

Premier Care Limited

Premier Care Liverpool Branch

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 06 September 2018. We gave prior notice to ensure staff would be available. Premier Care Liverpool Branch is a small domiciliary care service that provides personal care to people living in their own homes. On the day of the inspection, 10 people were supported by the service and five staff were employed.

This was the first time Premier Care Liverpool Branch had been inspected by the Care Quality Commission.

Not everyone using Premier Care Liverpool Branch receives regulated activity; 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.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.' The service did not have a registered manager in post and the person acting as manager was not available. The service was being remotely managed from another of the provider's locations.

Since the service had been remotely managed by an office outside of the area both staff and people using the service commented that communication with the office had become problematic and at times were unable to contact senior staff.

Senior staff from the office that was remotely managing the service carried out quality assurance processes such as spot checks and supervisions, however we questioned the knowledge the senior staff would have had about the people using the service because they primarily worked in the providers other areas.

Recruitment practices were in place which included the completion of pre-employment checks prior to new members of staff working at the service. Staff received regular training and supervision to enable them to work safely and effectively.

People told us they were very happy with the staff and felt that the staff understood their care needs. People confirmed that staff stayed for the length of time allocated and arrived on time. Care plans and risk assessments were in place for the care people required and daily log sheets completed by the staff reflected what support had been identified as needed in care plans.

The care records we looked at contained good information about the support people required and recognised people's needs. All records we saw were complete, up to date and regularly reviewed. We found that people were involved in decisions about their care and support. We also saw that medications were handled appropriately and safely.

Staff had access to disposable gloves and aprons and had received training about health and safety and food hygiene. This meant the infection control standards of the service were of a good standard.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. Staff received regular training and supervision to enable them to work safely and effectively. Good practice guidance surrounding reporting safeguarding concerns was also included in staff meetings.

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.

Appropriate recruitment policies were in place and were followed by the provider.

People were getting visits on time and we were told by people using the service that staff were staying the required duration.

Staff managed people's medication safely when required and staff competencies were regularly checked.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately inducted, received on-going training and were provided with regular supervision and appraisals.

People had given consent for care to be provided and this was documented in people's care records.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People and staff told us that it was sometime problematic trying to contact the office that was remotely managing the service and at times there had been no answer when telephoned.

People we spoke with said staff were kind, very caring and helpful.

People's information was held according to confidentiality policies and guidelines.

Is the service responsive?

Good ●

The service was responsive.

We saw each person had a care plan that met their individual needs.

Suitable processes were in place to deal with complaints.

The provider had end of life policies in place.

Is the service well-led?

The service was not always well-led.

The service did not have a registered manager in place, the acting manager was not available and the service was being remotely managed from another office of the provider.

The provider had up to date policies in place for staff guidance.

There were quality assurance processes in place that included spot checks and audits of documentation.

Requires Improvement 

Premier Care Liverpool Branch

Detailed findings

Background to this 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 Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 06 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and 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 06 September 2018 and ended on 06 September 2018. The inspection was carried out by one adult social care inspector and one 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed any information CQC had received about the service.

During the inspection we spoke with the director and the area manager and two other office staff. Following the inspection, we spoke by telephone with three people who used the service and received feedback from six members of staff.

We looked at care records for two people. We also looked at two staff recruitment files and records associated with the management of the service.

Is the service safe?

Our findings

We asked people if they felt safe receiving a service from Premier Care Liverpool Branch and each person said yes. Comments included "Yes they are very nice, I can talk to them about anything", "I'm very safe" and "Definitely [feel safe]."

Staff were aware of their responsibilities for ensuring the safety of the people they supported as well as their own safety and for reporting any concerns they had. Records showed that all staff had completed training about safeguarding and this was updated annually. The provider also had an up to date policy on safeguarding. We saw that staff had attended a staff meeting that also discussed safeguarding and how to report any concerns. Staff we spoke with also said that they were aware of whistleblowing procedures and would not hesitate to whistle blow if the need arose.

At the time of inspection Premier Care Liverpool Branch were providing care to 10 people living in the local community. We asked the people we spoke with if staff were on time for their visits and stayed the appropriate amount of time. Each person said 'yes'. Comments included "Yes they usually come on time but on the odd occasion they are running late, they will ring me", "Yes I don't feel they're in a rush and they will sit and have a chat if they can" and "Yes they come on time." We saw that there was a computerised rota system in place that showed that people were getting their visits according to their care plans. This software was designed for providers of domiciliary care and helps to plan rotas and deploy staff, store service user and staff information, record personal details and notes.

Packages of care varied according to each person's needs. We were told by the director and area manager that wherever possible the service endeavoured to deploy the same staff to support people using the service to ensure continuity of care. However, this could inevitably change due to staff annual leave and days off, sickness, staff training or when staff had moved on to new jobs.

