Premier Care Limited

Premier Care - Halton Branch

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

About the service: Premier Care - Halton Branch is a domiciliary care agency. This means they provide support to people in their own homes. The service is registered to provide personal care for people living with dementia, adults with learning disabilities, autistic spectrum disorder, people with a physical disability or mental health condition and people who misuse drugs or alcohol. At the time of the inspection there were 241 people receiving the regulated activity of personal care. The service is contracted to provide personal care by Halton Borough Council. Premier Care – Halton Branch then sub-contracts approximately 100 people's care packages to another service in the area. For the purposes of this inspection, care packages that were being fulfilled by the sub-contracting company were not looked at.

People's experience of using this service: People we spoke with told us they were happy with the care they received. Every person we spoke with said care staff were kind and caring. Most people we spoke with told us that they receive care from the same regular staff and they always arrive on time.

People told us they were supported to maintain their dignity and independence.

The service was the only provider that the local authority commissioned care to. In order to meet the needs in the local area, the registered provider sub-contracted some care packages to an external company. We found that the registered provider was not completing comprehensive quality assurance or monitoring of the sub-contractor, this is a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected against the risk of avoidable harm, there were up to date risk assessments recorded in care files.

Medicines were safely managed, people who required time critical medication had an electronic alert set up on the care co-ordinators system to flag up if care staff were 15 minutes late arriving at their home.

The registered provider had a robust policy for the prevention and control of infection. Some people told us that care staff did not use the required personal protective equipment when assisting them with personal care.

People told us they were cared for by staff who were well trained. New care staff were safely recruited and received an induction before working unsupervised.

The registered manager completed three monthly service user surveys to gather the opinions of the people using the service.

Rating at last inspection: This was the first time this service has been inspected since they registered with CQC in February 2018.

Why we inspected: This was a planned comprehensive inspection.

Follow up: This inspection has identified a breach of Regulation 17: Good Governance of the Health and Social Care Act (2008). The service is required to submit an action plan detailing what they have put in place to mitigate this breach.

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 effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Safe findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Premier Care - Halton 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 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two adult social care inspectors and two Experts by Experience. An Expert by Experience is someone who has experience of using this kind of service, in this case, care of older people.

Service and service type: The service is a domiciliary care agency, registered with CQC to care for people living with dementia, adults with learning disabilities, autistic spectrum disorder, people with a physical disability or mental health condition and people who misuse drugs or alcohol.

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.

We gave the service 17 hours' notice of the inspection visit because we needed to be sure there would be staff in the office when we arrived.

Inspection site visit activity started on 8 January 2019 and ended on 11 January 2019. We visited the office location on 8 and 9 January 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did: Before the inspection we reviewed evidence we hold about the service, including statutory notifications that the registered manager is legally required to send us when certain events occur. The service had submitted a Provider Information Return (PIR). The PIR is a form that services are required to

submit at least annually that informs CQC of how the service runs and any improvements they plan to make. We spoke to the local authority safeguarding teams and commissioners.

During the inspection we spoke with 28 people who use the service, seven relatives of people using the service and 16 members of staff. We reviewed 10 people's care files, records of accidents and incidents, audits and quality assurance reports, staff rotas and recruitment records.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

● People we spoke with told us they felt safe with the service. Comments we received included, "I am satisfied I am safe in my home with them (care staff)" And "My carers are all very good and very nice to me".

● The service had safeguarding and whistleblowing policies in place. These were robust and had been recently updated. Policies guided staff how and when to raise concerns. All staff we spoke with demonstrated a clear understanding of both the safeguarding and whistleblowing policies.

●Where staff had identified safeguarding concerns, these had been appropriately escalated to the local authority safeguarding team and CQC. The registered manager kept a record of all safeguarding referrals, however there was not always a recorded outcome. We discussed this with the registered manager and they informed us that the local authority does not always provide an outcome. We discussed with the registered manager that it would be beneficial to ensure outcomes are recorded in order to identify potential trends and prevent future incidents. After the inspection the registered manager showed us documentation to prove this had been completed.

Assessing risk, safety monitoring and management

● People who were new to the service received an assessment of their needs. These were thoroughly documented within the care files. The service only accepted care packages for people for whom they could meet their needs.

● People were protected against the risk of avoidable harm. Care files included risk assessments for the home environment, and risk management plans for people with illnesses, disability or sensory loss. The management plans included whether people could answer the door or telephone and if any aids were required, for example, care files reminded staff to ensure people had glasses or hearing aids where required. Care files detailed people's medical histories and instructed care staff how to manage any conditions. An example of this was a person who suffered from diabetes, their care file gave instructions to care staff about what sort of food was most appropriate and how regularly this person should eat to avoid a diabetic emergency.

