Premier Care Limited

Premier Care Limited - Salford 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 – Salford Homecare Branch is a domiciliary care service who provide care and support to over 380 people living in their own accommodation within the Salford area. Premier Care is the main provider for the local authority in 4 of the 5 areas of Salford which are Swinton & Walkden, Little Hulton, Broughton and Ordsall.

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 inspection, 360 people received personal care and were included in the inspection.

People's experience of using this service and what we found
We found improvements were required with consistency in the timing and duration of care visits and audit and governance processes. Care staff often arrived earlier or later than planned and did not always remain as long as scheduled. There was also a lack of travel time provided between visits, which also affected staff's ability to be punctual. There was a lack of audits and monitoring processes being completed within the service. What was in place had not identified a number of the issues we noted during the inspection.

The majority of people we spoke with told us they received safe care, especially when supported by their regular carer. Staff told us they were provided with training in safeguarding. However, records showed training completion rates required improvement. The provider was aware of this, and a plan was in place. New staff had been recruited safely, with all necessary safety checks completed. Risks to people had been assessed, with information in care plans on how these would be minimised as much as possible. Overall, medicines were being managed safely, though some issues we noted had not been identified through the audit process.

We have made a recommendation about medicines auditing.

People and relatives provided mixed feedback about communication with the service and involvement in their care. Some told us communication was good, any concerns were addressed, and they were periodically asked for their views about their care and if they were happy with this. However, others told us they had never been asked for feedback and had not received responses when concerns had been raised.

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 29 June 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected
We carried out a focused inspection of this service in May 2021. Breaches of legal requirement 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 they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection (published December 2017) to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

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

Enforcement and Recommendations
We have identified breaches in relation to person centred care and the audit and governance process 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 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by an inspector, a medicines inspector and 3 Experts by Experience who conducted telephone calls with people using the service and 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.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave 36 hours' notice of the inspection. This was to allow the provider time to start asking people using the service and their relatives if they would consent to speaking with us about their experiences. Inspection activity started on the of the 2 May 2023 and ended on 22 May 2023, by which time we had sought the views of people, relatives and staff and reviewed all additional information sent following the visit. We conducted

office visits on the 4 and 5 May 2023.

What we did before the inspection
We reviewed information we had received about the service since it was registered. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who worked with the service. We used all this information to plan our inspection.

During the inspection
We spoke with 11 people using the service and 14 family members about the experiences of the care provided. We spoke with the registered manager, operations director and director of quality in person and sought the views of 18 care staff via a mix of telephone interviews and emailed questionnaires.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We also reviewed recruitment records, induction and other training information, team meeting notes, client and staff rosters, audit and governance information.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Staffing and recruitment

At the last inspection we found call times were inconsistent, staff did not always stay the allocated time and the formulation of rotas was not robust. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach or regulation. However, as people's care visits were not always being completed in line with the agreed times as listed on their care plan and visit schedule, we found the provider was now in breach of regulation 9, rather than regulation 12.

● People and relatives provided mixed views in relation to the timings of care visits. Comments included, "The times they come vary greatly, today was 9am but sometimes it's 10am or even later", "They are supposed to provide 30-minute calls but only stay about 15, they never phone if running late. We are supposed to have 4 calls per day, but most of the time only have 3 as they merge the tea and bed call together" and "They usually turn up on time, about 9.15 or thereabouts and stay about 20 minutes, I've no complaints."
● Reviews of daily notes, along with call monitoring data showed call timings were often inconsistent, with care staff arriving both early and late and not always remaining for the agreed duration.
● Staff rota's showed little to no travel time was allocated between visits. As such, people's visits could not occur on time, unless staff did not remain for full duration at each visit, to allow time to get to next person at the scheduled time.
● People's preferences around the gender of care staff were not always respected. People who had specifically requested female care staff, due to requiring personal care, had, on occasions, been supported by male care staff.

People's care visits were not always completed in line with the agreed times as stated on their assessment, care plan and/or visit schedule. People's carer preferences were not always respected. This was a breach of regulation 9(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service, seeking references from previous employers and ensuring staff were legally permitted to work in the United Kingdom.

Using medicines safely

At the last inspection the provider had failed to ensure medicines were being managed safely. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, we have made a recommendation relating to the monitoring and oversight of medicines management.

- Guidance was in place for staff, which explained each person's medicines needs and how these should be met. Staff administering medicines had all received training and been assessed as competent to do so.
- On the day of inspection, we found 2 people's medicine administration records (MAR) contained incorrect information regarding their allergy status. People's allergy information had also not been uploaded onto the provider's new electronic MAR system. This was corrected immediately.
- We identified a couple of issues with record keeping. The directions for how to administer a person's medicine had not been updated following a GP review, and for another person who required thickening powder adding to their drinks, staff had not consistently documented this had been used.
- Medicines audits had been completed; these had identified a number of issues which we noted had been addressed timely. However, auditing had not identified all of the issues we found with record keeping.

We recommend the provider ensures thorough and on-going medicines audit are completed, to ensure the new EMAR system is used effectively.

