

Premium Homecare Limited

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Inspection report

17 Gordon Road
Carshalton
Surrey
SM5 3RG

Tel: 02086425299

Website: www.premiumhomecareltd.com

Date of inspection visit:
20 November 2023

Date of publication:
13 December 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Premium Homecare is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection there were 107 people using the service. 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.

People's experience of the service and what we found:

The provider's systems did not always effectively monitor the quality of care provided to drive improvements. At the time of our inspection there were not sufficient systems in place to ensure the registered manager had appropriate oversight of all areas of service delivery.

The electronic systems for care records and call scheduling was also not fit for purpose. We found complete, accurate and contemporaneous records were not maintained in regard to people's care needs or risks to their health and welfare. Staff had not always appropriately assessed risks to people's safety.

Whilst the registered manager was aware of and had started to make changes, at the time of our inspection we found people experienced late visits, insufficient planning for those people who required support from 2 care workers and insufficient travel time between calls.

Safe recruitment practices were not in place to ensure suitable and competent staff were employed.

People were happy with the support they received and had developed good relationships with their regular care worker. People felt safe and comfortable with their care worker. Systems were in place to safeguard people from avoidable harm. Adequate systems were in place for the administering and management of medicines. Good infection prevention and control procedures were in place. Individual incidents and complaints were managed appropriately. People, relatives and staff felt comfortable speaking with the registered manager and office staff. They felt any concerns raised were listened to and dealt with.

The registered manager was working well with the local authority and were making progress on their agreed action plan. The provider was in the process of purchasing a new electronic call monitoring and recording system which would enable them to have clearer monitoring and oversight of key information.

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

Rating at last inspection

The last rating for this service was Good (published 6 August 2021)

Why we inspected

The inspection was prompted in part due to concerns received about poor timekeeping for visits,

complaints management and risks relating to safeguarding matters. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement

We have identified breaches in relation to safe care and treatment, staff recruitment and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider 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 responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Premium Homecare Ltd

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 an inspector, a regulatory coordinator and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

The inspection was announced. We gave the service a short period of notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 20 November 2023 and ended on 29 November 2023 We visited the location's office on 20 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

We spoke with 6 people, 8 relatives and 10 staff. This included the registered manager, the care manager, the deputy care manager, a care coordinator and care workers. We reviewed 8 people's care records and 5 staff recruitment records. We reviewed records relating to the management of the service, complaints and incidents.



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 Good. At this inspection the rating has changed to Requires Improvement. 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

- The provider did not always assess risks to ensure people were safe.
- Risk assessments were not completed correctly and were not updated in line with changes in people's health and support needs. We saw assessments relating to the risk of pressure sores, continence care and management of behaviour that could challenge were incomplete or not completed correctly.
- We also found that information relating to people's individual health needs, for example, in relation to diabetes, had not been captured and there was a risk that people would not receive safe support in relation to these needs.
- Staff were able to tell us what measures they had in place to mitigate some risks, however, this information was not recorded in people's records meaning there was a risk that people would not receive appropriate, safe care.

The provider had not ensured that risks to people's safety were appropriately assessed and mitigated. This was in breach of regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider did not always operate safe recruitment processes.
- There were insufficient systems in place to ensure safe oversight of information during the recruitment process. We found that gaps in employment were not explored, discrepancies between information identified at interview and on people's applications were not reviewed, and references were not validated to ensure they were reputable. We also found differences in dates in recruitment records which indicated staff had begun shadowing and induction processes prior to their contract date and start date with the company.

The provider had not ensured that appropriate systems were in place to ensure that fit and proper persons were employed. They were in breach of regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014.

- The registered manager had undertaken checks to validate people's identity and their right to work in the UK. They had also undertaken Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There were sufficient numbers of staff employed. The registered manager told us they had recently

recruited to a number of their vacancies.

- However, we found that systems for managing the allocation of staff needing improving. People told us on occasion there had been a missed visit or their visit was running so late it merged into their next appointment. A relative told us, "They have occasionally missed a call or rather been so late that the care call merged into the next call time." Another relative said, "My mum has 4 visits a day, but they don't always stick to the times she is supposed to have, might be a couple of hours late."
- The registered manager told us they had made improvements to their rota system, and communication with staff and people, if someone was running late. However, many of the people and relatives we spoke with continued to raise concerns about the lack of communication if care workers were running late.
- Staff had put a system in place to ensure those that required 'time critical' calls, for example, if they had medicines that needed to be taken at a certain time, were prioritised and if a care worker was running late a member of the office staff would go out to support the person.
- Our analysis of call data showed at times there was not sufficient overlap of care workers time to ensure people that required support from 2 care workers received it. One person also told us, "It can be an issue with the correct number of staff turning up, not too often, sometimes the 2 don't turn up at the same time, but we get there eventually." The registered manager told us they had recently made changes to the way 'double up' calls were planned. This included ensuring staff waited for the second care worker to arrive before providing care. This ensured people were receiving safe and appropriate support when their care needs identified they needed support from 2 staff.
- Our analysis of call data also identified a lack of travel time for care workers being scheduled between appointments. The registered manager again told us of recent changes they had made to ensure adequate travel time was now planned into the rota.