●The local authority had requested the service to identify, via electronic call monitoring, where people were receiving shorter calls than they were commissioned for. The service did this then referred these people back to the local authority to have a re-assessment of their needs. During the inspection the service was unable to demonstrate that they had spoken to the people involved and investigated reasons why the call length was shorter before referring them back to the local authority. We recommend that this process be reviewed and the service investigate if there are any other reasons for people receiving shorter call length before referring to the local authority.

● Staff were supported by a lone working policy. If care staff worked in the evening, they would receive a call from a care co-ordinator at the end of their shift and checks were made to ensure they had got home safely.

Staffing levels and recruitment

●We reviewed recruitment files for 5 members of staff. We saw that staff were safely recruited and had received appropriate pre-employment checks with the Disclosure and Barring Service (DBS). DBS informs the registered provider if there is any information held about a person that would suggest they are unsuitable to work with vulnerable people.

● We reviewed staff rotas and saw there were enough staff to cover shifts. We looked at care staff plans and how calls were allocated, we saw that travel time was factored into call planning. Call times were monitored and care co-ordinators received an alert if care staff were late arriving at a persons home.

Using medicines safely

● Medicines were safely managed. People we spoke with told us that they received their medication on time. Where people were prescribed medication that was time critical, the service placed an alert on their system which flagged up to the care co-ordinator if the care staff had not signed into the persons home within 15 minutes of the allocated call time. This meant that the care co-ordinator could investigate why care staff were late and arrange a replacement if necessary.

● There was a medication policy, however a new policy had been agreed in December 2018 and was awaiting governance checks by the registered provider. All care staff had received training in the safe administration and recording of medicines. We reviewed people's medication administration records (MARS) and saw that they were comprehensively completed. We checked care records for people who were prescribed time critical medication and saw that these medications were administered at the correct time.

● Staff received medication training and senior staff completed spot checks on staff and audits of MARS. The registered manager then reviewed the medication audits to ensure they had been completed correctly.

● There were protocols in place for people who received medication as and when required (PRN). For people who required topical medications such as creams, there was a body map documented within the care file that instructed staff how and where to apply the cream.

Preventing and controlling infection

●We reviewed the registered provider's policy for the prevention and control of infection. We found this to be detailed and robust. People we spoke with told us that care staff always wear disposable gloves when assisting with personal care. Eight people we spoke with told us that care staff do not wear disposable aprons when assisting with personal care. Other people told us that care staff do wear both aprons and gloves. We checked stocks of personal protective equipment and found they were readily available for staff. We discussed this with the registered manager and concluded that this had identified a training need as care staff should be aware of the requirements set out in the infection prevention and control policy. The registered manager assured us that this would be addressed immediately after the inspection.

Learning lessons when things go wrong

● We reviewed records of accidents and incidents and saw that all were appropriately recorded and investigated to prevent re-occurrence. A root cause analysis was completed and where training needs had been identified we saw that the appropriate training was provided to relevant staff.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- People we spoke with told us they were cared for by staff who know what they are doing. We received comments such as, "I think they (care staff) are brilliant, very nice and very well trained" and, "The staff seem well trained and are likeable".
- We reviewed training records and care staff induction. The service had a designated trainer who held a teaching qualification and delivered all classroom based training. New staff were provided with an induction which included shadowing experienced staff and completing a survey based on the standards set out in the care certificate. The care certificate is an agreed set of standards that details the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. Staff were provided with annual refresher training which included safeguarding, medication management, nutrition and infection prevention and control.
- Staff we spoke with told us they do regular training and updates and feel they are given the skills they need to care for people. We saw evidence of extra training that had been arranged to meet the specific needs of people using the service.
- The registered manager maintained a training matrix which detailed each member of staff, what training they had completed and if any updates were required

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working in line with the MCA. We found that people had their mental capacity assessed and where someone was not capable of making an informed decision, the staff acted in their best interests. MCA decisions were clearly documented in care files. Staff we spoke with were knowledgeable about the legislation and how they should respond if they felt people's mental capacity was compromised.
- Care files we reviewed were person-centred and contained the information care staff would need to know to meet people's needs. There was information about the person's life history and the people and things that were important to them. There were clear instructions to staff about how people would like to be cared for.

Ensuring consent to care and treatment in line with law and guidance

● All the care files we looked at included a consent form that was signed by the person using the service or, where appropriate, their representative. People we spoke with told us that staff always gain their consent before assisting with any tasks. Staff we spoke with were aware of the need to gain consent.

Supporting people to eat and drink enough with choice in a balanced diet

● Some people using the service had specific dietary requirements that included diabetes, allergies and specialised diets recommended by speech and language therapists. We saw that some people required their food and fluid intake to be monitored. This was done appropriately and as per the clinician instructions.

