

Premier Care Services Ltd

# Premier Care Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 27 and 28 November 2018 and was announced. At the last comprehensive inspection on 18 and 19 October 2016 the service was rated as Good. At this inspection we found the service was rated as Requires Improvement.

Premier Care Services Ltd is registered as a domiciliary care agency. The service provides personal care to people living in their own homes. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. For example, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 72 people living in the London Borough of Croydon were using the service.

The service had a registered manager in post who was available during both days of our inspection. 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 provider did not always properly assess risks relating to people's care, such as risks relating to medicines management, pressure ulcers and nutritional risk. There were no robust management plans in place for staff to follow in reducing the risks.

The provider did not always manage people's medicines well. For example, the provider did not ensure staff made records of medicine administration accurately and did not ensure staff were sufficiently trained in the specialist skills they needed.

The provider did not keep an overview of staff training so we could not be sure all staff had received the training they needed, when they needed it. We were concerned the training provided was out of date and did not include current best practice and guidance.

Some parts of people's care plans lacked detail to inform staff about the people they were caring for. For example, a person's care plan did not set out the communication difficulties a person experienced or the best ways for staff to communicate with them.

The provider did not have effective systems in place to monitor, assess and improve the service. The provider had not identified the issues we found during our inspection and so had not made the necessary improvements to meet the fundamental standards.

The provider did not always submit statutory notifications to CQC as required by law which meant they did not support us to carry out our role in monitoring services to make sure the appropriate action was taken to protect people's health, safety and welfare.

People's ability to make decisions was not always recorded in line with the Mental Capacity Act (MCA) 2005.

People knew how to complain and believed the registered manager would investigate any concerns they raised properly. The complaints policy needed to be amended and the way complaints were recorded needed to be improved.

Staff told us and records indicated they received appropriate supervision to support them in their role. The service followed safe recruitment practices.

Systems were in place to involve people in developing and reviewing their care and to gather their feedback about the service they received. Although sometimes the information recorded was poor.

People were safeguarded from abuse and neglect. Office staff were confident in the reporting procedures they should use and staff knew when they should notify the office if they suspected people may be being abused to keep them safe.

People were supported in relation to eating, drinking and their healthcare needs when this was part of their agreed package of care. However, record keeping around the type of support people required was sometimes poor.

Staff were kind and knew the people they were caring for. Staff supported people to maintain their privacy and dignity and treated people with respect.

We found breaches of the regulations relating to safe care and treatment, staffing, person centred care, good governance and notifications. You can see what action we have asked the provider to take to address these breaches at the back of this report.

We have made a recommendation to follow the current best practice guidelines for the MCA.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Risks to people's safety were not adequately identified or managed.

The provider did not always manage people's medicines safely.

There were safe staff recruitment and selection processes in place. Appropriate checks were undertaken before staff began to work at the service.

People were safeguarded from abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff training was not centrally monitored to make sure all training was complete. Training was not always up to date or in line with best practice to care for people.

The service did not always follow MCA guidelines.

Staff received appropriate supervision to support them to carry out their role.

People received support in relation to eating and drinking and their healthcare needs but record keeping was poor.

### Is the service caring?

**Good** ●

The service remains Good

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Records were often incomplete or did not contain sufficient details about people's individual needs.

The registered manager investigated complaints thoroughly,

however, these were not always monitored centrally.

**Is the service well-led?**

The service was not always well-led.

Suitable systems were not in place to monitor, assess and improve the quality of the service.

The registered manager was required to notify the commission of certain events. This had not always been done.

Staff felt supported by the managers.

People were contacted for their views on the service they received although these were not always recorded in detail.

**Requires Improvement** 

# Premier Care Services Limited

## **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.

The inspection took place on 27 and 28 November 2018 and was announced. One inspector undertook the inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

Before our inspection we reviewed the information, we held about the service which included statutory notifications we had received in the last 12 months.

During our inspection we spoke with one of the directors, the registered manager, two members of office staff and three care staff. We looked at five people's care records, three staff files as well as a range of other records about people's care, staff and how the service was managed.

