

Premier Care Limited

Premier Care Warrington Branch

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Premier Care Warrington Branch is a domiciliary care service providing personal care to people living in their own homes. At the time of our inspection there were 249 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 using this service and what we found

People felt safe using the service however we have made recommendations regarding medication recording and communication pathways.

Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. There was an ongoing process of staff recruitment to ensure people were supported safely and effectively. Staff received an induction and were supported through a programme of regular supervision and practice checks.

People were supported by staff, who had the appropriate training and skills to provide care safely and effectively. The provider had systems in place to ensure people were protected from abuse and avoidable harm. Accidents, incidents, safeguarding and complaints were managed appropriately and monitored by the management. The provider had a range of audits in place to ensure the service continued to improve.

People had care plans and risk assessments in place, and these were regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of infection. People had individual care plans that gave information on how to support them according to their wishes.

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 described their regular care staff as caring and that they respected their wishes and privacy.

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 the service under the previous provider was Good, published on 10 September 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Premier Care Warrington 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors and two Experts 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 June 2022 and ended on 02 July 2022. We visited the location on 17 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return in time 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff and the registered manager. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at seven 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. The Expert by Experiences spoke with 13 people who used the service and seven family members.

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 of this service under this provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed appropriately overall. However, we identified a discrepancy in the documentation regarding the recording of medicine administration.

We recommend that the provider consider current guidance on recording administration of medicines and act to update their practice.

- Regular checks were undertaken to ensure people had received their medicines correctly and at the right time.
- Checks were also undertaken to ensure staff were competent to safely support people with their medicines.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. People told us they felt safe using the service. People told us, "Yes, I do (feel safe), I feel comfortable when they're [staff] here. They do an excellent job; they do things without being asked. I'm more than pleased, they are on the ball sorting things out, 100% happy." and "No problems regarding safety. They are on time and know exactly what they are doing." Family members told us they had no concerns.
- Care workers understood their responsibilities to report suspected abuse and were confident managers would respond.
- The registered manager understood their obligations to report any concerns they might have in relation to people's safety.

Assessing risk, safety monitoring and management

- People's care needs were assessed and recorded in their care files for staff to refer to.
- People told us their care needs were reflected appropriately. Risk assessments were detailed in people's care plans and had been reviewed and updated as appropriate.
- Environmental risk assessments had also been carried out prior to care commencing in the persons home.

Staffing and recruitment

- The provider followed safer recruitment measures. They carried out pre-employment checks on staff, including proof of identification and the right to work in the UK.
- The provider carried out a check with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the

Police National Computer. The information helps employers make safer recruitment decisions.

- Feedback received from people and their relatives indicated that everyone was happy for the majority of the timekeeping of their visits in the week. However, we also received feedback saying that people's visits at the weekend was not always as well organised. This was shared with the registered manager following the inspection.

Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely. People we spoke with told us "[Staff] wore masks and other PPE" and that COVID-19 safety precautions are complied with by the carers, and "They wear aprons and wash their hands."
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager reviewed incidents regularly to identify any trends/risks and update people's care as appropriate.
- The provider had systems to identify and learn from any incidents and learning was shared with the staff team.

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 of this service under this provider. This key question has been rated 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

- Assessments of people's needs were shaped following input from health and social care professionals prior to their care package commencing.
- People and their families were able to participate in the assessment process to enable staff to further understand people's needs.

Staff support: induction, training, skills and experience

- Staff had the appropriate skills and training. They demonstrated good knowledge and skills necessary for their role.
- We were able to view training matrices and documentation that confirmed the majority of the required competencies had been achieved. There were a small number of staff who had out of date skill checks, however this was actioned immediately by the registered manager.
- We saw records confirming that supervision and support were being provided to staff, including spot checks to monitor their performance when supporting people.

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

- Care plans documented the nutritional and hydration needs of people using the service.
- People told us staff always checked what they preferred before preparing a meal or drink for them.
- One person told us carers prepared both dinner and tea, they said they bought their own groceries, but staff prepared and served up the meal. We asked whether the meals were tasty, and we were told "They do well." People told us carers made sure they consumed a lot of water during the day.

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

- Care plans documented how staff needed to work with others to meet people's needs.
- People were referred to specialist support when required for example dieticians.
- Staff worked with other agencies, such as district nurses and social workers to ensure people's needs were met. Community based health professionals provided guidance to support people with ongoing health conditions.
- People were supported to meet their health needs. There was information on people's health conditions and the support people required with these.

