

Premier Care Limited

# Premier Care Blackpool Branch

## Inspection report

1st Floor  
Lockhead Court, Amy Johnson Way  
Blackpool  
FY4 2RN

Tel: 01253272172

Date of inspection visit:  
05 October 2020  
08 October 2020

Date of publication:  
30 November 2020

## 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 Blackpool Branch provides personal care and support to people living in their own homes within the Blackpool area. In addition to providing a domiciliary care service, the registered provider also manages one supported living home for people with mental health needs.

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. Medicines were not always managed safely. We found examples where people had been given their medication without full guidance being followed. Documentation around medicines was not always fully completed which meant people could have been exposed to risk. We discussed this with the registered manager and systems were in place to address the concerns. However, these changes required time to embed. We found recruitment of staff was safe. Staff had access to personal protective equipment, and they had received training on infection control. The service had procedures to minimise the potential risk of abuse or unsafe care.

The service was not always well led. At this inspection we identified some records relating to care and the management of the service were either incomplete, inaccurate and/or not kept up to date. We found no impact to people however, this could have compromised the quality and safety of the service provided. We have made a recommendation about embedding effective systems to monitor the service. 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.

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. People's nutritional needs had been considered. People we spoke with said they were given choices on what meals and drinks they wanted.

The complaints folder showed complaints had been fully investigated by the registered manager and a full response provided to the complainant. Staff demonstrated a good understanding of the people they supported and were able to talk about people's preferred routines.

The registered manager and staff were caring. People told us they were happy with their care and staff treated them with kindness, dignity and respect. One person said, "I have never been shown anything but respect from the carers, the ones who come to me are very kind." Staff were aware of how to protect people's privacy and dignity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

This service was registered with us on 4 April 2019 and this is the first inspection to award an overall rating. A focussed inspection was completed looking at Safe and Well-led (published 18 July 2020). As the inspection was targeted no rating was awarded, we found two breaches of the regulations relating to risk management, medicines and governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of one regulation.

#### Why we inspected

This was a planned inspection based on the registration date and to follow up on previous concerns found at the focussed inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified a continued breach in relation to the management of medicines at this inspection.

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

#### Follow up

We will continue to monitor information we receive about the service until we 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 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 Blackpool 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 team was made up of two inspectors, one visited the site while the other completed phone calls to staff, one pharmacist specialist who visited the site and two Experts by Experience who completed phone calls to people who used the service and their relatives. 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 homes. In addition, this service provides care and support to people living in one 'supported living' setting, 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.

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 a short period notice of the inspection. This was because we needed to be sure the environment was safe to visit due to covid-19 pressures and to ensure there was someone at the office who could assist us with the inspection process.

Inspection activity started on 5 October 2020 and ended on 8 October 2020. We visited the office location on both dates. Because of risks associated with covid-19, we were unable to visit people in their own homes. Information was collected through telephone calls and viewing records at the office.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with the Care Quality Commission in April 2019. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider and safeguarding concerns reported to the local authority. We also reviewed the action plan completed by the provider following the recent targeted inspection. 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.

We also sought feedback from the local authority contracts and commissioning teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with 15 people who used the service and six relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, senior care workers, care workers and the head of governance.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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 comprehensive 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.

### Using medicines safely

At our last focussed inspection we found issues relating to the management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made but these had not been fully embedded, and the provider was still in breach of regulation 12 (management of medicines).

- Medicines were not always managed safely. Records relating to medicines were not always fully completed in a timely manner. An example of this was for one person's medicine received mid cycle, it was not clear what medicine it was; the number of times it should be used or how long it should be used for.
- Documentation was not always completed in line with the medicines policy or best practice guidelines. We found missing signatures for medicines which meant we could not be assured that the medicine had been given as prescribed.
- We found examples where the medicine instructions were either not clear or incorrect. We saw examples for time specific medicines where no times were recorded. We saw examples where medicine administration did not always follow the prescribed instructions.
- Good practice guidance had been considered and changes had been made to ensure medicines were managed in line with good practice. However, processes were not always consistently implemented.

We found no evidence people had been harmed however, inconsistent medicines management and 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.