After our inspection an expert by experience carried out the telephone calls to people or their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They spoke with 13 people and seven family members of people who used the service.

The registered manager also sent us additional information such as service user guides and policy documents.

# Is the service safe?

## Our findings

Not all risks were identified, monitored or managed to help people to stay safe. Some risk assessments were in place for people using the service. This included environmental risks and a basic risk assessment around moving and handling. However, there was limited information available to give staff guidance on how to manage individual risk. For example, one person's care record contained information about one person requiring "major assistance" with a transfer from their bed to a chair via a ceiling hoist. But there was no risk assessment in place or guidance around using the hoist to help staff manage or reduce risk. Another person was at risk from pressure sores. A relative's email informed the service that their family members wound was not healing and concerns had been raised by a healthcare professional that lack of fluids and nutrition were a contributor to this. There was no risk assessment on the person's file regarding their skin integrity, or their diet and nutritional needs. Although there was a nutritional assessment, this was only partially completed and did not provide the information staff needed to ensure the person's needs were met. Another person had poor skin integrity and a call with a relative suggested a protective boot was required to reduce the risk of pressure sores. The person's records were reviewed in November 2018 and this risk had not been recorded. We were concerned that risk assessments were not being identified and assessed to give staff the information they needed to keep people safe.

The provider was not always clear about its responsibilities and its role in relation to people's medicines. The registered manager told us that staff did not administer people's medicines. However, when we looked at people's records they confirmed that people were receiving support from staff with their medicines. The NICE (National Institute for the Health and Care Excellence) guidance released in March 2017 on managing medicines for adults in community settings explains when care workers should record the support with the medicines people take. Their definition for medicine support is prompting or reminding people to take their medicines, helping people remove medicines from packaging and administering some or all a person's medicines.

People's medicines were not always managed safely. We looked at the records held for one person who received their medicine via specialist equipment. Although care records stated how medicine was administered there was very little detail other than the live-in carer administered these medicines. The registered manager explained the live-in carer was also employed by the service. We discussed our concerns about the lack of information about the live-in carers duties around the administration of medicine in the person's care records. On the second day of our inspection the registered manager brought us the person's home folder so we could look at the information available. There was a Medicine Administration Record (MAR) in the file, however, this was poorly completed and NICE guidance had not been followed. For example, it was unclear which month the record was for, the medicine the person was receiving and the amount of medicine was not listed. In addition, there were gaps on the record that were not accounted for so we could not be sure if the person had received their medicine on that day or not. We looked in the person's records to see if there was any guidance or risk assessments in place for the administration of medicines. We did not see any guidance or risk assessments. We saw a list of the person's medicine in 2016 but no other more recent information. We asked the registered manager about the training of the staff member. We were informed that training was undertaken in-house and we saw the last training in

medication was in March 2018. However, the last specialist training received in this area was in March 2014. We could not see any competency checks completed in relation to the medicine administration for this specialist equipment.

We were concerned that people were at risk because care plans lacked guidance for care staff about how they were required to safely support people to take their medicines. When support was given, records were not kept or were not complete in line with best practice and staff did not always have the appropriate up to date specialist training this included annual reviews of their knowledge, skills and competencies in line with NICE guidance.

These concerns constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us although the care staff were rushed they felt safe using the service. One person told us, "I have the same carers. That makes me feel safe, not having to think about who I'm getting."

Staff told us they would notify the office if they had any concerns. None of the care staff we spoke with told us they would contact the local authority directly if they felt their concerns were not being acted on. However, office staff appeared confident in the procedures they should follow if they suspected or were notified that people were at risk of abuse. The records we checked confirmed that staff had received up to date safeguarding training by the provider. Although there had been no safeguarding concerns reported to the CQC we saw three concerns had been raised with the local authority. The registered manager had responded to any questions presented by the local authority and as a result we were told these concerns had not resulted in a safeguarding investigation.

Emergency 24 hour on call numbers were given to staff and people who used the service, information included the name of the person on call and their number so people knew who they should call in an emergency.