Staff providing consistent, effective, timely care within and across organisations

● Most people we spoke with told us they receive care by the same regular staff with whom they have built strong relationships. Some people told us that they are cared for by regular staff during the week but there has been times when they didn't know the staff that arrived at the weekends.

● The provider used electronic call monitoring (ECM). This required care staff to 'sign in' by scanning a QR code with their mobile phones. If care staff had not signed in within a set period after the allocated call time, an alert would flag up to the care co-ordinators and they would contact both the person and staff member to see what had happened. People were assessed on their level of need and those most vulnerable had their alert time set at 15 minutes after their allocated call time, others had their alert time set at either 30 or 45 minutes. People we spoke with told us that care staff were rarely late, one person said, "You can set your watch by them (care staff)".

● Staff were supported by regular one to one supervisions, appraisals and unannounced spot checks. These were completed by senior staff and reviewed by the registered manager. During the spot checks the senior staff observed the care staff working and reviewed aspects of the care given, including medication management and documentation. We saw evidence of issues being raised during this process and the service arranging extra training for staff to address these. Staff were provided with feedback after the sessions.

Supporting people to live healthier lives, access healthcare services and support

● People who used the service benefitted from a multi-disciplinary team approach operated by the local authority. Where people's needs had been identified as changing they were referred to the local authority teams such as occupational therapists, community care workers and social workers. The multi-disciplinary team met weekly to discuss people's changing needs and whether a full review was required.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

● People we spoke with told us that care staff were kind and caring. Comments we received included, "They (care staff) really seem to care about me and do a very good job", another person we spoke with told us, "They (care staff) are always so cheerful and friendly, I hear them having a joke and a laugh with (relative) which is nice". Another person told us, "The care they give to me really is very good and very kind".

● People we spoke with told us they receive care from regular staff that they had built a positive relationship with. We reviewed care records and these confirmed that people receive care from regular staff. Staff we spoke with told us they get to know the people they care for very well and form close relationships. One staff member said, "We see people three times a day sometimes and we get to know them very well". One person we spoke with said, "We have a good, friendly relationship and I look forward to our daily chats".

●Care files contained information about people's likes and dislikes. This enabled staff to understand the person's life, as well as their current needs. An example of this was information about a person's spouse who had died, how long they had been married, the things they liked to do together and how they spent their time. Care plans also discussed people's pets, what their names were and if the person required any support to care for their pet.

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

●People and relatives that we spoke with told us that they felt involved in the planning and informed about how their care would be delivered. One relative we spoke with said, "We were invited to a meeting to discuss (relative's) care, we talked about stuff and we're happy".

● People and their representatives were provided with a client guide. This contained information they would need to know about the service and who to contact if they wished to make changes. People we spoke with told us they had been involved in developing their care plan and were involved in subsequent reviews. People and their representatives had signed documents to show they were involved in the planning and subsequent reviews of their care.

● We did not see any evidence of advocacy services being used but the registered manager told us they were aware of these and could make arrangements if necessary.

Respecting and promoting people's privacy, dignity and independence

● People we spoke with told us that care staff respected their privacy and dignity. One person told us, "I like to have a shower and they wait outside until I'm ready". We saw evidence of one person's family contacting the service as they felt their relative wasn't getting out of the house enough and was losing some independence. The service arranged for this person to have an extra weekly visit where care staff

accompanied them on a shopping trip. This promoted the person's independence while ensuring they were safe while out.

● People's personal preferences for staff members were considered. One person told us they had requested to only have female care staff to assist them with personal care, this was documented in their care plan and the service respected their wishes.

● People were provided with publications and information detailing activities in the local area that may interest them. For example, we saw flyers for coffee mornings and tea dances and Christmas carol concerts that had been distributed amongst people who used the service.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good:People's needs were met through good organisation and delivery.

Personalised care

● People received care that was person-centred. Care plans contained information about people's life, family and social history and how they wished to be cared for. Care plans recorded people's preferred routines and what they liked to eat and drink.

● People also received regular reviews of their care. Where appropriate, relatives and representatives were included in the review and they were empowered to raise concerns or request changes to their care packages.

Improving care quality in response to complaints or concerns

● We spoke with people who had raised complaints with the service, all told us that they were handled well and they were satisfied with the response. The service had received many compliments, comments included, "Wonderful care given to (relative)" and, "Very happy, love my carer, she is always smiling".

●Complaints we looked at had been handled appropriately, the complainant was provided with a response, outcomes were recorded and where necessary changes were made and lessons learned. We recommended that the complaints log be re-structured to give a quick reference point on the front page, this would enable the register manager to retain greater oversight of complaints and see any potential trends. The registered manager created this immediately and it was put in place and comprehensively completed before the end of the inspection.

