

Premier Care Limited

Premier Care Blackpool Branch

Inspection report

Unit 1a
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Tel: 01253272172

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22 February 2023
24 February 2023
02 March 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

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. At the time of our inspection there were 85 people using the service.

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

The lack of suitable staff meant support could not consistently be provided for some social activities. We have made a recommendation about this. Some historic incidents had not been reviewed as part of Premier Care Blackpool's governance system. We have made a recommendation about this.

People were protected from the risk of harm and abuse. Clear policies and procedures were in place, staff had received training and felt confident to raise any concerns they had. Staff were recruited safely. The manager took a systematic approach to ensuring there were enough staff deployed in specific geographical areas to meet people's needs. We were assured that the provider was using PPE effectively and safely.

Management and staff displayed a clear vision and consistent values in the provision of care and support which was as individual as the person receiving it. The provider worked in partnership with health professionals in managing risk and supporting people with their underlying health conditions. People and staff spoke positively about the management team, who worked alongside staff and had oversight of the service delivered.

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

Rating at last inspection and update: The last rating for this service was requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the registered provider continued to embed suitable auditing systems to consistently promote safe and high-quality care. At this inspection we found the provider had made improvements to their auditing systems.

Why we inspected

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

We carried out an announced comprehensive inspection of this service on 30 November 2020. A breach of legal requirements was found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

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 requires improvement to good. This is based on the findings at this inspection.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

One inspector and 1 Expert by Experience completed the inspection. 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The current manager was in the process of registering with us.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 February 2023 and ended on 02 March 2023. We visited the location's office on 22 February 2023.

What we did before inspection

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

During the inspection

We spoke with 6 people who used the service and 7 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, regional manager, quality manager, senior carer, care co-ordinator and 5 carers. We reviewed a range of records. This included four people's care records and four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to have consistent medicines management and systems in place. This meant risks to people could not be consistently managed. This was a breach of regulation 12(1) 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.

- Medicines were managed safely. When required, people received their medicines as prescribed from staff who had been appropriately trained.
- Staff told us they had received medication training and spot checks were carried out by members of the management team, to check staff competency.
- Where people had 'as required' pain relief medicine, documentation was in place to guide staff about their use.

Staffing and recruitment

- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included completing a Disclosure and Barring Service (DBS) check and obtaining references. A DBS check identifies if a person has any criminal convictions and cautions. It's an essential requirement for those applying to work with children or adults who may be vulnerable.
- Staff were deployed in geographical areas so they could get to their appointment between set times. However, we received mixed feedback from some people and their relatives that staff could be later than scheduled or staff were regularly unavailable for an agreed activity. We discussed this with the manager who stated the rotas were being reviewed and recruitment was ongoing.

We recommend the provider reviews all packages of care to ensure they can consistently meet people's needs.

Learning lessons when things go wrong

- The provider had a system to have an overview of any accidents, incidents or near misses. These were being monitored for trends and patterns to prevent reoccurrence or to learn from events. However, some historic incidents had not been reviewed by the manager.

We recommend the provider follows best practice and to review incidents and accidents in a timely manner.

- The manager was part of a group of managers within the wider service. They told us this offered them support and allowed them to learn from other more experienced managers experiences and drive improvement.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff providing their care. One person said, "Safe? Oh absolutely, [staff are] worth their weight in gold." A second person said, "Oh yeah, I feel safe with them [staff]."
- The manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.
- Staff had received safeguarding training and knew how to identify and report any concerns. One staff member told us, "If you saw any abuse, you get in touch with your manager. You tell someone."
- There was a whistleblowing policy in place and staff told us they felt able to use it.

Assessing risk, safety monitoring and management

- Risks associated with people's care and their living environment had been identified and assessed. People had risk assessments in place which included how risks to people could be minimised.
- There was evidence of the management team working with community based professionals to manage people's underlying health risks.
- An electronic system was used to monitor staff entering and leaving the person's home, completion of tasks and medicines administration and the care notes. This provided the manager with oversight, and any issues or concerns could be picked up quickly.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- Staff protected people against the risk of infection. They had received training in infection prevention and control.
- Staff had access to personal protective equipment (PPE) such as face masks, gloves and aprons. Staff confirmed there was enough PPE, to maintain good standards of infection control.
- We were assured that the provider was preventing visitors to the office from catching and spreading infections.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider continued to embed suitable auditing systems to consistently promote safe and high-quality care. The provider had made improvements.

- The provider had robust systems in place to monitor the safety and quality of the service. The management team completed regular audits in key areas of people's support such as care planning and risk management, safeguarding and medicines administration. Results were analysed with key actions identified and completed within given timescales. However, we noted some incidents had not been reviewed within company timescales. The manager stated these would be reviewed as a matter of priority.
- There was a clear management structure with easily identifiable lead roles. The management team were visible and accessible, and people and relatives knew who to contact with any queries.

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

- We found the manager and staff were committed to providing high quality, person-centred care.
- We received mixed feedback on the service people received. People and their relatives spoke positively about their experiences of the staff who supported them. One person's relative told lack of staff support impacted on their family member being able to complete activities in their local community.

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

- We received mixed feedback from people and relatives on formal and informal engagement. Some people and relatives had not been asked to provide feedback on the service they received. One person told us, "No I have never done a questionnaire, never been asked for feedback." However, we noted telephone reviews were ongoing and people's feedback had been recorded.
- We received mixed feedback from staff on engagement with management. One staff member stated, "Management are alright but you can have problems getting through to the office. We don't have staff meetings." A second staff member said, "We don't have team meetings and I think they should happen." All staff said they had supervision meetings with a member of management and had access to a 24 hour on call system for support.

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 responsibility to be open and honest with people when things went wrong. Safeguarding concerns, and incidents and accidents resulted in swift comprehensive review and actions to safeguard people. The registered manager was aware of their regulatory responsibilities including when to submit appropriate notifications to the local authority and us.

Continuous learning and improving care

- The management team had several audits to enable them to identify and act upon any issues and develop the service.
- There was a quality team within the service that supported the management team in driving improvement. The regional manager completed regular audits of the service delivered.

Working in partnership with others

- The service worked in partnership with external health professionals to improve people's outcomes.