

Premier Care Limited

Premier Care Limited - Wigan

Inspection report

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Wigan
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Tel: 01942522499

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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:

This service is a domiciliary care agency that provides support to people in their own homes. It provides a service to younger and older adults, people with physical disabilities, sensory impairments, learning disabilities or dementia. The provider has 16 agencies registered with the Care Quality Commission (CQC). The service's office is based in Hindley, and personal care is provided to people in surrounding areas. At the time of the inspection it was providing a service to 288 people.

People's experience of using this service:

We found the governance systems used did not provide effective oversight and monitoring of the service.

Holistic care plans were in place. However, regular reviews of care plans were not undertaken, and the people we spoke with confirmed this. Care records contained information about people's needs and risks. However, we found people's ongoing risk assessments were not reviewed on a regular basis.

The service was working within the principles of the Mental Capacity Act 2005 (MCA). However, we made a recommendation about the depth of information recorded in the capacity assessments.

Medicines systems were organised and people were receiving their medicines when they should. The service was following safe protocols for the administration of medicines.

People we spoke with told us they had choices and were involved in making day to day decisions. People told us staff managed their needs well. One person said, "I feel safe in their hands."

Staff worked in partnership with the community, other services and organisations.

People told us the staff knew them well and responded to their needs in a person-centred way.

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to good governance. Details of action we have asked the provider to take can be found at the end of this report.

The service did not meet the characteristics of Good in some areas; more information is in the full report.

Rating at last inspection:

At the last inspection the service was rated Good (report published 03 November 2016). Following this inspection, the service is rated as Requires Improvement overall, and in the well-led domain. The ratings for the safe, effective, caring and responsive domains remain unchanged.

Why we inspected:

This was a planned inspection based on the rating at the last inspection

Follow up:

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality care and support is provided to people. We will re-inspect in line with our inspection timescales for Requires Improvement services, where we will also follow up on recommendations made.

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

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 Caring 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 Limited - Wigan

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. This inspection was planned to check whether the provider was 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:

One inspector carried out the site inspection. An expert by experience (ExE) spoke to people and their relatives or friends via the phone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise included older people who use regulated services.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using this service receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the CQC. 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 the service 24 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 24 April 2019 and ended on 25 April 2019. We visited the office location on 24 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection in November 2016. This included details about incidents the provider must notify us about, such as abuse. We contacted the local authority safeguarding and commissioning teams to gather information about the service. We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 17 people who used the service and eight relatives or friends to ask about their experience of the care provided. We also spoke with the registered manager, the provider, and four staff members, including a senior care worker, a care coach and care workers. In addition, we spoke with a professional who worked with the service.

We reviewed a range of records. This included nine people's care records, risk assessments and five medication administration records (MARs). We also looked at five staff personnel files around staff recruitment, training and supervision records. In addition, we reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- People had initial assessments before starting with the service, which meant the provider knew they could cater for the person's care needs.
- Care plans included risk assessments in relation to people's specific care needs. The risk assessments were person centred and covered areas such as, nutrition and hydration, medication management, moving and handling, health and home environments.
- People's risk assessments contained guidance for staff about how to mitigate the identified risks.
- People we spoke with felt staff managed their needs well. One person said, "I feel safe with them [carers]."
- The service used electronic care monitoring technology that allowed them to track staff, for both their own safety and that of the people. This ensured staff safety whilst lone working, and the service could also see a staff member had logged in and out at the right location, and check they had stayed the correct length of time.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm.
- The service followed safeguarding procedures and made referrals to the local authority, as well as notifying the CQC as required.
- Staff received appropriate safeguarding training. The staff we spoke with felt the training was sufficient for them to identify the risk of abuse and safeguard people. One staff member told us, "The training was enough."
- There was a safeguarding and whistleblowing policy in place, which set out the types of abuse, how to raise concerns and when to refer to the local authority.
- Staff and management we spoke with had a good understanding of their responsibilities and how to safeguard people. One member of staff said, "I would report any concerns straight away. We need to safeguard people. We respect their wishes as much as we can, but if they are in harms ways it needs reporting."

Staffing and recruitment

- We looked at five staff personnel files, there was evidence of robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed.
- The interview process also included a paper-based exercise where potential staff's care skills and writing skills were tested. This supported the service in recruiting staff with the necessary skills.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and prevent

unsuitable people from working with vulnerable people.