Staff had been recruited in a way that helped to ensure they were safe to work with vulnerable adults. There was appropriate information in new staff members' files to demonstrate that they had been safely recruited. Checks were made on candidates' work history, identification, conduct in previous employment and character was checked by references. Checks from the Disclosure and Barring Service (DBS) were sought. DBS checks are carried out to help ensure that staff are suitable to work with vulnerable adults in health and social care environments. The provider also had disciplinary processes in place if needed.

We looked at the files of two people who were supported by the service. We noted that individual, environmental, falls, and moving and handling risk assessments had been undertaken. We saw that people's files specifically documented what support was needed with transfer from bed to chair and what equipment was needed to carry this out in a safe manner. This helped to identify risks and hazards and any actions necessary to mitigate risk and safeguard people's health and safety. These had been reviewed regularly.

The provider had developed a policy on the management of medicine for staff responsible for administering medication to reference. Medication training was also completed by staff and periodic checks on their

competencies were undertaken by senior staff. We looked at the arrangements in place for the management of people's medication within the service. We noted that medicine administration records (MAR) were completed by staff to record the administration of medication. Medication administration charts viewed during the inspection were found to be correctly completed. We also saw that appropriate guidance was in place if a person needed topical medicines applied (creams and ointments).

There had not been any accidents or incidents reported however the provider had a policy in place for staff to reference. The provider had also developed an infection control policy. Staff we spoke with also reported that they had completed training in infection prevention and control and had access to personal protective equipment for the provision of personal care.

Is the service effective?

Our findings

We asked people who used the service and their relatives if the service provided by Premier Care Liverpool Branch was effective.

People spoken with confirmed their care needs were effectively met by the provider. Comments included "Yes they come in the morning and again in the afternoon", "Yes the care is all good and I get on smashing with them" and "They sort things out for me like phoning people which I can't do. They are very down to earth and get things done."

A programme of staff training and development had been produced for staff to access which covered a range of areas which included privacy and dignity, safeguarding, dementia, fluids and nutrition, communication and mental capacity and consent. We saw that training included scenarios to aid understanding.

There was an induction process in place which included shadowing sessions where new staff went out with more experienced staff. This ensured the new staff member was comfortable lone working and was able to competently and safely support people using the service. We also saw evidence of training that was considered mandatory by the provider.

There was evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. We also saw that staff had their practice periodically checked by senior staff in the form of competency assessments and spot checks.

Premier Care Liverpool Branch had an up-to-date policy in place regarding the Mental Capacity Act 2005. The service was aware of their responsibilities and were able to give staff guidance when providing care for people who may not have capacity to make some of the decisions needed in relation to their support. Everyone we spoke to told us their choices were respected. We saw that care plans held people's documented consent to their care and that this was regularly reviewed.

The provider and staff demonstrated an awareness of the need to liaise closely with care management teams, formal appointees, advocates and relatives in the event a mental capacity assessment was required for a person using the service. We also saw examples of how the service had worked in partnership with other teams and services to ensure the delivery of quality care and support for people using the service. For example, local commissioning teams, health and social care professionals such as GPs, district nurses and occupational therapists. People's care needs and choices were assessed as part of the care planning process when first referred to the Premier Care Liverpool Branch. Their support was delivered by staff who had the skills and knowledge to do so effectively.

We asked people if they received support with their nutrition and hydration and if they were satisfied with the care. Those who were supported with this were happy with the care. People told us what the staff did for

them and that it was to their satisfaction. Care plans contained information regarding people's dietary needs including allergies. The care plans also gave in depth instruction of what care was needed at mealtimes. These were regularly reviewed. Staff we spoke with confirmed they monitored people's food and drink intake if needed and recorded any changes in the wellbeing and needs of people they cared for on an on-going basis via daily visit logs.

Is the service caring?

Our findings

We asked people who used the service if the service provided by Premier Care Liverpool Branch was caring and if they were treated with dignity and respect. Everyone we spoke to said yes. Comments included "Definitely, I love them and can have a laugh and a joke with them", "Yes they are all lovely" and "Yes they ask me if they can do things, they are lovely." People spoken with confirmed they were appropriately cared for by staff.

At the time of our visit the provider was renting fully serviced offices at a location in Liverpool. However, the office space was not being regularly used as the service was being remotely managed by another of the provider's offices. We were told by both staff and people who used the service that this sometimes impacted the communication and that sometimes it was difficult to contact appropriate senior staff if any issues arose.

Feedback received from people using the service confirmed that people were satisfied with the service provided and valued the support they received from the care staff. People told us that staff responsible for the delivery of personal care and support were kind and considerate, understood their needs, routines and preferences and were responsive and attentive. Comments included "They are very easy to talk to", "They are really nice and kind" and "They make sure I have a shower and don't fall, they're very good".

