

Premier Care Limited

Premier Care - Halton Branch

Inspection report

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Date of inspection visit:

11 November 2020

12 November 2020

13 November 2020

16 November 2020

17 November 2020

18 November 2020

Date of publication:

09 December 2020

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Premier Care Halton is a domiciliary care service providing personal care to 414 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People's experience of using the service was mostly positive. People were happy with the staff who visited them and felt safe with the support they provided. People received visits from regular staff most of the time. However, some people were unhappy about the different staff who visited them. Some did not have a regular care worker.

People spoke positively about the staff. Their comments included, "They are all nice; kind, caring and good hearted", and "They do a good job and are friendly; they treat [name] well" and "We've had our ups and downs but the staff do the care how [name] wants it".

Staff had received additional training for infection control because of the COVID-19 pandemic. They had a regular supply of personal protective equipment (PPE) such as masks, aprons and people told us staff always wore this.

People using the service and staff were involved in the development of their care through regular reviews meetings and surveys. The latest survey showed that people were mostly satisfied with their care, with dissatisfaction being about the lack of regular staff they saw.

Staff had been recruited safely. There were sufficient numbers of staff employed to support people. Staff received regular training and support.

Staff told us they enjoyed working for the service. The management team completed regular quality audits and where actions were identified these were addressed to bring about improvements. The service worked effectively with the local authority and healthcare commissioners.

Rating at last inspection and update: The last rating for this service was Requires Improvement (published 24 April 2020) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 10 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, effective care and good governance.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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 (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

The inspection was carried out by an inspector, a medicines inspector, an assistant 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 houses and flats.

The service did not have a manager registered with the Care Quality Commission. However, the current manager had submitted their application to be the registered manager at this service. 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. This was because we needed to be sure that the provider or branch manager would be in the office to support the inspection.

Inspection activity started on 11 November 2020 and ended on 18 November 2020. We visited the office location on 17 and 18 November 2020.

What we did before the inspection

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

During the inspection

We spoke with nine people who used the service and eight relatives about their experience of the care provided. We spoke with 13 members of staff including the manager, area manager, head of governance, senior care workers and care workers.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and nine staff supervision and training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and electronic recording data of home visits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good: This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider did not always ensure the safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities)

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines administration records were clearly presented.
- People's medicines support needs were assessed and recorded within their support plans.
- Arrangements were in place to help ensure that enough time was left between repeated doses of the same medicine.
- A medicines co-ordinator had been employed to review and update people's individual medicines information. However, the provider's medicines audit, sharing and learning systems were not yet fully embedded into practice.
- The provider's medicines competency assessment allowed for individual assessment for the administration of different types of medicines e.g. liquids and eye drops. There was no overall view of which support staff had been assessed in each area of medicines handling.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place.
- Safeguarding concerns raised on inspection were reported and investigated.
- Staff understood their safeguarding responsibilities and said they would have no issue in reporting concerns to managers.

Assessing risk, safety monitoring and management

- Risk assessments were completed and regularly reviewed to ensure they reflected people's current needs.
- People said they felt safe with the care and support they received.
- Most people had visits from regular staff. Some people were not happy with the number of different staff who supported them.
- We followed these issues up with the manager during the inspection. We felt reassured when the circumstances were explained that people received a regular service.

- People's comments included, "I'm happy with the carers", "I absolutely feel safe; they all do their job", "Different carers, I would prefer the same ones so I could get to know them" and "We get two carers and by and large the same six, who come now and know [name] well".

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with vulnerable people.
- There were enough staff to support people's needs. Recruitment of new staff was ongoing.
- The provider used regular agency staff to be able to respond to the high number of new referrals taken as part of the local authority contract and hospital discharge programme.

Preventing and controlling infection

- The provider's infection prevention and control policy and risk assessments had been updated to reflect the current situation during the COVID-19 pandemic.
- Personal protective equipment, such as gloves, masks, visors and aprons, was available to help staff maintain infection control.
- People told us that staff always wore PPE when they visited them.
- Staff had been advised and kept up to date with the requirements of which protective equipment (PPE) to wear.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection people's consent had not always been obtained in accordance with the MCA. This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities)

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Improvements had been made to ensure staff worked in accordance with the MCA. Capacity assessments had been undertaken in relation to people's care and support provided by the service.
- Evidence was now recorded that people had given consent to specific decisions in respect of their care for example, with regards to the use of bed rails.

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

- People's needs were assessed before they started to use the service to ensure care plans reflected the support required.
- Care and support were planned, delivered and monitored in line with people's individual assessed needs.

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

- People's nutritional needs were met. Their preferences were recorded in care records.
- A record was kept of what people had been given to eat and drink by staff.

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

- People were supported with their health needs and had access to healthcare services.
- Staff sought advice from external professionals when needed. There was evidence that advice had been sought from external health professionals and met regularly with service commissioners to review people's support.

Staff support: induction, training, skills and experience

- Staff received appropriate training to be able to support people safely.
- New staff were supported to undertake a suitable induction.
- Staff told us they felt well supported. However, during the period of the COVID-19 pandemic not all staff had received supervision. The manager said they were aware of this and were now addressing the matter.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection systems were either not in place or robust enough to demonstrate effective systems for checking on the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Quality assurance systems were effective. Regular audits were completed; these included, reviews of accident and incident reports, care record reviews as well as call monitoring data.
- Reviews of medication administration records were regularly completed by senior staff and individual discrepancies addressed. However, no overall review of all medication administration records was completed to identify any common themes. The provider had recently employed a person for overseeing medication administration and advised us they would be using a service wide review document.
- The manager and provider notified CQC of specific events as required as well as complying with duty of candour responsibilities.
- Ratings from the last inspection were displayed in the office and on the provider's website as required.

Working in partnership with others

- The manager worked with the local authority and healthcare commissioners.
- Feedback from local authorities confirmed that commissioners had no current concerns about the service. Monthly reports were sent to them and twice weekly meetings held to manage the service delivery.
- Staff described how they reported concerns and worked with healthcare professionals.

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

- Most people received their support to meet their needs at a time which suited them.
- Staff told us they enjoyed working for the service. They spoke of a positive team morale and good support from managers. One staff said, "I absolutely love this job". Another staff told us, "Love the job. It is tiring but

worth it."

- The provider had a complaints process. Complaints were recorded and investigated according to the policy.

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

- People's opinion of the service was sought. Individual telephone calls were made to everyone who received a service or their nominated relative each year. Any negative feedback or issues were investigated.
- Regular reviews took place for people using the service to ensure the support was meeting their needs.
- Staff felt communication from senior staff and support for themselves was good.