

Premier Care Limited

Premier Care Lancaster Branch

Inspection report

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Tel: 01524928038

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31 January 2020

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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 is a domestic care agency providing help and support to people with varying needs in their own homes. At the time of our inspection the service was supporting 108 people with personal care. 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 using this service and what we found

The service was not always safe. People did not always have risks to their personal safety identified and recorded. When they had been identified, control measures were not always in place or were not adequate to mitigate the risk. Staff were able to tell us about the risks to people and knew how support people to minimise the risks. People's medicines were not always managed safely. We found inconsistencies in people's Medicines Administration Records (MARs).

The service was not always well led. At this inspection we identified issues with the provider's quality and assurance systems. Some records relating to care and the management of the service were either incomplete, inaccurate and/or not kept up to date. This compromised the quality and safety of the service provided.

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. We found that documentation was not always fully completed. We have made a recommendation around this.

Care documentation did not always contain people's wishes and preferences. We have made a recommendation about this. People told us they had no concerns or complaints about the service. Staff had received training in end of life care.

The service was caring. People told us they were happy with their care and staff treated them with kindness, dignity and respect. One person said, "I can't fault the staff they are helpful and happy." Staff were aware of how to protect people's privacy and dignity and people told us that the staff did this well.

There was a positive staff culture. We found the management team receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested.

Rating at last inspection

This service was registered with us on 05 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule for newly registered services.

Enforcement

We have identified breaches in relation to safe care and treatment, good governance and need for consent at this inspection.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always 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 Lancaster Branch

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they 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 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection. We also needed to gain people's consent to undertake phone calls to gain people's views about the service.

Inspection activity started on 29 January 2020 and ended on 31 January 2020. We visited the office location on both days.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority. We took this into account when we inspected the service and made the judgements in this report. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 16 people who used the service and three relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager and the area manager.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; Using medicines safely

- Risks to people's health, safety and wellbeing were not consistently assessed or planned for. Staff were not always provided with guidance on how to keep people safe. We found inconsistencies in five people's care plans. We discussed this with the registered manager who agreed with our findings. In response, the registered manager acted to review the care plans.
- Staff demonstrated they were aware of the different risks people were vulnerable to which reduced the risk of harm.
- Records relating to medicines were not always completed. Documentation was not completed in line with the medicines policy or best practice guidelines. Three MARs we looked at did not list all the directions for how the prescribed medicines should be taken.
- We saw MARs were checked by the seniors for accuracy, however we identified inconsistencies and errors which had not been picked up.

We found no evidence people had been harmed however, inconsistent risk management and medicine systems meant risks to people could not be consistently managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans did not always reflect the person's current prescribed medicines. We had to bring this to the registered manager's attention who commenced action during the inspection to address this issue.
- Staff told us they had received medication training. Spot checks were undertaken to check staff were giving medicines correctly however, we found the assessments had not always been fully completed.

Staffing and recruitment

- Recruitment was safe. Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them.
- Comments from people about staffing were positive, people felt staff had adequate time to spend on visits. People did not feel rushed and were usually asked if they needed anything else before the staff left. People told us staff were reliable and usually on time within a few minutes.

Preventing and controlling infection

- The provider had arrangements to ensure people were protected by the prevention and control of

infection.

- Staff had access to personal protective equipment and they had received training on infection control and food hygiene.

Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. The registered manager and staff were aware of and fulfilled their responsibility to report and record, accidents and incidents.
- Where lessons had been learned these were shared throughout the staff team and used to prevent similar incidents occurring in future.

Systems and processes to safeguard people from the risk of abuse

- The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to demonstrate their knowledge. People told us they felt safe with the staff.
- Management and staff understood how to safeguard people and were clear about when to report incidents and safeguarding concerns to other agencies. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 checked whether the service was working within the principles of the MCA.

- We found the provider was not always working within the principles of the MCA. We saw consent to care had not always been adequately recorded. We saw examples where consent had been signed by someone other than the person receiving care with no reason recorded.
- We found people's capacity to consent to care had not always been fully assessed and decisions had not been recorded. When we spoke with staff they were not always clear on whether a person had mental capacity to make specific decisions
- The staff we spoke with did not demonstrate a satisfactory level of understanding of the MCA. They lacked awareness of how to complete the appropriate assessments and whose responsibility this was. Further training around the MCA had been arranged by the registered manager for staff to attend.

We recommend that the registered provider ensures they work within the principles of the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received safe and effective care which met their needs. Senior care staff completed initial assessments and devised care plans. We found some care plans did not always contain adequate guidance on how best to support people.
- The provider had policies and procedures for staff to follow which reflected relevant local and national

legislation, guidance and CQC regulations.