- An electronic system was used to organise staff rotas. Staffing levels were determined by the number of people using the service and their needs and could be adjusted accordingly.
- Staff rotas confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels, ensuring continuity and familiarity of staff for people who used the service.
- People told us they felt staffing levels were sufficient to meet their needs. One person said, "I have regular carers."

Using medicines safely

- The service had a medicines policy in place which covered the recording and administration of medicines.
- Records showed staff were up to date with medicines training.
- Staff received regular competency checks to ensure they administered medicines safely. We asked people if they had any concerns regarding their medicines. One person said, "Carers give me my tablets on time."
- There were protocols in place for 'as required' (PRN) medicines, such as pain relief medicines. PRN documents were detailed and person-centred.
- The service provided varying levels of medicines support, according to people's needs. Where people needed medicines, they were encouraged to manage this themselves and appropriate risk assessments were in place. One staff member told us, "We keep an eye on people to see if they are managing their own medication. We would report any concerns to re-assess."
- Medicines errors were acted upon. Staff we spoke with were familiar with the protocols. The registered manager or co-ordinators dealt with the error reports to minimise the risks of the same error occurring.
- Regular monthly audits of medication administration records (MARs) took place.

Preventing and controlling infection

- Staff completed training in infection prevention and control.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. One staff member told us, "PPE is readily available. Carers are encouraged to come into the office and stock up on supplies regularly."
- A food hygiene policy was in place. Records confirmed staff were also required to complete training in food hygiene, so that they could safely make and serve meals, and clean up after food preparation.

Learning lessons when things go wrong

- The service had an accidents and incidents policy.
- There were appropriate processes in place for recording and investigating accidents and incidents.
- Accidents and incidents were logged on an electronic system and monitored for patterns and trends.
- Staff members were aware to call the office to report any issues if there was an accident or incident.
- Evidence was available to show that when something had gone wrong the registered manager responded appropriately. For example, when a person's mobility declined, the local authority were contacted to arrange a moving and handling assessor to re-assess the person's moving and handling needs.

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

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; adapting service, design, decoration to meet people's needs

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs.
- Holistic assessments and care plans had been completed which reflected the person's needs, wishes and preferences. People's likes and dislikes were also recorded.
- Cultural and religious preferences were recorded which ensured the service was aware of how people's cultural and religious needs should be met.
- Life histories provided clear information about important events and relationships in the person's life.
- People had regular carers assigned to them, and rotas were developed in ways that maximised continuity of staff.
- The service was flexible and responded to people's needs as they arose. For example, the service could accommodate increases to commissioned care packages when people required additional support.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- The application procedure for Deprivation of Liberty Safeguards (DoLS) in a community setting is made via the Court of Protection. This was not applicable to any person at the time of our inspection.
- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "It's about assessing people's capabilities".
- Although the service was working within the principles of the MCA, we found their capacity assessments did not contain enough detail about the decision being considered for a person. We recommend the service reviews the depth of information they record in their capacity assessments. The registered manager followed this up immediately.
- People or where appropriate their representatives signed to consent to their care and treatment.

Staff support: induction, training, skills and experience

- We asked people if they felt staff were competent and we received mixed feedback. One person said, "I don't know". Another person told us, "Some are not capable." A third commented, "The carers are smashing,

absolutely brilliant."

- Staff received induction, training, observations and ongoing supervision to help enable them to be effective in their role. Training was delivered via a mixture of classroom based, online learning and on the job support. A staff member told us, "The induction and training was good. I feel more than confident to do my job."
- New staff were given time to work alongside experienced staff to enable them to familiarise themselves with people's needs.
- Some staff were working with an external assessor to achieve a National Vocational Qualification (NVQ) Level 2 award in Health and Social Care.
- Staff we spoke with felt supported. One staff member told us, "The management are good. I feel like I can ring and speak to them if I have a problem."

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

- Some people independently managed their food and nutrition. Where people did require support, the level of support was agreed and documented in their care plan.
- People had 'food management' plans which detailed any allergies and intolerances.
- People were supported to eat and drink enough. For example, one person told us staff supported them with preparing their meals daily and leaving accessible drinks.
- The service worked with Greater Manchester Combined Authority (GMCA) to provide information to staff and people about how to improve food and drink intake for those who have a poor appetite.
- Staff confirmed they had received training in food hygiene and were aware of safe food handling practices when supporting people in their homes.

