

Premier Care Limited

Premier Care Limited - Specialised Services

Inspection report

8 Premier Street
Old Trafford
Manchester
Greater Manchester
M16 9ND

Tel: 01612262270

Website: www.prem-care.co.uk

Date of inspection visit:

13 April 2021

23 April 2021

Date of publication:

18 May 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Premier Care Limited – Specialised Services is registered to provide personal care to people living in their own homes. At the time of our inspection the service provided support to people with a learning disability, or who required support in relation to their mental health. The service was provided through both a domiciliary care service and care to people living in supported living arrangements.

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. At the time of our inspection, five of the 57 people using the service were receiving support with a regulated activity.

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

The risk assessments and associated guidance for staff to manage these risks were of variable detail and did not contain sufficient information. The manager was in the process of writing a new care plan to be more person centred and detailed.

The quality assurance systems were not robust, with the manager not being able to easily access the information required to give them oversight of the service. The Head of Governance performance report was not fully completed to give guidance for the manager where actions were required to improve the service.

People received their medicines as prescribed. A new medicines compliance officer was supporting the manager to ensure systems were introduced to manage changes in people's medicines and audit the medicines administration records.

There were sufficient staff to support people. Staff were safely recruited and felt well supported by the management team.

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 expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support,

right care, right culture.

Right support:

People lived in small houses in their community and were involved in their day to day choices and activities.

Right care:

People's support needs were in the process of being reviewed at the time of our inspection. New care and support plans were being introduced to be more person-centred.

Right culture:

The service promoted people's independence and choice to support people to be part of their community and participate in the activities they wanted to do.

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

Rating at last inspection

The last rating for this service was good (published 3 May 2019).

Why we inspected

The inspection was prompted in part by notification of a specific incident involving the theft of money from a person using the service. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. The inspection was also prompted in part due to concerns received about calls not being completed by staff but being claimed as if they had been.

The information CQC received about the incident indicated concerns about the management of people's finances and the rota to ensure people received their assessed support. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

At this inspection we have identified breaches in relation to the quality assurance systems at the service and

the content of the risk assessment guidance to effectively manage people's identified risks.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below. ☐

Requires Improvement 

Premier Care Limited - Specialised Services

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 two inspectors. One inspector visited the service and both telephoned members of staff and reviewed further information sent to us following the site visit.

Service and service type

The service was provided through both a domiciliary care service and care to people living in supported living arrangements. It provides personal care to people living in their own houses and flats. It also provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that, when registered, 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 18 hours' notice of the inspection. This was because we wanted to be sure the manager would be available to speak with us. Inspection activity started on 13 April 2021 and finished on 23 April 2021. We visited the office location on 13 April 2021.

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. 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 spoke with six members of staff including the manager, the provider's Head of Governance, field managers, senior support workers and support workers.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including the rota system and quality monitoring records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three further staff members and looked at training, supervision and quality assurance records.



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 good. At this inspection this key question has now deteriorated to 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.

Systems and processes to safeguard people from the risk of abuse

- Most people had a court appointee or family member who managed their money when they were not able to do so themselves. This meant all monies were accounted for through receipts and financial records. However, the 'Supporting People who use our Services to Manage their Money' policy did not include details of how people's finances would be audited and checked to ensure they were being appropriately managed; although we were told that these were checked each month by a senior support worker or field manager.
- Policies and procedures were in place for safeguarding vulnerable adults and whistle blowing. Staff knew how to report any concerns they had.

Assessing risk, safety monitoring and management

- An assessment of risk and management plan and a mental health care plan were used to identify the risks people may face. However, these were of variable detail, with some containing very little information about how to support the person to manage and reduce the identified risk. For example, one person was known to refuse staff support. The risk management plan stated the person had agreed to work with the staff team, however there was no information for staff to follow if they did not do this.
- A positive behaviour support plan was in place where people may have behaviours that challenge a service. These included a description of the person's presentation depending on their mood and brief prompts for the staff to follow to support them. However, this was not detailed and the strategies were often repeated for each different mood. There was no information for staff to follow if the person's behaviour became challenging.
- We discussed this with the manager, who agreed there was not sufficient information in the risk management plans. Although the manager was in the process of writing a new combined risk assessment and care plan, this work had been in progress for over six months at the time of our inspection.

The lack of detail for staff to manage identified risks and behaviours was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staff completed weekly safety checks, for example checking smoke detectors were working.

Using medicines safely

- People received their medicines as prescribed. A pharmacy printed medicines administration record (MARs) was used to record all medicines administered. An assessment of people's support needs in relation to their medicines was completed. Guidance was in place for when a person required a medicine that was not routinely administered.

- However, issues had been found during a medicines audit completed by the Premier Care medicines compliance officer in March 2021. For example, the Premier Care systems were not being used to manage any changes in people's medicines and to record the action taken where issues were found with the MARs. An action plan was in place to address these issues and the manager was working with the medicines compliance officer to introduce and embed these systems.
- Staff received annual training in the administration of medicines. New staff were observed administering medicines before being able to do so unsupervised. However, the Premier Care training system showed over 75% of staff had not had their annual observation. The manager informed us this data was incorrect as the training system had been incorrectly set for the observations to be completed every 6 months rather than annually.

