They felt well supported by the management team, with supervisions and team meetings. Staff comments during supervisions were positive.
- There was evidence that staff were well supported with any personal issues, such as a family member being ill or with childcare issues.

Working in partnership with others

- We approached commissioners for feedback about the service. Feedback we received from professionals was mixed. Concerns were expressed about the management and oversight of the service and how this impacted on service delivery.
- The service was working with local authorities and other commissioners with regards to levels of support people received and when they received this. A service improvement plan was in place to support progress of this.
- The provider was also working with the fire brigade to ensure compliance with fire safety regulations in houses of multiple occupancy. One house was being upgraded at the time of this inspection.

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

- The provider understood information sharing requirements and knew what warranted the appropriate notification to be sent to the CQC and the local authority, as required by law.
- The provider was aware of their role and regulatory requirements.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not identified the lack of regular review to risk assessments and support plans. These had not been updated following any incidents or accidents.