There were enough staff deployed to care for people and the service was constantly recruiting to ensure there were sufficient staff numbers to meet people's needs. People had mixed views about the time keeping of care staff. Comments included, "It's got better in the mornings. The evenings are haphazard...some [staff] let me know they're late, but not always", "They are always on time. They stay about 5 or 10 minutes. That's long enough for me" and "[Staff] are more or less on time. Sometimes the traffic is bad." Three of the relatives we spoke with told us care staff were in a rush and didn't stay the full amount of time. However, they all felt staff completed everything they needed to before they left. The registered manager knew that timekeeping had been poor in the past. They had purchased a fleet of cars and made sure there were drivers to drop and pick up care staff from their calls. They told us feedback from people had been positive and staff timekeeping had improved.

The service followed appropriate recruitment practices. Staff files contained pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

We looked at the way the service responded to accidents and incidents. This included any investigations undertaken and actions taken to reduce risk to people. We saw the accident and incident records for 2018 and noted there were only three recorded incidents. Staff had told us people were at risk of falls and would



often report falls to the office. The registered manager told us falls were not recorded as accidents or incidents but recorded on the computerised notes system together with action taken at the time. We saw examples of completed notes. Although we could see the actions taken had been clearly recorded we could not see how the registered manager used this information to monitor the number of falls, the times and if there were any trends that indicated a greater risk to people. We discussed our concerns with the registered manager who assured us they would look at more effective ways of recording information around incidents.

No one we spoke with during this inspection had any issues with staff not following infection control procedures. One relative told us, "They wear gloves when doing personal care. I have no complaints about them cleaning up after." We found a policy and procedures were in place and staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people.

## Is the service effective?

### Our findings

Staff told us they thought they had received suitable training to make sure they had the skills required for their role. We spoke with one of the office managers who assisted with staff induction and training. They explained a three to five day induction was held every month for new staff, this also introduced them to the policies and procedures. We were told new staff also covered the Care Certificate standards during their first three months. The Care Certificate is an identified set of 15 standards and outlines what health and social care workers should know and be able to deliver in their daily jobs. We asked to see an example of the workbooks care staff completed and how their competencies were assessed at the end of the course. Staff told there was currently no evidence to confirm care staff had met the standards.

Staff training was completed on a monthly rolling review and we were shown a training record where days had been blocked out for staff mandatory training. This was flexible depending on staff requirements. Training was delivered by way of a DVD that staff watched and questions were asked afterwards. We were unable to speak to the main trainer as they were not working on the days of our inspection. However, we were told they had a train the trainer certificate from 2012. This was given to them by the previous registered manager, who was also a train the trainer. We were concerned the train the trainers' knowledge and skills and the DVDs used were out of date and not reflective of current best practice.

Records of staff training were kept in individual staff files. The registered manager did not keep an overview of staff training so was unable to identify when mandatory training was due or if there were any gaps in staff training. From the staff records we looked at we were not assured that all staff had completed the training required for their role.

We were not assured that staff had the skills and knowledge to meet people's needs. We were concerned that not all staff were up to date with their training and that staff training, learning and development was out of date and did not always reflect the current legislation and guidance. We spoke to the registered manager about our concerns. They assured us the trainer kept themselves up to date with new guidance via the internet and various websites. After the inspection the registered manager confirmed their trainer would be updating their train the trainer certificate in due course.

These concerns constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt supported and had attended one to one meetings with the provider. Records showed that staff supervision and appraisal arrangements were in place.

Where required, people were supported to eat and drink. There was basic information in the records we looked at but overall the record keeping was poor. For example, records noted the times people needed assistance with mealtimes and if they had any known allergies but little else. We saw one person was having difficulty swallowing. Although there was some information in their care records regarding the type of diet they required there was no risk assessment or guide for staff to support that person. We did, however, see

daily notes that suggested they were given a soft pureed diet. No one we spoke with had any issues with mealtimes or the staff assisting them. We were unable to tell from records available if all care staff had received updated training in food hygiene.

