

Premier Care Limited

Premier Care Limited - Trafford & Manchester Homecare Branch

Inspection report

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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 - Trafford and Manchester Homecare Branch is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

People's experience of using this service

The systems in place to manage people's medicines were unsafe which placed them at risk of harm. There were discrepancies with the records kept and the procedures staff followed. People were at risk of not receiving their medicines as prescribed, and the provider's monitoring of the safe administration of medicines was not robust.

The systems for auditing and monitoring accidents and incidents needed improving. Governance systems had not identified the issues we found with the unsafe management of people's medicines. Systems were in place for gaining feedback from people and their relatives about the quality of care they received.

People's care plans had continued to be updated since the last inspection to make them more person centred and now contained a wider range of information.

Staff had awareness of safeguarding and knew how to raise concerns. Systems were in place to recruit staff safely; there were sufficient numbers of trained staff to support people safely. Staff followed safe infection control practice.

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 requires improvement (published 09 January 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 11, 12, 19, 20 and 25 September 2019. 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 and good governance.

We undertook this focused inspection to check the service 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 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 not changed. 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 Limited -Trafford & Manchester Homecare Branch on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Premier Care Limited - Trafford & Manchester Homecare 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 three inspectors and a medicines inspector.

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 that 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 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 visited 14 people who used the service in their own homes to look at care records and ask about their experience of the care provided. We spoke with six members of care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including 10 people's care records and multiple medication records. We looked at five 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 records relating to the management of people's medicines.

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 limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to manage people's medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Using medicines safely

- There had been some improvements in the management of people's medicines since the last inspection. People's medication administration records were now completed more clearly, however we identified a number of concerns.
- Medicines which were dispensed by some of the supplying pharmacies in a 'monitored dose system/blister pack' were not always properly labelled. The missing information meant it was not possible for staff to identify tablet/capsules before administering them.
- Medicines reconciliation (the process of creating the most accurate list possible of all medications a person is taking) remained a challenge for the service; there still remained some risks as there were times when out of date information was used to check if medicines were correct.
- Discharge from hospital was a concern, and some medicines continued to be given to people despite hospital discharge information stating it had been discontinued.
- The system for managing time sensitive medicines (medicines which need to be given at a certain time to make sure they are safe or work effectively) was not effective, and 'before food medicines' were not being given correctly.
- Information on medicines to be give 'as required' was missing or incorrect for some people. Some people's assessments were not always correct and did not always provide staff with the necessary information needed to give medicines safely.
- Some people's records did not clearly demonstrate which medicines the service were administering and which the person took themselves. There was no list of staff signatures available.

This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care plans continued to be updated since the last inspection; these contained more details than the previous care plans and included more information in regard to assessing risks to people's health, safety and wellbeing. However, assessments relating to medicines were not always robust and some people were not receiving their medicines safely.
- The provider had systems in place to record any accidents and incidents and a log of any incidents was

kept. However, there were several different accident forms available to record these. The registered manager told us any unwitnessed incidents which were reported by family members were only logged in people's daily diary sheets; this lessened the potential for learning and preventing a reoccurrence.

- No accidents had occurred since the date of the last inspection.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to be in place to protect people from the risk of harm. Staff had received training in safeguarding.
- There were procedures in place for raising any safeguarding concerns with the local authority and other key agencies.
- The service had a safeguarding policy and maintained a log of any safeguarding investigations and any records associated with these.

Staffing and recruitment

- Staff continued to be recruited safely and had the appropriate pre-employment checks in place before employment commenced.
- The provider had a system in place to monitor scheduled calls and any missed visits. People told us staff visited regularly and arrived on time. One person told us, "Staff visit twice a day; they stay long enough to do what they need to do."

Preventing and controlling infection

- Staff wore personal protective equipment such as gloves and aprons wore it when supporting people. There was a large of stock of PPE at the office premises.
- Staff understood their roles and responsibilities in relation to infection control and hygiene. The provider had a policy for the prevention and control of infection.

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.

At our last inspection the provider had failed to monitor and mitigate the risks relating to the health, safety and welfare of people and others who may be at risk. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- The provider's audits in relation to the monitoring of people's medicines were not robust enough and had not identified the issues we found in relation to the safe administration of people's medicines.
- We found ongoing issues in relation to the safe management of medicines that the provider had not adequately addressed since our last inspection. The record keeping systems used had failed to make sure people were given their medicines safely.

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

- A weekly check was done on all staff visit times to ensure these were made as planned.
- The manager was aware of their regulatory requirements; they were aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people.
- There was a clear line of staff responsibility within the service and a team structure was identified and available to all staff.

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

- The provider carried out telephone surveys with people using the service. Staff from the provider's head office called people to ask for their opinions about the service.
- People were asked questions in relation to staff performance, raising concerns and being treated with dignity and respect. Results from the most recent surveys undertaken up to January 2020 were largely positive. Where any issues had been raised these had been passed to the registered manager to investigate and act on.

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 duty of candour places legal responsibilities on organisations to be open and honest when things go wrong. The provider had sent us written notifications about any important events when they happened at the service.
- The provider was open and transparent during the inspection and understood their responsibility to apologise to people and give feedback if things went wrong.

Working in partnership with others

- The registered manager attended the local authority Trafford registered managers meetings which provided an opportunity to meet with peer managers, to discuss challenges and share good practice.
- We saw other health and social care professionals were involved in people's care such as doctors, district nurses and social workers.
- People and staff confirmed the registered manager was accessible and they could get in touch with them. One person told us, "I have regular contact with office staff who check that I am happy and if any changes to my support are needed."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was no proper and safe management of medicines. In particular: The systems in place to manage people's medicines were unsafe which placed them at risk of harm. There were discrepancies with the records kept and the procedures staff followed. People were at risk of not receiving their medicines as prescribed, and the provider's monitoring of the safe administration of medicines was not robust</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk</p> |