

Premiere Care (NE) Ltd

Premiere Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Premiere Care is a domiciliary care service providing personal care to people living with physical disabilities or dementia and older people. 50 people were receiving a service at the time of our inspection.

The service mostly provides care to people in and around the Yorkshire Dales. Some people had live-in care in their own homes 24 hours a day. Live-in care was provided to people across the country.

Premiere Care introduces self-employed care workers to the people it supports. Some staff were employed directly by the provider. The provider has ongoing direction and control of the care provided and is therefore responsible for the safety and quality of the service.

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

People were at risk due to poor governance and record keeping at the service. The provider did not understand regulatory requirements and had not met these. Their quality assurance systems were not robust or effective in identifying shortfalls. Records were not always completed or returned to the office in a timely way for monitoring. The provider introduced changes during the inspection to improve the situation. These changes had yet to be embedded and sustained. They were committed to providing high quality care and had plans to make further improvements.

People were at risk of harm due to poor medicines management. We could not be sure people had received their medicines safely as prescribed.

Safe recruitment records were not always completed. We made a recommendation about this.

Staff were not supported to carry out their roles effectively. Staff inductions were not recorded. Competency checks and spot checks were not completed to assess staff practice and monitor this.

People received support from regular care workers, who understood their care and support needs and provided effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We made a recommendation about mental capacity records.

Staff formed meaningful caring relationships with people based on mutual respect and understanding. Staff provided kind, considerate care, respecting people's equality and diversity needs, dignity and privacy.

People's care was person-centred. Staff were knowledgeable about the people they supported, adapting their care to meet their changing needs and preferences. People and their relatives knew how to raise any concerns and trusted the provider to address these.

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

Rating at last inspection

This service was registered with us on 26 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered.

Enforcement

We have identified breaches in relation to staffing, good governance and failure to submit statutory notifications at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Premiere Care

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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 November 2019 and ended on 17 January 2020. We visited the office location on 26 November and 5 December 2019.

What we did before inspection

We reviewed information we had received about the service since the location first registered. We sought feedback from the local authority and professionals who work with the service. 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 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 visited three people that use the service. We spoke with three people and two of their relatives via telephone about their experiences of the care provided. We spoke with eight members of staff including the registered manager, care coordinators and care workers. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at four people's care records in full and three care records in part. We looked at multiple medication administration records. We looked at two staff recruitment files. We reviewed records relating to the management of the service, including meeting minutes, accident and incident records and a selection of the provider's policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not managed safely. For example, the provider's medicines policy had not been followed. Records were unclear and did not provide enough information about administration details and how people wished to receive their medicines. One person's MAR chart did not detail the dose of their medicine or when it should be taken. We could not be confident people received their medicines as prescribed.
- Over the counter medicines were not always managed safely. Records were not always maintained to show health professionals had been consulted about their use and detail when these medicines had been given to people.

We found no evidence that people had been harmed. However, systems were not in place or robust enough to manage medicines safely and properly. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They confirmed people's care records had been reviewed and suitable records, including medicines records were being introduced.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- Accidents and incidents were not monitored to recognise any trends or patterns. This meant the provider was unable to identify lessons learnt.
- Accidents and incident records were not always returned to the office in a timely way to ensure all appropriate action had been taken.
- Staff were knowledgeable about risks to people, although these were not always well recorded. For example, a risk assessment was not in place for one person at risk if they accessed the community independently without support.
- People felt safe with the staff supporting them. One person said, "I'm extremely vulnerable in the shower, I feel safe with them."

Staffing and recruitment

- Staffing levels were sufficient to keep people safe.
- Safe recruitment processes were in place. Recruitment checks had not always been recorded. The registered manager acknowledged these shortcomings and advised recruitment practices would be improved.

We recommend the provider follows their policy and best practice when recruiting staff and keep accurate

records.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff who had been trained to identify and raise safeguarding concerns if needed.
- The registered manager understood their responsibility to work with the local authority to safeguarding people against abuse.

Preventing and controlling infection

- Staff had access to personal protective equipment, including gloves and aprons. They knew when to use this to reduce the risk of people acquiring healthcare related infections.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people achieved their outcomes, although there were inconsistencies in staff knowledge and support.

Staff support: induction, training, skills and experience

- Staff were not always supported to enable them to carry out their responsibilities. Staff inductions were not recorded to show how staff were supported to understand their roles.
- Competency checks and spot checks were not completed to ensure staff had the skills to provide effective care, including medicine competencies.
- Staff felt supported and able to seek advice, although supervisions had not always been recorded.
- Up to date records of staff training were not maintained. It was not clear what training the provider expected staff to complete or when this should be updated.

The failure to have robust systems in place to ensure staff were sufficiently qualified, competent and skilled was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection visits the registered manager identified gaps in their knowledge and areas for their own professional development. The registered manager advised inductions would be recorded in the future.

- People and their relatives felt staff had the skills needed to support them. One relative said, "The care workers appear to be trained to do all the tasks for [relative]".

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.

- Staff obtained consent from people prior to providing their care. One relative said, "I have heard care workers asking for consent before they do any task."

- Records were not in place to show people had been asked to consent to their support arrangements.
- It was not always clear how people's capacity had been assessed and decisions made in their best interests. The registered manager acknowledged staff would benefit from further training in this area.

We recommend the provider develops more robust records in relation to consent and the MCA.

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

- People received the support they needed following an assessment of their needs.
- People and their relatives were involved in developing their care plans and had access to these records.
- Care was provided by a consistent staff team, who were matched to people's preferences and needs. One person told us, "The care workers are extremely well matched to me."
- Staff were introduced to people prior to supporting them. A relative said, "I like to meet the care workers before they start and if I am happy they can start providing the service."