People's personal information about their healthcare needs was recorded in their care records. The registered manager explained they worked with families when people's healthcare needs changed. Often families would take people to healthcare appointments and update the office of any changes. Although these changes were not always noted on people's care plans, we saw they had been identified on the computer system the office staff used. This meant they could relay the information to care staff so they were updated with any changes in people's care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a separate process for services that provide care to people in their homes which involves an application to the Court of Protection.

From the four staff records we looked at we saw one staff member had received recent training in DoLS. We saw the provider had a detailed policy in place giving information to staff about the MCA and DoLS and when assessments should be made and all staff were required to read this. Although, one person had details of their Lasting Power of Attorney on their care records, all of the MCA assessments we saw were either not completed or partially completed so it was hard to see if people had capacity or not. We discussed the benefits of have a structured mental capacity assessment in place to give staff further guidance concerning the person's ability to make decisions. The registered manager told us they would look to simplify the form currently in use to make it easier for staff to use.

We recommend the provider consults the current best practice for the Mental Capacity Act to ensure appropriate assessments are recorded and retained in line with the guidance.

## Is the service caring?

### Our findings

People liked the staff who supported them and spoke positively about them. Comments included, "The carers are very good. Excellent. They work with me", "The ones I've got now are brilliant. They are kind, on time and helpful. I couldn't praise them enough" and "I like the carers." Relatives told us, "We love them. [staff] we think they're lovely" and "All the carers are really good. They do exactly what [my relative] needs."

Relatives told us the service tried to give people their preferred choice of male or female care staff. One family member told us, "[My relative] has had both male and female carers, but mostly male now, which is his preference." People were most happy when they received care from the same care staff which meant they had consistency of care and encouraged good relationships to form. Most people told us they could have a conversation with staff. However, two people told us they sometimes had difficulty understanding staff and that sometimes staff would speak in their own language. One relative told us, "When [staff] talk they're on language in front of [my relative] they tell them to speak English." Another person explained it was sometimes difficult because some staff refused to buy certain meat products because of their religious and cultural beliefs. We raised these issues with the registered manager so they could review the processes they had in place.

Staff knew people well. All the staff we spoke with had empathy for the people they cared for and were knowledgeable about the care and support people needed. Comments from staff included, "I enjoy my job, I try to be nice and show them [people] love and happiness", "I really like what I am doing, I like helping elders, people that don't have anyone to support them. It's important to me" and "I enjoy working with my clients."

Staff told us how they respected people's privacy and dignity and gave examples of how they did this while still encouraging people to be independent. People confirmed that staff were polite and would ask them before they started a task.

## Is the service responsive?

### Our findings

People we spoke with told us their needs were met and that staff supported them well. One person said, "If I want things done, they do it. They help me in the bath and to get dressed. They make my breakfast the way I like it. If I say I'm not ready to shower, they encourage me." Another person told us, "They [staff] say, 'what more can we do?' If I need something for the next day I ask them, 'can you bring me something', whatever it is and they do."

People's needs were assessed when they first started to use the service. The registered manager explained some people received a short-term care package to support them when they returned from hospital or needed extra support after a period of poor health. This care package lasted up to six weeks and gave people the opportunity and confidence to relearn and regain some of the skills they may have lost. The local authority provided the initial information concerning the person including any background history, medical conditions and the support required by the service. Other people were on longer term care packages. We checked people's care records and found reviews of care had been carried out by the service. However, we found parts of the review were often incomplete or did not contain sufficient detail about people. When people's needs had changed these had not been identified. For example, additional support was required for one person when they were eating, but we did not see this in their care records. People's communication needs were not listed, one person's review just said, "unable to communicate" with no further details for staff to guide them on how they would gain this person's consent to care or offer this person choice. The registered manager explained that many changes were noted on the computer system and we were shown notes of telephone calls and action taken when staff notified the office of a problem. However, the care records we were shown had not been updated to reflect these changing needs and we were concerned people may not always receive treatment and care that was personalised specifically for them and staff may be using incorrect or out of date information to care for people.

