

Premier Care Limited

Premier Care - Bradford Branch

Inspection report

4 Commercial Street
Shipley
West Yorkshire
BD18 3SR

Tel: 01274584202
Website: www.prem-care.co.uk

Date of inspection visit:
09 October 2019
14 October 2019

Date of publication:
13 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Premier Care (Bradford) is a domiciliary care service providing a service for adults of various ages. At the time of the inspection it was providing personal care to 70 people. 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

We found the service had improved a number of key areas since the last inspection. People said they felt safe and secure using the service and said staff cared for them safely. However, medicine management systems needed improving as they did not always provide a clear record of the support people had received. Overall there were enough staff to ensure safe care and support, although some rotas needed reviewing to ensure staff had enough travel time. Safe recruitment procedures were in place.

People said they received effective care and achieved good outcomes. Staff received a range of training and support to enable them to do their duties to a high standard. People received appropriate support with eating and drinking. The service assessed people's healthcare needs and worked with healthcare professionals where required.

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.

People said staff were kind and caring and treated them well. People and staff had developed good relationships. People were listened to and their views used to improve the service.

People's care needs were assessed and clear information on their likes and preferences was recorded to aid staff deliver person-centred care. Some care plans needed updating to ensure they reflected people's current needs. A system was in place to log, investigate and respond to complaints.

People said they were satisfied with the overall care experience although some people said they thought communication from the office could be improved. Checks on the medicine management system needed to be more robust to ensure a high performing service. However, the service was committed to continuous improvement and demonstrated it was taking action to address areas that required improvement, for example medicines management.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 13 April 2019).

At this inspection we found improvements had been made in a number of areas with the service able to demonstrate it was now effective, caring and responsive. However, we identified a further breach of regulation which meant the service was still rated requires improvement overall.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to safe care and treatment due to risks associated with the medicines management system.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Premier Care - Bradford 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 two inspectors 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

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.

During the inspection-

We spoke with 26 people who used the service and four relatives about their experience of the care provided. This included telephone calls and visits to people's homes. We spoke with the managing director, registered manager and six care workers. We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 call log data, surveys 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 requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was not always complete assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection we found safe medicine practices were not consistently followed. At this inspection we found further issues with medicine management practices, however a number of steps were being taken to improve the system which were in the process of being embedded into practice.

- We identified concerns with the format of Medication Administration Records (MAR)s which did not promote good record keeping. This had led to a number of documentation errors. For example, we looked at one person's MAR's for July and August 2019 and found it was not possible to calculate which medicines staff had supported them with at each visit. Where staff had hand-written medicines onto MAR's following short notice changes to their medicine support they did not always contain full details of the medicines people were prescribed. We also found some gaps in recording on MAR charts where it was not possible to ascertain whether people had received their medicines.
- We visited one person in their home and found the medicines within their dosette box did not fully match with those on the MAR. The provider was in the process of improving systems to ensure information on people's medicines was kept up-to-date.
- Medicines required to be given before food were not always given at the right times. Work was being undertaken by the provider to ensure these medicines were given as prescribed.
- Some medicine risk assessments were not present, up-to-date or did not sufficiently detail the risks associated with the specific medicines people were prescribed, the action staff needed to mitigate these risks or the arrangements in place where people self-administered some of their medicines.

We did not identify any impact on people, however there was the potential for harm due to unclear and inaccurate documentation and a lack of robust risk assessments being in place. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider demonstrated to us that a robust plan was being implemented to improve medicines management practices.

- Where people required support with the application of creams we found there were clear recording processes, including body maps to show where creams should be applied. Information about when and where to apply creams were clear.
- Arrangements were in place to ensure where people required medicines at specific time intervals, for example four hours apart, calls were timed appropriately.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were consistently safeguarded from abuse or improper treatment and had failed to take appropriate action following safeguarding incidents. This was a breach of regulation 13 (Safeguarding service users from abuse or improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- People told us they felt safe and well protected when staff were in their homes. One person said "Safe, yes I feel very comfortable with all of them."
- People and staff did not raise any concerns with us about safety. Staff received training in safeguarding vulnerable adults and knew how to identify and report concerns.
- We saw safeguarding incidents had been appropriately identified and reported to CQC and the local authority, with action taken to help prevent a re-occurrence.

Assessing risk, safety monitoring and management

- Overall, risks to people's health and safety were assessed and appropriately managed although some risk assessment documentation required updating to ensure it reflected people's current needs. A plan was in place to address this.
- We saw clear information was recorded on the risks associated with people's care, in a comprehensive range of areas. Fact sheets were available to staff on key risks to people such as falls, diabetes and identifying stroke to raise awareness with staff. Any risks associated with people's health were clearly recorded within their care and support files.
- People said staff worked safely and competently. One person said "Yes all carers are absolutely fine they do everything safely."
- Most people said the service was reliable and calls consistently took place. One person told us that carers had failed to arrive for their evening call in October 2019. We saw this was an isolated incident due to an emergency situation and we had confidence it was not a regular occurrence within the service.