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

- People received balanced, nutritious diets.
- Staff were knowledgeable about people's dietary requirements, including those relating to religious and cultural beliefs.

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

- Staff worked effectively with professionals to ensure people received coordinated care.
- Staff worked with people's relatives and healthcare professionals to help people access support to keep them healthy.
- Hospital passports were in development to share information about people's needs with healthcare professionals when needed.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind, considerate staff. One relative said, "The care workers always treat [person] courteously and always respond to their needs. One care worker described taking flowers that had a special significant to a person. This benefited their wellbeing.
- Staff checked people were comfortable and recognised where they may need additional support.
- People received effective emotional support to reassure them when needed. One care worker described how one person who needed constant reassurance to relieve their anxiety and distress due to their dementia.
- People developed meaningful relationships with the staff that supported them. One person said, "I get on extremely well with the three care workers I have, they know me."
- Relationships between people and staff were based on mutual respect.
- People's diverse needs and backgrounds were respected. Staff worked with people to improve their knowledge of their equality and diversity needs and used this to inform their care.

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

- People were encouraged to lead decisions about their care, deciding how this could be provided to best meet their needs and requirements.
- The provider understood when to refer people for advocacy support to include them in decision making.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified, respectful way. Staff understood how to maintain people's privacy. One person said, "They always respect my privacy when I'm in the bathroom."
- Staff knew how to engage with people effectively. This helped promote people's independence and encourage them to accept their care. For one person, staff knew joking with them would help them to accept personal care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received flexible, person-centred care. Staff knew how to adapt their care depending on people's abilities on a day to day basis.
- Care plans reflected people's personal histories and interests. For example, one person's care plan described their previous occupation and where they had lived.
- Staff were knowledgeable about people's needs, routines and preferences. However, this knowledge and information was not always fully reflected in people's care plans.
- People's care arrangements were reviewed. The registered manager worked with people and their families to monitor the effectiveness of their support and improve this.

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.

- Staff knew how to communicate effectively with people to aid their understanding.

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 follow their interests. One person was supported to care for their pet. Care staff understood the significance of the pet to the person.
- Staff supported people to maintain their relationships with family members. They provided relatives with a break from their caring roles and helped people to continue to live in their own homes.

Improving care quality in response to complaints or concerns

- Feedback from people and their relatives was regularly obtained. This was used to inform people's care and address any minor issues. One relative had written in feedback, 'When issues occur the provider is quick to address them and do so sensitively.'
- People and their relatives knew how to complain if needed and were confident any concerns would be addressed.
- The provider had a complaints procedure detailing how they would investigate any issues.

End of life care and support

- Staff were aware of people's end of life wishes and respected these. However, this information was not always recorded. The care coordinator agreed to update records.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had not submitted statutory notifications to CQC to tell us about service user deaths. Statutory notifications are events providers are legally required to inform CQC of.

Failure to notify CQC of service user deaths was a breach of regulation 16 (Notification of Death of Service User) of the Care Quality Commission (Registration) Regulations 2009. This is being addressed outside of the inspection process.

- People were at risk as quality assurance systems were not in place to monitor quality and safety across the service. The registered manager and provider had not met their regulatory responsibilities and did not have oversight of the service to ensure people were receiving safe, high quality care. For example, records were not returned to the office in a timely way to enable them to be reviewed and to understand if any action needed to be taken by staff to improve safety and quality.
- The provider had not identified the shortfalls we found with records including medicines records, recruitment records, accident and incident forms, consent, mental capacity assessments and best interest decision records, care plans, staff training, staff inductions, competency checks, end of life records and statutory notifications.
- Care records were not always accurate or complete. On occasions, records went missing. This meant people's confidential information was not secure.

The failure to adequately monitor the quality and safety of the service was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the registered manager reviewed their record systems. They planned to introduce an electronic care plan system to improve record keeping, monitoring of the service and improve information security. The registered manager advised arrangements had been made to review or reassess each person to improve their records and ensure people's care remained appropriate to their needs.

- Changes in office staff had impacted on changes being introduced and implemented.
- Staff felt well supported by office staff. One care worker told us, "When I've rung the office they answer straightway and I'm happy with the way they deal with things."
- People, relatives and staff felt the registered manager was approachable. One care worker said, "I feel

100% confident I could raise an issue with the registered manager, they're very approachable and easy to talk to."

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

- The provider was transparent and proactive in introducing changes throughout the inspection.
- The provider and staff were committed to making improvements to provide a high quality service.
- Staff shared the provider's commitment to delivering high quality care.

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 understood their responsibility to be open, honest and apologise if things went wrong.

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

- The registered manager welcomed feedback and used this to improve care.
- People and their relative's views of their care were sought through regular engagement to evaluate their care. These took place in person, via telephone and questionnaires.
- Meetings were held with office staff to discuss changes in people's needs and identify areas for service development. These were not always recorded to evidence how decisions were made.
- Newsletters were sent to staff to inform them of service developments and remind them of best practice guidance.
- The provider had yet to establish partnership working arrangements with health and social care professionals and community services.

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 (1)(2)(g) The provider had failed to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1)(2)(a)(b)(c)(d)(f) The provider had failed to maintain accurate, complete and contemporaneous records in respect of each service user and staff. The provider did not have systems to assess, monitor and improve the quality and safety of their service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing (2)(a) The provider had not ensured staff had appropriate training, support and supervision to enable them to carry out the duties they were employed to perform.