These concerns constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before we inspected this service, we had received concerns regarding the poor resolution of complaints. Three of the relatives we spoke with after the inspection told us they had made a complaint in the past and they felt their concerns had been addressed. Other people told us they had no issues but would know who to speak with if they needed to. The registered manager showed us their complaints folder and we noted six complaints had been reported in 2018. We spoke about the concerns we had received and noted they were not in the folder. The registered manager managed to track these down via the email and computer system. The registered manager told us they felt they dealt with complaints appropriately. They felt lessons were learnt and improvement made, for example, in response to people's complaints about staff lateness they had purchased a fleet of cars to ensure staff were able to attend their calls on time. They explained they would do everything possible to put things right but "when it was impossible" to work with people they would look to give the package back to the local authority. We were shown the complaints policy and noted it was out of date quoting out of date regulations, we spoke with the manager about updating the document. The policy also stated, "Every complaint should be recorded at Premier Care Services Ltd

complaints file." The registered manager told us that in future they would have a more robust procedure in place to record and monitor all complaints about the service.

The registered manager told us they were not providing end of life care to people at the time of our inspection.

## Is the service well-led?

### Our findings

The service had some quality assurance processes in place but these were not always comprehensive. For example, people's care plans were reviewed annually and regular spot checks of staff performance were carried out to check staff were providing care to people in the best ways. The provider also gathered feedback from people via annual questionnaires and acted on the feedback received. However, there were no suitable processes in place to ensure records were complete and accurate in relation to each person's individual needs. Risk to people had not been identified and there were no systems in place to reduce the risks or monitor risk to ensure the appropriate action had been taken to keep people safe. There were no systems in place to audit medicines management to make sure people received their medicines safely in line with national guidance. The provider was not able to monitor staff training as there were no systems in place to identify which staff had completed their mandatory training or not. The provider did not check care was provided to people in line with the MCA. The provider was unable to monitor complaints because it did not follow its own complaints policy and not all complaints were recorded and stored in the same way. The lack of sufficient audits meant the provider had not identified or resolved the issues we found relating to risk assessments, medicines management, staff training and the MCA. These issues meant people were at risk due to poor governance processes.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not always send notifications about significant events to CQC as required by law. During our inspection we found three allegations of abuse had been made against the provider which they did not notify us of.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and their relatives generally felt happy with the way the service was managed and said they would contact the office if they had any problems. Staff told us they felt well supported by their managers and told us team work was good. Comments included, "staff are wonderful, teamwork is good, I enjoy working with good people", "I receive 100% support, there is a 24 hour on call line if anything happens" and "I get a lot of support from this agency."

People were asked about their views and experiences of the service. Yearly surveys were sent to people, and any feedback was used to highlight areas of weakness and make improvements to the service. We saw the results from the most recent survey sent during 2018. Most of the results were positive and where issues or suggestions had been made the registered manager had responded and created an action plan to resolve any issues.

People were also contacted during home visits and during telephone reviews. However, people told us this was not always on a regular basis. Comments included, "They occasionally phone and ask, 'how is it going?'" "We've had a couple of visits", "They call be up but don't come round" and "Someone phoned to ask if I have

got any problems." We looked at the some of the most recent telephone monitoring calls and found the information recorded was very limited. So, it was hard to see how the provider used information from people in a meaningful way to develop the service.

Regular staff meetings for care staff and office staff helped staff understand what was expected of them at all levels. We saw minutes from the last two meetings and noted information included training and general staffing issues.



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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider did not always notify the Commission, without delay, of any allegation of abuse, or abuse of people using the service.</p> <p>Regulation 18(1)(2)(e)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not always carry out an assessment that detailed people's individual needs and preferences.</p> <p>Regulation 9(3)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way for people by assessing the risks to the health and safety of people of receiving the care and doing all that is reasonably practicable to mitigate any such risks.</p> <p>Medicines were not always managed properly and safely.</p> <p>Regulation 12(1)(2)(a)(b)(g)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not in place to ensure the registered person was able to assess, monitor and improve the quality and safety of the services provided by the service.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure all staff received appropriate up to date training.</p> <p>Regulation 18(2)(a)</p>