- People's rights were protected. Policies and the initial care assessment supported the principles of equality and diversity.
- People's needs for nutrition and fluids had not always been considered. Peoples dietary preferences were not always recorded in their care plans. We found one care plan was not reflective of the persons current need and did not include the use of specialist utensils. We discussed this with the registered manager who agreed with our findings. In response, the registered manager acted to review this person's care plan.
- People we spoke with said they were given choices on what meals and drinks they wanted.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. People spoke positively about the care staff who supported them and felt staff had the skills to meet their needs.
- Staff were complimentary about the support they received from the registered manager.
- Staff told us they were provided with opportunities to discuss their responsibilities, concerns and to develop their role. New staff were given an induction programme to ensure they could carry out their role safely and competently.

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

- The registered manager and staff provided appropriate support to meet people's healthcare needs. Staff knew people well and people's physical and mental healthcare needs were documented in call logs which helped staff recognise any signs of deteriorating health. One person told us, "If I'm unwell they tell me to ring the doctor. One time my regular [staff] said I'm ringing the doctor because she said she could tell by looking at me that I was not well, I ended up in hospital."
- Staff worked closely with social and healthcare professionals as well as other organisations to ensure people received a coordinated service.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 treated with respect, compassion and kindness, they were given emotional support when needed.
- People were complimentary about the attitude and kindness of staff. People told us, "Yes they will do anything for me, they will put themselves out for me, if you need something extra they will do it for me." And, "[Staff] are absolutely fantastic. I can talk to them and find them a great help. They're very kind and caring."
- Staff and people using the service had developed good relationships. Staff knew about people's preferences and how best to support them. One person told us, "They treat me as a friend, are compassionate and friendly they don't rush." Another said, "I couldn't manage without them [staff]."

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected and promoted people's privacy, dignity and independence. One person said, "When I am in the shower they [staff] ask me if I want them [staff] to stay or go."
- Staff encouraged people to maintain their independence whenever possible. People told us how they were encouraged to be independent in daily living activities. One person said, "I can manage to dress myself; they [staff] have talked to me about doing it safely, nothing risky. I do it before they come and then they dry me down, I am coping extremely well."
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in legislation.

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

- The service supported people to make choices in their daily lives. Staff said they had time to talk with and listen to people.
- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations, monthly review meetings and customer surveys.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us their communication needs were met. One person said, "My hearing aid kept dropping out, so they [staff] told me who to call about it."
- People's communication needs were not always identified and recorded in their care plans. Staff told us how they communicated and engaged with people, using ways best suited to their individual needs and preferences.
- People told us they received personalised care which met their needs and wishes. Staff demonstrated a good understanding of the individual personalities of the people they supported and were able to talk about people's preferred routines. Documentation did not show people's personal needs and preferences.

We recommend the service follows best practice guidance around documenting personalised care for people.

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

- People were supported to maintain contact with their friends and family. We saw in documentation people were supported to go shopping.

Improving care quality in response to complaints or concerns

- People were happy with the service and told us they had no complaints or concerns. People were encouraged to discuss any concerns during day to day discussions. They also participated in care reviews where they could air their views about all aspects of the service.
- The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. There had been one complaint at the service.

End of life care and support

- The service was not supporting any person with end of life care at the time of our inspection.
- We did not see end of life wishes captured in the care plans we looked at. We discussed this with the registered manager who told us people did not want to discuss it.

- Staff had not received any specialist training in end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The systems in place to monitor the quality of the service people received, require time to embed into practice. The service had undergone several changes, especially to the paperwork and information technology systems in the last 12 months.
- Audits completed by senior staff did not always identify and escalate relevant risks and issues. Actions were not always identified or monitored effectively to ensure mitigation was in place.
- We found action plans had not always been devised and completed to ensure action had been taken to rectify any issues.
- We found some inconsistencies in documentation. Quality assurance and management monitoring processes in place had not identified the shortfalls we found during this inspection.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate leadership and quality assurance was effectively managed. This is a breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured by the registered manager that full oversight of the quality assurance systems would be carried out by them.
- The management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. There was a clear vision and plan to deliver high quality care and support at the service. Staff were aware of and involved in this vision and the values shared.

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

- There was a positive culture at the service which focussed on providing people with high standards of care. Management and staff knew people well and empowered people to make decisions about their care and support. Staff told us they felt supported and valued by the management team.
- Management were well respected by the staff team. The leadership was visible and inspired the staff team to provide a quality service.

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 registered manager and provider understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one to one support sessions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People felt they were listened to. People were encouraged to be involved in the development of the service and feedback was sought from people who used the service. Staff and management meetings took place regularly and were open forums for information to be shared.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's and community nurses.

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 did not have suitable risk management arrangements to make sure that care and treatment was provided in a safe way for all service users. Regulation 12 (1) (2) (a) (b)</p> <p>The provider did not have suitable arrangements to ensure medicines were managed in a safe way. Regulation 12 (1) (2) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the systems processes they had to monitor quality and identify areas for improvement were always effectively implemented. Regulation 17 (1) (2) (a)</p>