People were able to tell us how staff promoted their independence by encouraging them in their personal care and enabling them to stay in their own homes. We saw that each person's level of independence was noted in each care plan we looked at, this gave staff guidance on how to encourage the person to maintain their independence as much as possible. An example of this was an in-depth explanation on how to prepare a shower room so that the person could shower independently.

Staff we spoke with confirmed they had attended training to help them understand their role and responsibilities and the needs of people using the service. Staff also informed us that they had been given opportunities to familiarise themselves with information on the needs of people using the service such as their assessments, support plans and risk assessments.

We also saw that staff had attended the equality and diversity, duty of care and communication training required by the provider. We asked people if the staff listened to them and each person we spoke with said yes. One person told us "Yes, they are very easy to talk to." Each person we spoke with confirmed they were able to communicate with their carers however we were told that now the service was being managed from another office the communication with the office was not always good.

We observed that confidential information was kept secure whilst we were in attendance in the office because we saw that records were kept locked and only accessed by staff. This treated people with dignity and respect.

The provider had information in each person's home that included contact information for the service as

well as other information including an overview of the service, the type of support that could be provided, service user rights and how the service delivers care. The 'service user guide' also included information regarding people's rights to complain dignity and privacy and independence.

Is the service responsive?

Our findings

All the people who we spoke with were satisfied with the way care was provided and felt listened to by care staff. They told us that they would certainly be comfortable with expressing concerns about the service if they had any. One person told us "I have a phone number to ring if I was worried" and another person said, "They are very nice, I can talk to them about anything." The provider had a clear written complaints policy a version of this was included in the service user guide given to people when they started using the service. The complaints procedure advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome.

We spoke with the provider and the area manager who told us the processes followed when a referral was received. This included making appointments with people and family for initial assessments, developing care plans and risk assessments. We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. The forms were signed by the person requiring a service or a family member. We saw that these had been reviewed regularly.

The file that was placed in a person's home had personal details, a social history of the person, a health assessment that documented any equipment needed and in depth 'homecare support summaries'. Care plans were in place for the care people required, this included personal care, support with dressing and communication. Care staff completed a visit log after each visit, and these were then audited to ensure the staff were following care plans and that records were being completed appropriately.

The service also gave a support plan for each visit that instructed the staff in detail of what was expected by the person receiving the service. The documentation was clear and had been completed in full. The care documents also gave clear information on others who were involved in the person's care such as family and occupational therapists.

Care plan reviews included information on what goals the person had achieved in the past year and what they wanted to achieve in the forthcoming year. This was agreed with the person and varied in each care plan we looked at.

Premier Care Liverpool Branch were not providing end of life care to people at the time of the inspection. However the provider was able to tell us how they would prepare for this by accessing end of life training for the staff and by following the end of life policy that was in place.

Is the service well-led?

Our findings

This was the first time Premier Care Liverpool Branch had been inspected by CQC. The service had an acting manager in place as there was no manager registered at the time of inspection. The acting manager was not available during the inspection and a director of the provider and area manager was in attendance along with senior staff from another of the provider's locations.

As there was no registered manager in post Premier Care Liverpool Branch and the acting manager was not available, the service was being remotely managed from another of the provider's locations. This was commented on by people we spoke with. One person told us "It used to work really well, I just hope [manager] is able to come back and we can get things sorted out again."

We received comments that although the care being received by people from care staff was very good, communication with the office was not always good. This was brought to the provider's attention who assured us that this would be looked into and actioned.

Senior staff from the other office were responsible for rotas, carried out the spot checks on visits and other quality assurance processes. However, we questioned the knowledge the senior staff would have of the people using the service in the area as well as the staff. Staff told us that it was noticeable that the service was being remotely managed and that at times contacting senior staff was at times problematic.

The provider and senior staff conducted a series of quality checks and audits on different areas of the service and the quality of the service provided for people. These included staff supervisions, spot checks, care plan reviews and the provider liaised with the local authority. We saw that medication records, care records and daily log sheets were audited and actioned if any issues were found such as missing signatures and inappropriate report writing.

The provider used an electronic monitoring system called 'Care Free'. This enabled staff to check in and out of visits using mobile phones provided by the service. This meant that the provider was able to use the electronic data to track late, missed or irregular visits. We looked at the very detailed monitoring records and saw that the provider had identified issues that included lateness or missed calls.

Prior to the acting manager being unavailable we saw that staff meetings had been held and the minutes showed that staff were comfortable speaking and airing their views. Meeting minutes showed that topics such as how to report safeguarding concerns were discussed with the staff group.

The service had policies and procedures in place that included health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment and lone working. These had been regularly reviewed by the provider. This meant that staff had up to date guidance to refer to when carrying out their work.