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

- Where necessary, the service supported people with arranging healthcare appointments.
- Records showed the service worked with other agencies to promote people's health, such as district nurses and General Practitioners (GPs).
- The service worked with people's social workers and professionals spoke positively about the service. One professional we spoke with told us, "[Premier Care] worked really well with [person name] and were very responsive to their needs. They worked well with the local authority."
- Where people required support from other professionals this was arranged, and staff followed guidance provided by such professionals. For example, joint care planning with the Clinical Commissioning Group (CCG) or district nurses.
- People's care records contained information leaflets and guidance about how to manage health conditions specific to them, which were also used to inform staff. For example, managing diabetes.
- The provider also provided staff with leaflets which could be kept at hand, detailing how to respond in specific situations. For example, if a person had a fall, or what to do if staff spotted the signs and symptoms of a stroke.
- Records including MARs were provided to support people's hospital admissions.

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

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

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind, courteous and sensitive. One person said, "Staff are kind and like a friend." A second person told us, "Staff are very caring. I don't have to ask, they know what to do. A third commented, "They [staff] are caring and interact well with me. We have a laugh".
- Relatives also spoke positively about the staff. One relative told us, "They love [staff name] to bits and the care is very good."
- Staff showed a good awareness of people's individual needs and preferences. For example, one staff member described how people like staff to carry out their personal care in specific ways. Staff also talked about people in a caring and respectful manner.
- Equality and diversity was promoted. For example, information was provided to people in the service user guide, which detailed a 'charter of rights', and informed people, 'All individuals regardless of race, nationality, colour, creed or sex have the right to be treated as individuals'. The service also employed staff with protected characteristics. These staff members told us they felt supported.
- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. One staff member told us, "We don't have many clients with different beliefs or from different backgrounds. If we did, it would still be equal opportunities for all."

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

- Staff supported people in a way that allowed people to have control over their lives and make day to day decisions. One staff member told us, "We always ask people questions to give them choices. We ask what they would like to wear today, what they would like to eat today."
- People and their relatives told us they were involved in making decisions about their day to day care. A person told us, "The carers give me options. They always ask me what I want." A relative commented, "They [staff] wouldn't do anything without asking."
- The service had built connections with advocacy organisations and information regarding this was available for people. Advocacy is a process for supporting people to express their views and concerns.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. One person told us, "The carers respect me very much." A second person said, "The carer maintains my dignity and privacy at all times. I feel comfortable with my carer. This makes a huge difference for me."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "When assisting with personal care, we make sure the curtains are closed and the doors are closed. We cover parts of the body with towels. We respect how they [people] want things to be done."
- The service promoted people to live as independently as possible. A staff member told us, "We let them

[people] do as much as they can for themselves." One person said, "The carer encourages me and makes me feel like a normal person."

- Promoting independence was reflected in people's care plans.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that the staff knew them well and responded to their needs in a person-centred way. One person told us, "They [carers] know me well. I couldn't wish for better people."
- The provider used a secure electronic mobile application where staff received updates to people's needs on their mobile phones. This meant staff were kept up to date with people's changing needs instantly. One member of staff told us, "Any updates to people's care come to our phone as a message."
- The service was in the process of transferring their care planning records into a new template that was more detailed and promoted person-centred care, with a higher focus on outcomes for people.
- The accessible information standard (AIS) was introduced by government to ensure people with disabilities received information in ways which were accessible for them. We found the service had met this standard. The provider made information available in different formats upon request or where there was an identified need for this.

Improving care quality in response to complaints or concerns

- Processes, forms and policies were in place for recording and investigating complaints. There was a satisfactory complaints policy. Complaints were logged and responded to as per the complaints policy.
- People and relatives we spoke with were aware of how to make a complaint. One person said, "I know how to make a complaint and I have the information in my [care] file."
- People also had access to a 'service user guide' which detailed how they could make a complaint.
- The registered manager told us, they actively worked to respond to complaints and find a resolution for people, which also involved working in partnership with the local authority.
- The service had received compliments from people who used the service and their relatives. One compliment stated, "Carers are extremely concerned about the welfare of their clients, which is priceless." A compliment from a professional stated, "[Premier Care] have supported [person name] in a creative way. Carers have been great."