Systems and processes to safeguard people from the risk of abuse

- A log was used to document any safeguarding issues and actions taken. We identified a discrepancy between what was documented on log and what had been reported to CQC. The log indicated 3 safeguarding issues had been reported to CQC, but we had no record of these on our system.
- Staff told us safeguarding training was provided and they knew how to report concerns. However, training records showed significant gaps in completion rates for safeguarding training. This had recently been identified by the provider, who had introduced an action plan to drive improvements.
- Overall, people told us they felt safe when in receipt of care, especially when provided by their regular staff member, less so when unfamiliar or agency staff provided support. Some people had formed positive relationships with their staff member and spoke highly of them. Comments included, "I am happy and safe when I have [name], my regular carer but if she is away, I have had problems" and "My regular carer is very nice and caring, I feel very safe with her."

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

- Care files contained a range of risk assessments, which explained the risks to people and how they would be managed. These included assessments relating to the environment, infection control, health and safety.
- A new electronic system for recording accidents, incidents and safeguarding concerns had just been implemented. We were told this was where actions taken and lessons learned would be captured moving forwards.
- Prior to this system being implemented, it was not clear what analysis had been completed of incidents and accidents, to help reduce the risk of reoccurrence. Evidence provided during inspection was limited.

Preventing and controlling infection

- The provider had up to date infection control policies in place.
- People told us staff wore the necessary PPE when providing care.

Requires Improvement

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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; Continuous learning and improving care

At the last inspection the provider had failed to ensure governance systems were robust enough to ensure issues with service delivery were either identified or addressed timely. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Following the last inspection in May 2021, the provider submitted an action plan to explain what improvements they would make to address the issues we identified. This included implementing a new audit system, which would be closely monitored to ensure it was effective.
- At this inspection, there was no clear audit schedule in place, which detailed what audits and monitoring was completed and how often. We noted medicines audits had been completed, along with checks of daily notes staff made after each care visit. The only other audit provided by the registered manager was a spreadsheet which showed 10 people's care plans had been reviewed on one occasion.
- No overarching action or improvement plan was provided or shared with CQC during the inspection, to indicate what issues had been identified through auditing and what action was being taken. We found no evidence the service had identified issues with call timings and the lack of travel time and had plans in place to drive improvements.
- We identified some inaccuracies and omissions within the care plans we viewed on inspection. These issues had not been picked up by the registered manager or provider, which indicated care plan reviews were either not completed fully or were not robust.
- It was apparent the provider had some oversight of the service, as they had implemented an action plan relating to training completion. They also shared with CQC an action plan linked to a number of areas such as supervision completion, care plan review completion, staff observations and competency checks, all of which were not up to date. However, it was not clear how information to create the action plan had been gathered, as no actual audits were shared.
- As mentioned in the safe key question, the service's safeguarding log indicated issues had occurred which should have been reported to CQC, which we had no record of having received. The registered manager assured us notifications had been submitted but failed to provide any evidence of this.

There was a lack of systems and processes in place to monitor the safety and quality of service provision, identify issues and ensure actions and regulatory requirements were addressed timely. This is a continued breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

● People and relatives provided mixed feedback regarding communication to and from the office. Those who were aware of the registered manager, were complimentary about them telling us they were helpful and listened. However, a number of concerns were raised about other office-based staff, one of whom was described as rude, unhelpful and unprofessional.

● Care staff also reported similar issues, with some commenting on communication with the office being problematic and action only being taken, if they escalated issues to the registered manager.

● There was a lack of evidence people and relatives were involved in the service and their views sought. No surveys or questionnaires had been circulated since the last inspection in May 2021. Care plan review completion was behind schedule, which meant not everyone had had formal input into their care recently.

● We saw evidence some people had received a phone call to ask them about their care, but this was not consistent. People's feedback supported this, some told us they had been asked for their views occasionally, others said they had never been contacted.

● Staff meetings had been held, although there was no clear schedule in place. We saw meetings had taken place in May, August & December 2022, but none so far in 2023. Staff feedback reflected this, with longer standing staff confirming meetings happened but infrequently and newer staff telling us they had yet to attend a meeting.

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

● People and relatives provided mixed feedback about their experiences of raising concerns when things had gone wrong. Some told us, communication had been good and issues addressed timely, whereas others said the opposite.

● Comments included, "I have had to complain about a few things, the kitchen being left messy, medicines being left out, commode not cleaned. They said they would investigate, but no-one has come back to me" and "Any issues, I ring the office. When I complain it's sorted out."

Working in partnership with others

● We noted some examples of the service working in partnership with stakeholders and other professionals, such as the local authority and social workers, in support of people using the service.

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 9 HSCA RA Regulations 2014 Person-centred care People's care visits were not always completed in line with the agreed times as stated on their assessment, care plan and/or visit schedule. People's carer preferences were not always respected.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of systems and processes in place to monitor the safety and quality of service provision, identify issues and ensure actions and regulatory requirements were addressed timely.

The enforcement action we took:

We issued a warning notice.