● We reviewed the complaints policy and found this needed updating as it did not direct the reader to the local authority if they felt that the service had not responded to their complaint well. We discussed this with the registered provider who reassured us that the policy would be amended.

● Some people had raised concerns with CQC about the waiting list for care with Premier Care – Halton Branch. We saw that the service was working closely with the local authority to reduce the waiting list. Regular reviews were underway, a weekly multi-disciplinary team, including commissioners, social workers, occupational therapists and community care workers were meeting weekly, to look at ways to reduce this. Premier Care-Halton Branch only accepted care packages when they were confident they could meet people's needs.

End of life care and support

● There was no-one in receipt of end of life care during the inspection. We reviewed the end of life care policy and found this to be robust. Staff completed training in end of life care and the registered manager had put plans in place to arrange extra training with a local hospice team. This was to be implemented shortly after the inspection.

Requires Improvement

Is the service well-led?

Our findings

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- We reviewed the quality assurance and auditing tools used by the registered manager and registered provider. The senior staff completed audits of communication logs and MAR charts, the registered manager then reviewed 20% of the audits. Senior staff received an electronic alert every month detailing which care staff were due to have their documentation audited. However, there was no structured log to enable the registered manager to see which documentation had been audited and which were outstanding.
- Before the inspection CQC had been contacted by some people who were unhappy with their care. When we investigated this during the inspection, it came to light that these people were cared for by the company that Premier Care – Halton Branch sub-contracted to. This showed that people who were under the care of the sub-contracting company did not know who to go to if they felt the sub-contracting company had not resolved their concern. We advised the registered manager and registered provider of this and recommended that more structured guidance be put in place to ensure people who were commissioned to have care from Premier Care – Halton Branch, but in receipt of care from the sub-contracting company have clearer information.
- The service did check the electronic call records of the sub-contracting company but did not complete comprehensive quality assurance of the care given, staff records, medication, complaints or accidents and incidents. The service was aware that the local authority had completed quality assurance of the sub-contractor in November 2018. However, this did not negate the need for Premier Care – Halton Branch to complete their own quality assurance given that they had accepted overall responsibility for the commissioned care. The above constitutes a breach of Regulation 17(2)(a): Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- CQC were contacted by the registered provider immediately after the inspection and informed that they were completing a full quality assurance visit to the sub-contracting company, had contacted those who had made complaints to the sub-contractor and had sent people letters explaining the complaints process.
- The registered manager completed audits of care staff spot checks, supervisions and care plan reviews. The service completed internal audits at least every six months and had commissioned an audit by an external company in December 2018. Issues that had been picked up were minor and the service had addressed them.
- The registered manager was supported by a deputy manager, a team of care co-ordinators and field supervisors. Care co-ordinators were office based and dealt with the day to day running of the service and supported care staff where necessary. Field supervisors completed care plan reviews, assessments and conduct spot checks and reviews in people's homes.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

● All staff we spoke with spoke highly of the management team. We were told that the staff felt supported by a fair and approachable management team. Comments we received included, "We can discuss anything with the manager, no fear of raising concerns", and, "I wouldn't be frightened to say I'd made a mistake, the manager isn't looking to blame someone, just get things right for the clients".

● Staff told us they felt confident to raise issues with the management team, they were confident that if mistakes had been made they would be treated fairly and lessons would be learned.

● The registered manager is legally required to send notifications to CQC of certain incidents. We reviewed communication logs, accident and incident reports and safeguarding files and were satisfied that the registered manager had submitted all necessary notifications.

Engaging and involving people using the service, the public and staff

● The registered manager had completed three monthly 'service user surveys'. This involved telephoning people to ask if they were happy with their care, if the staff were responsive to their needs or if any changes needed to be made. Responses were documented and where people had requested changes to their care we saw that these had been actioned. Most of the responses were positive and praised care staff for their kindness.

● Regular management and staff meetings were held. We saw that staff meetings were held on a variety of dates and would be repeated throughout the week to ensure as many staff as possible were given the opportunity to attend. Minutes of all meetings were kept and distributed amongst staff.

Continuous learning and improving care, working in partnership with others

● The service was continually looking at ways to improve care. They had introduced the electronic call monitoring system so call times were recorded in real time and gave a true reflection of the time the carer arrived and left.

●Care staff were provided with mobile phones to enable them to scan in when they arrived at people's homes. This also gave them the list of calls and order in which to make the calls for that day.

● At the time of the inspection, the registered provider was in the process of reviewing final plans to introduce electronic MAR charts.

● The service worked in close partnership with the local authority. This included occupational therapists, social workers and community care workers.

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 17 HSCA RA Regulations 2014 Good governance The registered provider failed to implement systems and processes to effectively ensure compliance with the Health and Social Care Act 2008