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

- Each person we spoke with said staff obtained consent before they proceeded with any task.
- There was no one being supported by the service who required restrictions on their liberty to receive the care they required.

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 of this service under this provider. 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's and their relatives told us their regular care workers were kind and caring. Comments we received included "The team are like relatives. I have 100% trust in them, they are very understanding they'll sort out additional medications they're on the ball. They're a good considerate team." Another person told us "Definitely, they're lovely, the regular ones are like family. We're lucky to have them."
- However, we received mixed feedback about care staff that sometimes attended at the weekends. This was fed back to the registered manager.
- The service respected people's diversity. Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This ensured people's individual needs were understood and reflected in the delivery of their care.

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

- Care plans showed people were involved in planning their care.
- People we spoke with commented on how good the communication with their regular care staff was and that they were able to express their preferences. An example of this was regarding a person's personal care needs.

Respecting and promoting people's privacy, dignity and independence

- Care plans contained information on how to support people with their independence. For example one person's care plan stated, "I am very independent man and like to do as much as I can," the documents outlined how they enjoyed managing their own medications and meals.
- We were told that staff respected people's privacy.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

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 of this service under this provider. 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's care was planned around their needs and wishes. People's planned care was regularly reviewed, and immediately if there was a change in someone's needs. Comments we received included "A supervisor comes in and asks if everything is ok."
- Each care plan we looked at was specific to the individual. Each visit was planned and there was clear guidance on the person routine and how they wanted to be supported.
- Each person we spoke with told us how the regular care staff were very good and provided the appropriate care. However, the feedback regarding weekend/agency staff indicated that this did not always happen when regular staff were not on duty. One person told us, "Some of the agency staff are ok, probably the majority but some don't listen." This was fed back to the registered manager who assured us that this would be acted on.

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 assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.

Improving care quality in response to complaints or concerns

- No one we spoke with had any complaints and told us that any issues they had previously raised had been addressed.
- The provider had a policy and procedure for receiving and responding to complaints about the service. Guidance about how people could raise concerns was included in the information given to people.
- Records showed that the registered manager logged, investigated and responded to all complaints.

End of life care and support

- No one was receiving end of life care at the time of inspection.
- The provider would work with other agencies to ensure people were supported, where possible, to remain in their homes as they reached the end of their lives.

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 of this service under this provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Working in partnership with others

- The feedback we received regarding the ability to contact the management team varied. Some people could not name the manager, but everyone thought that the service was well managed and that the staff were happy to be working for Premier Care Warrington Branch. People said that the carers carried out their tasks and they didn't have much reason to contact the office but when they needed to contact the office, they had no difficulty. One person commented, "The whole system seems to work quite well."
- However, we were told how messages were not always passed on between people, office and care staff. Additionally, we were told at times it was difficult to contact the office. One person told us when they had phoned the out of hours service, they often "Couldn't get through to speak to somebody because office staff were actually out making care calls." We were told that sometimes there would be an answer service but sometimes not. This was fed back to the registered manager.

We recommend the provider evaluate and improve their practice in respect of ensuring the ability of people to communicate with the provider.

- Systems were in place to gather the views of people using the service and staff. We saw professional feedback that stated, "I reviewed a person's care and the person wanted to pass on 'thanks to the carers he has seen, he advises they are excellent."
- Staff meetings and supervision took place regularly to share information and learning with the staff team.
- Referrals to other health and social care professionals were made in a timely manner when people needed additional support.

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

- The provider was in the process of moving to new systems following their takeover from the previous provider. The registered manager had good knowledge of the benefits of the changes and the potential risks that could occur during the changeover. They discussed these new systems in depth and assured us that during the transitions there would be contingency plans to ensure the continuity of services.
- The provider and registered manager had implemented new auditing systems which had identified issues with recording and reporting.
- Policies and procedures were in place, including safeguarding, infection control, recruitment and

disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

- Staff received supervision and support to develop their practice.
- The provider and registered manager were committed to the continuous improvement of the 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; Continuous learning and improving care

- The provider had notified us of significant events, as required. The notifications showed the provider had been open and honest and shared information about incidents with relevant people.
- However, we identified that there had been one incident that the Commission had not been notified of. This was immediately actioned by the registered manager.
- The registered manager and area manager approached the inspection with transparency and had already worked hard to address the shortfalls they identified through their own auditing systems. In addition, they immediately actioned the issues we found during the inspection.