Staffing and recruitment

- Overall we concluded there were enough staff deployed to ensure people received appropriate care, although some improvements were needed to some rotas to enable staff arrive at people's houses in a timely manner.
- People provided mixed feedback about the timeliness of staff. One person said "Carers are often late", another person said "Mainly satisfactory." We reviewed calls time people received which showed they were generally satisfactory, with staff deployed at the right times to ensure people's safety.
- Staff told us they thought overall there were enough staff although some staff said there was not always enough travel time on rotas. We reviewed a selection of rotas and saw some instances where there was insufficient travel time allocated. The registered manager told us they were in the process of re-arranging rotas as part of a re-organisation of the areas where they delivered care and support, which would lead to further improvements in this area.
- Safe recruitment processes were followed to help ensure staff were of suitable character to work with vulnerable people. This included checks on their backgrounds and work history.

Preventing and controlling infection

- People and their relatives told us staff always wore personal protective equipment such as gloves and aprons and adhered to good hygiene techniques.
- Staff received training in infection prevention and had access to a supply of Personal Protective Equipment (PPE). Care plans included information about wearing aprons and gloves when supporting people with

personal care or preparing food and this was checked during spot checks of staff.

Learning lessons when things go wrong

- The registered manager told us there were systems in place to report and monitor accidents and incidents. However there had been none recorded in the last year. Whilst we had no evidence incidents had occurred we asked the registered manager to ensure staff were aware of the need to report incidents no matter how minor they perceived them to be.
- Following staff performance and recording issues we also saw evidence of clear learning being put in place.

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.

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

- People and relatives all said Premier Care (Bradford) was effective in achieving good outcomes for people, providing a good quality of life to people with support needs.
- People's care needs were assessed with recognised screening tools used to assess risks to people and develop plans of care. People's goals and outcomes were built into care planning which were then assessed at care review.

Staff support: induction, training, skills and experience

- Staff received appropriate support, training and supervision. Most people we spoke with said they felt staff had the right training and skills to meet their needs. One person said, "Skills, yes they have the right skills, for what they have to do."
- New staff received a comprehensive induction which included meetings and opportunities to shadow experienced staff. We reviewed the training matrix for the service which showed staff were up to date with training. We saw staff had the opportunity to complete additional training to further develop their skills.
- Staff received regular one to one supervision and appraisal which provided them with the opportunity to discuss any issues including their development needs.
- Spot checks were carried out regularly to ensure staff were following care plans and risk assessments.
- Some people told us they would like more continuity of care workers to ensure they were fully familiar with their needs. Continuity of carers was closely monitored by the service on a weekly basis. Whilst we saw continuity was generally acceptable, we saw some instances where people had received up to 20 care workers in a month. The manager said they would closely monitor this in the future and wherever possible ensure continuity of care.

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

- Overall people said they were supported appropriately at mealtimes. During home visits we observed staff offering people choice as to what they wanted to eat, physically showing them the options to promote choice.
- People's nutritional needs were assessed, and clear information provided to staff on how to meet their needs. Daily records of care showed the support provided to people.

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

- People's healthcare needs were assessed by the service. Clear information on people's healthcare needs was recorded to ensure staff were aware of these.
- We saw evidence the service worked with health professionals when people's needs changed. This included district nurses and doctors. Their advice was recorded and passed onto staff when required.

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 so that they can 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. There were no DoLS in place at the time of the inspection. We checked whether the service was working within the principles of the MCA.

- People had consented to their care and support arrangements and felt in control of the care they received.
- Staff and management had received training in the MCA and we saw the correct processes were followed. If the service suspected someone lacked capacity to make decisions for themselves best interest processes were followed.
- Information on Lasting Power of Attorney (LPA) had been sought by the service to ensure they were aware which relatives had the power to make decisions relating to people's finances and care and support.

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.

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

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

- Overall we concluded people were treated compassionately and fairly by staff. Most people we spoke with said staff were kind and caring and treated them well. One person said, "Yes they have shown me respect" and another person said, "Carers are absolutely fine they do almost everything. We have a friendly relationship." A small number of people provided more mixed feedback, for example one person said, "There is a mixture of staff, some are kind and caring".
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- The service took into account people's diverse needs for example in making efforts to match staff who spoke the same language as people to aid good communication.
- People's care plans contained information about their past lives, likes and preferences. This helped ensure staff knew about the people they were supporting.
- During home visits we saw staff interacting positively with people, it was clear they had built up good relationships and people knew the names of regular staff who supported them.