Whilst we acknowledge the recent changes the registered manager had implemented, at the time of our inspection there were not sufficient systems in place to monitor and mitigate risks associated with staffing and call planning. This adds to our breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014 as outlined in the well-led section of this report.

Using medicines safely

- People were supported to receive their medicines safely.
- Information was included in people's care records about the medicines they took and the level of support they required with medicines management. People confirmed they received their medicines. A relative told us, "Sometimes it's the care workers [that give the medicines] and sometimes my mum does their own, but the care workers take notes of what has been taken."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to support people to keep their homes clean and hygienic.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. A relative told us, "My [family member] feels safe and comfortable with [their care worker]."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

- Staff were respectful of people's protected characteristics and people received support free from discrimination.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Staff recognised incidents and reported them appropriately and managers investigated individual incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.

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. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Accurate, complete and up to date care records were not always maintained, meaning there was a risk that people would not receive the level of care they required. Staff were able to tell us about people's needs and the support they required. However, we found this information was not always documented. One person said, "I don't think I've got anything written down to say what they should be doing."
- People and relatives gave us mixed feedback about their involvement in their care plans. Some people felt well informed and involved in their care. Whereas, other people felt they were not involved in their care and had not been involved in the development of their care and support plan. There was a risk that people would not receive support in line with their needs and preferences as they were not always involved in care decisions.
- At the time of our inspection the provider was using a mix of paper and electronic records for capturing care and support plans, and the recording of daily notes. We found gaps in recording in both systems meaning there was not one place where details of the planned support and the delivered support was recorded.

Accurate, complete and contemporaneous records were not maintained for each person receiving support. This was a breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

- On the whole, people were supported as individuals, in line with their needs and preferences.
- People told us they were happy with the level of care and support they received and they had built good relationships with their regular care worker.

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 meeting the Accessible Information Standard.
- People's communication needs were understood and supported.
- Training was provided to staff around communication and how to communicate with people in a dignified and respectful manner.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and responded to.
- Prior to our inspection we received information of concern regarding complaints management. During this inspection we did not find any evidence to support that. People and relatives told us that any concerns they raised were listened to and addressed. One relative said, "I complained about the lateness of the care calls, and this was dealt with and rectified."

End of life care and support

- At the time of our inspection people did not require support with end of life care. However, staff had training on how to provide end of life support when/if it should arise.

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 Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems did not always effectively monitor the quality of care provided to drive improvements.
- Adequate systems were not in place to provide sufficient oversight of the service. The registered manager was still required to manually go into each staff record and person's record to ensure that processes were completed which was not manageable with the number of people the service supported.
- Whilst individual incidents and complaints were managed in line with the provider's policies. There were not systems in place to ensure adequate oversight and analysis of incidents and complaints to identify any themes or trends which may inform service improvement.
- There were not adequate systems in place to ensure accurate, complete and contemporaneous notes were kept in regards to people who used the service and staff.
- There were not adequate systems in place to identify and mitigate risks associated with staffing, particularly in regard to call times as outlined in the key question safe.

The provider did not have appropriate systems in place to assess, monitor and improve the quality of service delivery, or ensure accurate and complete records were maintained. They were in breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- There was a commitment from the registered manager and senior staff to continuously improve and learn.
- Staff told us they had good access to training and staff were up to date with their mandatory training. The registered manager had introduced a training theme per month which involved staff completing training in that area and then came together to discuss what they had learnt. This included learning about different cultures and beliefs.
- The registered manager was aware that improvements were required at their service and had stopped taking on more clients whilst they stabilised the business and improved their processes and systems. They were in the process of transferring to a new electronic records and call system as they were aware that the one they currently had in place was not fit for purpose. There were also in the process of setting up templates and strengthening arrangements to ensure greater oversight of key performance data.

Working in partnership with others

- The provider worked in partnership with others.
- Staff engaged in local quality improvement activities.
- The provider engaged in local forums to work with other organisations to improve care and support for people using the service.
- The provider was working with the local authority to improve practices. They had a service improvement action plan in place and were providing regular updates to the local authority on the progress made.

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

- People, relatives and staff were encouraged to speak openly and feedback about the service. A relative told us, "I find [the office staff] very approachable and answer the phone when I call and listen to me."
- They confirmed that senior staff rung them to ask for their views about the service and whether they were satisfied with the care they received.
- Staff felt they were able to speak openly to the management team and felt listened to. They felt well supported in their role and that the management team were approachable.

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 their responsibilities under the duty of candour.
- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that risks to people's health and safety were appropriately assessed and mitigated. Regulation 12.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have appropriate systems in place to assess, monitor and improve the quality of service delivery, or ensure accurate and complete records were maintained. Regulation 17.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that appropriate systems were in place to ensure fit and proper persons were employed. Regulation 19.</p>