End of life care and support

- The service did not routinely provide end of life care, although there was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. Staff had received some training and would be able to provide personal care alongside community based health professionals should people wish to remain at home.
- Staff also had access to leaflets which could be kept at hand, detailing information about end of life symptoms and care.
- The service was in the process of changing their care planning documentation to record end of life wishes and needs more robustly, as well as rolling out a new training course for staff on end of life care. This will be reviewed at the next inspection.

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

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 being clear about their roles, and understanding quality performance, risks and regulatory requirements; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Governance systems in place did not provide effective oversight and monitoring of the service to ensure people's care plans were reviewed and their care records were kept up to date. People received a service user guide that informed them, 'Care plans and risk assessments are reviewed at least annually'. We looked at the care records for nine people and found regular or annual reviews of care plans were not undertaken for three people. The people we spoke with also confirmed this. One person told us, "I have not had a review in a long time." We also found people's ongoing risk assessments were not reviewed on a regular basis.
- The registered manager and co-ordinators carried out regular audits and 'spot checks', and an external service was also used to carry out an annual quality compliance check. However, these checks and audits failed to identify that documents implemented by the provider was being used incorrectly. 'Spot check' documents that were specific to monitoring the quality of care records were being incorrectly used as a tool for reviewing people's care plans. The provider and registered manager acknowledged the wrong document was being used. These findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, as the provider had ineffective governance arrangements and failed to maintain an accurate, complete and contemporaneous record in respect of each person and their needs.
- Staff meetings were held, however they were not regular. Staff told us they do not have regular meetings. One staff member said, "We don't have team meetings." The registered manager told us the staff are not always able to attend the meetings due to their geographical locations. We were told, the provider was working to develop meetings into smaller clusters to make them more accessible and regular for the staff. We will monitor this at our next inspection. The staff we spoke with felt supported and told us they could contact management when needed.
- We saw the service had carried out staff surveys to obtain staff views, which were positive. Some staff we spoke with felt they did not receive much positive feedback from the management. One staff member said, "I don't have much feedback and I would like more. Sometimes I have to ask. I get a lot back from my clients." We discussed this with the registered manager, who told us they use the electronic mobile application to provide staff positive feedback and will also look at providing feedback at staff meetings.
- People understood their roles and responsibilities. The registered manager was accountable for the staff and understood the importance of the role. Staff felt confident to whistle blow and report poor practice if they needed to.
- Staff felt they were able to approach the registered manager at any time. One staff member told us, "The management are very approachable. They support the staff and are very fair as well." Another staff member

commented, "Any problems are acted upon and they get resolved, and [Name of registered manager] always looks into things."

- There was a positive workplace culture at the service. One staff member told us, "The team work is good here. I love my job."
- We saw people and their relatives' views had been sought through surveys. We saw the registered manager had responded to any negative comments by telephoning people and their relatives to discuss the comments and find a solution to work towards. Lessons learnt were also documented.
- Annual newsletters were used to keep people, relatives and friends informed about the development of the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At this inspection we saw that the rating from our last inspection was displayed in the building and on the provider's website.
- The service had a statement of purpose. This clearly set out the aims, objectives and ethos of the service.
- The service had a policy and an understanding of their responsibility of duty of candour. Duty of candour is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The service had submitted all relevant statutory notifications to CQC promptly. For example, details about incidents the provider must notify us about, such as abuse. This ensured we could effectively monitor the service between our inspections.
- The registered manager received regular support from the wider management team and had access to a support network which was flexible.

Working in partnership with others; continuous learning and improving care

- The service worked in partnership with other organisations such as the local authority and NHS. There was a good working relationship with commissioners, district nurses and other health staff to ensure that the people they supported received appropriate and timely care. This showed a multi-disciplinary approach had been taken to support the care of people receiving the service.
- The registered manager attended regular meetings with managers of the provider's other services as well as meetings held by the local authority.
- The service was also a part of the local authority's 'progress for Wigan ethical homecare providers' initiative. This is a partnership with the local authority to deliver a new model of homecare. The service had received the 'bronze' award which recognised the service treats people as an individual. For example, through documenting people's life histories in care planning. The service was committed to making other positive changes to improve the care provided and achieve the 'silver' and 'gold' recognitions.

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 Governance systems used did not provide effective oversight and monitoring of the service.