- Staff told us they had received medication training. Spot checks were undertaken to check staff were giving medicines correctly.
- Where people had 'as required' pain relief medicine, documentation was in place to guide staff about their use.
- Management completed checks of medicines. Prior to our inspection visit management had audited medicines and had identified areas for improvements. Work was ongoing to address any issues that had been found.

## Assessing risk, safety monitoring and management

At our last focussed inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 12 (risk management).

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks such as the risk of falling and nutritional needs.
- Staff were provided with guidance on how to keep people safe. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to.

## 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.

## 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. One person we spoke with said, "The staff wear gloves, aprons and masks and they are constantly using sanitiser."

## 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.



# 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 comprehensive 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 working within the principles of the MCA. We saw consent to care had been recorded.
- We spoke to staff about their understanding of MCA and were assured by their knowledge. Staff were aware of the need to seek consent from people before delivering care. We spoke with the registered manager who informed us they were aware of when a best interest assessment would be needed and how to complete this.
- MCA awareness had been recognised as a training need and further training around the MCA was being arranged by the head of governance for staff to attend.

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 in corroboration with clients. One person told us. "I did my care plan with the manager, my daughter and me when I started having care."
- 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 been considered. 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. One person told us, "All the carers who come certainly know what they are doing."
- 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
- 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 comprehensive 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. One person said, "No matter who comes they are all so kind to me nothing seems too much trouble to any of them." A relative told us, "Everyone that comes is the same- they treat her like she is their own Mum."

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, "I couldn't be treated with any more respect. ... I am kept covered at all times."
- Staff encouraged people to maintain their independence whenever possible. People told us how they were encouraged to be independent in daily living activities.
- 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.
- The registered manager told us they would inform people of local advocacy services that were available if people needed support to express their views or make decisions.

# Is the service responsive?

## Our findings

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

This is the first comprehensive 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

- People told us they received personalised care, which met their changing needs. We saw care records were written in a person-centred way. Staff demonstrated a good understanding of the people they supported and were able to talk about people's preferred routines.
- The registered manager and staff recognised the importance of supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.

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.

- We saw care records which identified people's communication needs. When speaking with people no concerns were raised about meeting people's communication needs.

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. People received support to follow their interests, one person told us, "I do loads of knitting and the carers have kept my wool supplies up for me, it has been my sanity during lockdown, I don't know what I would have done without them."

Improving care quality in response to complaints or concerns

- The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. The complaints folder showed complaints had been fully investigated by the registered manager and a full response provided to the complainant.

End of life care and support

- 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 always want to discuss it. The service was not supporting any person with end of life care at the time of our inspection.
- Staff had not received any specialist training in end of life care. We discussed this with the registered manager who informed us training would be explored

# 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 comprehensive 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

At our last focussed inspection we found systems were not always in place and followed or robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 17. However, the changes had not yet been fully embedded in practice and we have made a recommendation about this.

- The systems in place to monitor the quality of the service people received were not always actioned in a timely manner. We found some inconsistencies in documentation remained. For example, when medicines were time sensitive, staff were not always recording the times when medicines were administered. Changes had been put in place to rectify this however, these require time to embed into practice.
- Actions were not always identified or monitored effectively to ensure mitigation was in place.

The registered provider responded immediately during and after the inspection. They confirmed the documentation where shortfalls were identified during the inspection had been reviewed and updated where required.

We recommend the registered provider continues to embed suitable auditing systems to consistently promote safe and high-quality care.

- The registered manager had notified the Care Quality Commission about events that happened at the service. This was required by regulation.

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

- There was a positive culture at the service which focussed on providing good standards of care. Staff told us they felt supported and valued by the management team.
- Staff meetings, supervision sessions and handover meetings were used to ensure continuous learning and improvements took place.

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.
- 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. During our time at the office we observed these conversations taking place.

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

- The registered manager sought feedback to improve the service. People and relatives completed satisfaction surveys and the registered manager responded to any comments. Staff said they had staff meetings as well as informal opportunities to seek clarity and share their views.
- The registered manager maintained positive relationships with external agencies. This included working with external health and social care professionals to ensure people could achieve their best outcomes.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider's medicines management systems were not always implemented effectively.<br><br>Regulation 12 (1) (2) (g) |