Staffing and recruitment

- Rotas showed people received support from a regular staff team. People living in shared houses with 24-hour support had a small team of staff providing their support. People's support needs were being re-assessed with the local authority at the time of our inspection to ensure people were receiving the support they needed.
- Systems were in place to ensure all timesheets were authorised by a line manager. The rostering system used by Premier Care prevented one member of staff being allocated to two calls at the same time. Staff logged in and out of each call via a mobile phone. Therefore, the manager and field managers were able to monitor length of call times and any missed or late calls.
- Staff were safely recruited, with all pre-employment checks completed prior to the staff member starting work.

Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE) and followed current government guidelines for the use of PPE in care settings.
- People were supported to use PPE and follow COVID-19 guidance when accessing the local community.
- Risk assessments had been completed for those staff considered to be at high risk if they contracted COVID-19.

Learning lessons when things go wrong

- All incidents and accidents were recorded and reviewed by the field managers to ensure any actions needed to reduce the chance of a re-occurrence had been taken.
- The manager reviewed all accidents and incidents for any patterns, for example the same person having multiple incidents.

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 remained the same. 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.

Continuous learning and improving care;

- At the last inspection in March 2019, although regulations were being met, we identified some issues with the quality audits. For example, the care plan audit not being robust and there being no clear records of the analysis of key performance indicator (KPI) data, for example analysis of incidents, monitoring of staff supervisions and spot checks.
- At this inspection, we found the same issues. Risk assessments and staff guidance were brief and did not provide sufficient information for staff to manage the known risks. The KPI record sheet showed a large number of staff spot checks, competency observations and supervisions had not been completed as scheduled. The manager told us that the field managers completed spot checks, but these had not been logged in the quality assurance system.
- The Head of Governance completed a branch performance report audit. We were told this was done every two months; however, the last recorded branch performance report was for October 2020. In this report the Head of Governance was prompted to check 10% of the staff files and care plans as well as reviewing a sample of medicine administration records (MARs). No files or MARs were reviewed by the Head of Governance during the October 2020 performance report visit. It was noted in the report that the manager was going through the staff files and the care plans were being revamped. This meant the branch performance report was not robust in supporting the manager to improve the service.
- The Head of Governance told us they had completed another report in February 2021 but had not written the report yet. The manager told us they had not received full verbal feedback following this audit from the Head of Governance to be able to take actions to improve the service.
- The CQC had received concerns about staff support calls not being completed by staff but payment being claimed as if they had been. We discussed this with the manager and the Head of Governance. An issue had been identified in August 2020, with the information being passed to the Premier Care directors. They had met with the relevant staff members. However, the service had not informed the local authority of these issues at the time. The manager showed how the management of staff timesheets had been changed as a result of this so similar issues could not re-occur.
- The provider had appointed a medicines compliance officer, who had completed the first medicines audit of Premier Care Specialised Services. They had made some recommendations for using the current Premier Care systems available, including to manage changes in people's medicines, record actions taken when issues found in the weekly medicines administration record checks and to complete competency checks for staff administering medicines. These were in the process of being implemented, with support from the medicines compliance officer.

- The provider had commissioned an external auditor to carry out checks on the service. The last audit had been completed in February 2021. This had been completed remotely due to COVID-19 and there had been issues sending the relevant documents to the auditor, therefore the audit was of limited detail.

The lack of a robust, evidenced quality assurance system and the lack of recorded oversight by the provider was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was experienced in managing services for people with mental health needs and was aware of their role and regulatory requirements.
- The management of the service had been increased. The manager was supported by three field managers who managed the staff team for a defined part of the service. Four senior support workers (SSWs) had also been appointed to strengthen the management of the service and had two days a week office time to support the service. The manager discussed with us how these roles needed to be clearly defined to strengthen the quality assurance role within the team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said they enjoyed working at the service. They felt well supported by the management team, with regular supervisions and team meetings; some of which were held by video call during the COVID-19 pandemic. Staff told us they received the training they needed, including on-line training. One member of staff said, "We are doing supervisions over the phone and a couple of online meetings. [Field manager name] is very supportive, always asking about any concerns. The supervisions have improved. There is a lot more compassion."
- An annual staff survey was completed, the last one being in April 2020. The results were generally positive, with staff saying they felt they had enough information to be able to support people and felt they were supported by the management team.
- The service had used a system of keyworkers, whereby a named member of staff met each person each month to discuss how they were feeling and any changes in their support needs. However, the manager told us this had lapsed as staff had been re-allocated around the service and needed to be re-instated so people had more involvement in their support and any changes in support needs could be quickly identified.
- Not all people had information about their recovery plan in their care files. The service had used the Recovery Star model. However, the manager told us this had lapsed. The Recovery Star is a tool for supporting and measuring change when working with adults who experience mental health problems. The manager aimed to re-introduce the recovery model, where appropriate, through the new care plans and key worker systems so the whole care team were involved in supporting people in their recovery goals. This model is not suitable when supporting people with a learning disability.

Working in partnership with others

- The service had continued to work with medical and social care professionals, with some adaptations such as video calls, throughout the COVID-19 pandemic. Psychiatric appointments had continued where needed.

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 manager notified the CQC and safeguarding teams of any accidents and incidents as appropriate; however the local authority had not been informed about concerns that calls had been claimed as being completed when they hadn't been or the action the directors had taken about this.
- The manager had applied to be registered with the CQC and had their registration interview during this inspection.

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 There was a lack of detail for staff to manage identified risks and behaviours
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of a robust, evidenced quality assurance system and a lack of recorded oversight by the provider.