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

- People told us they felt listened to by the service. They said staff asked them how they were and engaged in conversation with them.
- Records showed people were involved in the initial assessment of their care needs in order to ensure a care package that met their needs and preferences. People were asked for feedback through various mechanisms, including during spot checks on staff, telephone surveys and annual care reviews.

Respecting and promoting people's privacy, dignity and independence

- Overall people said they were treated with dignity and respect by staff. People said staff respected their homes and tidied up after themselves.
- Staff attitude was checked during spot checks and people were asked for their views during surveys and telephone reviews.
- Care planning focused on helping people to maintain or develop their independence. We saw the service had worked with professionals such as occupational therapists to improve people's independence and

achieve good outcomes.

Is the service responsive?

Our findings

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

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 needs were met through good organisation and delivery.

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

- People received good quality, person centred care that met their individual needs. People praised the standard of care they received. They said staff were familiar with their likes, dislikes and preferences.
- People's care needs were assessed and clear and person-centred care plans produced for staff to follow. These were mostly appropriate, although some needed updating to ensure they reflected people's current plans of care.
- Daily records of care showed staff consistently provided the required support on a daily basis.
- People generally received calls at a set time of day in line with their assessed needs. This helped to ensure person-centred care and support.
- People had clear input into their care and support plans. We saw the service had been responsive in changing people's calls if their needs changed or if they required an additional care visit.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the Accessible Information Standard and demonstrated the service could make documents available in different formats and languages if required.
- People's communication needs were clearly assessed prior to using the service and this information was used to produce clear guidance to help ensure staff communicated effectively and in the right way for each individual.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain should they wish to raise an issue. A relative told us, "Not made any complaints. If worried or unhappy I would ring the office." People said they had no problems with ringing the office with any issues and felt able to communicate this information.
- Information on how to complain was present within care and support plans kept in people's houses.
- Where complaints had been received we saw these had been logged, investigated and responded to within a timely manner.

End of Life Care

- At the time of the inspection the registered manager told us the service was not providing end of life care. However, we saw the service assessed people's end of life wishes as part of care planning so information was available should it be needed.

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.

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

- During the inspection we found medicines were not consistently managed in a safe way. Although action was being taken to address this shortfall, these failings should not have arisen. We found some recent audits of medicine records had not been suitably robust in taking action to address poor documentation.
- Some care plans also needed updating to ensure they reflected people's current care and support needs. For example, ensuring moving and handling plans, medicine risk assessments and general care plans reflected the care, staff were now delivering.
- We had confidence these shortfalls would be addressed as the provider had recently identified them and had a strong action plan in place to improve the service.
- The service had a number of audits and checks in place. This included analysing timeliness of staff, call length and continuity of care workers with reports produced which were sent to senior management for review. These were useful in assessing and monitoring the performance of the service.
- A registered manager was in place and we saw the service had submitted the required statutory notifications to CQC so we were aware of events taking place in the service.

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

- People said they were satisfied with the overall quality of care provided and received good outcomes. However, people provided mixed feedback about whether the service was well managed. One person told us, "The culture is friendly, and the carers seem to be happier". However, another person told us, "Management is bad. I feel like they don't communicate.". A number of people also wanted better organisation of rotas and continuity of care. One person said, "Communication is the biggest problem with the service. If rotas are changed they should let you know who is coming".
- Most staff we spoke with said they would recommend working at the service and that it was well organised, and they felt well supported by the management team. The registered manager told us they had an open-door policy and staff regularly visited the office.

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

- We found the registered manager and provider to be open and honest with us about current shortfalls around medicine management and care planning. Demonstrating to us, clear and robust measures being put in place to ensure improvement of the service.
- The registered manager demonstrated they were committed to continuous improvement of the service. Since the last inspection action had been taken to improve various aspects of service delivery, and whilst further improvements were required, progress had been made in a number of key areas including safeguarding.

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

- People's views and opinions on the service were regularly sought. This included telephone surveys, annual care reviews and spot checks of practice. We saw where issues were raised action was taken to investigate and resolve.
- Staff meetings were held regularly. They provided an opportunity for quality issues to be discussed and for staff and people to share ideas.

Working in partnership with others

- The registered manager attended forums run by the local authority to network with other managers and keep up-to-date with best practice. They also met with managers from the provider's other locations to discuss quality matters.
- The service worked with a local college to offer staff additional training in subjects such as dementia.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1) (2g) Medicines were not consistently managed in a safe or proper way.