

Premier Care Limited

# Premier Care Limited - Trafford & Manchester Homecare Branch

## Inspection report

Unit B Suite A 1st Floor, The Oaks Business Park  
Crewe Road, Sharston  
Manchester  
M23 9HZ

Tel: 01618644205  
Website: [www.prem-care.co.uk](http://www.prem-care.co.uk)

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12 September 2023

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Inadequate** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Premier Care Limited - Trafford & Manchester Homecare Branch is a domiciliary care provider. It provides personal care to adults and older people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service supported 171 people with personal care.

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

Not enough improvement had been made since the last inspection. Medicine concerns identified at previous inspections had not been resolved. Medicines audits had not been effective at identifying, resolving and preventing issues occurring. This meant people were at risk of avoidable harm. Governance systems had failed to address the management of visit schedules, which meant staff were frequently late to calls and there were delays in people receiving the care and support they needed. This had a negative impact on people's care and their experience. The service has a long history of non-compliance, this is the eight consecutive inspection the service has been in breach of regulations.

The registered manager had been in post 9 months and had led improvements in some areas of the service. The staff culture had improved, and staff told us they felt valued and supported in their work. Systems to manage safeguarding concerns were now effective and there was a schedule of audits in place.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 01 March 2023) and there were breaches of regulations. At this inspection we found the provider remained in breach of regulations.

### Why we inspected

We carried out an announced focused inspection of this service on 23 & 24 January 2023. 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 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 inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. 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](http://www.cqc.org.uk).

### Enforcement

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

We took enforcement action but this did not proceed fully through an appeals process, as a later reinspection of the service demonstrated that improvements had been made.

### 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.

### Special Measures

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### 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 Health and Social Care Act 2008.

### Inspection team

This inspection was carried out by an inspector, a medicines inspector and 2 Experts 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.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

We gave the service 24 hours' notice of the inspection.

Inspection activity started on 29 August 2023 and ended on 12 September 2023. We visited the location's office on 29 & 30 August 2023.

## 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 8 members of office staff, including the registered manager, the medicines coordinator and 2 area managers. We reviewed a range of records, including 7 people's care records and multiple medicines records. We looked at 2 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including quality assurance were reviewed.

## After the inspection

We continued to seek clarification from the provider to validate evidence found. Two Experts by Experience spoke with 18 people who received a service and 5 relatives by telephone. We also spoke with 13 members of care staff by telephone. We received feedback from 1 health and social care professional. We looked at further quality assurance documents.

# 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 inadequate. At this inspection the rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

At our last inspection the provider had not ensured systems for the management and administration of medicines were safe. This demonstrated 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.

- Medicines were not managed safely. We found continued concerns in relation to the administration and reconciliation of medicines. The service has a history of noncompliance with medicines and has been in breach of regulations on 8 occasions.
- Good practice guidance was not followed, and effective systems were not in place to ensure medicines were given as prescribed.
- Appropriate medicine competency assessments had not been completed. We could not be assured staff had the necessary skills and knowledge to give medicines safely.
- The electronic medicines records were not updated in a timely manner to reflect the most current medicines that needed to be administered to people.
- Records showed medicines that needed to be administered at certain times, were not administered as prescribed. This meant the medicine might not work as intended. For 2 people who received when required Paracetamol, we found the time interval between doses were given too close together. People told us, "Late visits were a real problem as I'd struggle to time the medication to be pain free for my care" and "They [staff] come at different times, they come when they feel like it and I sometimes get my medicines late." This placed people at unnecessary risk of side effects.
- For 1 person we found that the specific guidelines on how to administer their medicine was not followed. This meant that the medicines may not work as intended and put the person at unnecessary risk of side effects.
- Although some medicines audits were completed, the errors we found during the inspection had not been identified.

The provider had failed to ensure safe systems for the management and administration of medicines. The providers action plan provided post inspection did not provide the required assurances. This demonstrated a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Staffing and recruitment

At our last inspection the provider had not established effective governance systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. 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.

- There were still concerns about the lateness of calls. Of the 22 people and relatives we spoke with, 10 had concerns about punctuality. They told us, "They aren't always on time and it's frustrating, as I might want to do something, or go to the shops, and I can't go when I want to" and "Yesterday I had to phone the office because [staff] didn't come. I had to make sure I got my medicines".
- We looked at 4 staff visit schedules and saw numerous examples where staff were late. In particular, of the 19 visit schedules we reviewed the first visit on 10 of the schedules was over 50 minutes late. The visit schedules also didn't have sufficient travel time between visits. Late calls can have a negative impact on people's wellbeing, personal care, moving and handling, food and drink and medication arrangements.
- Use of agency staff had ceased since May 2023. However, we received negative feedback from 7 people when their regular carers were not available as the replacements had not read people's care plans. "[Relative] can't eat solid food and some staff have no idea about that, or her drugs, which is difficult, as I have to go through the whole process with them" and "When I get staff who don't know me, I have to tell them what I need doing, there's a care plan, surely they have it, but they don't look."

Effective governance systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This demonstrated a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received positive feedback about people's regular carers from the majority of people we spoke to. They told us, "I get on charming with them, they're very good. One is permanent and she's marvellous, she's always happy and she makes me feel happy" and "I'm happy with all of them. It's all going well, and I'm really pleased." 4 people also commented that the service provided had improved in recent months.
- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider did not have robust systems and processes to enable them to identify where quality and safety were being compromised and did not respond without delay. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People were safeguarded from the risk of abuse.
- Office staff told us the office culture had changed since the new registered manager started. There was an open culture where issues of concern were dealt with promptly and lessons were learned.

- Effective systems were in place to ensure prompt action was taken in response to any safeguarding concerns.
- The safeguarding policy was now being followed when people were self-neglecting and refusing care. Prompt action was now taken to escalate concerns.
- Staff we spoke to had received safeguarding training and understood the signs of abuse and how to raise concerns if they needed to. Refresher training was now up to date.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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.

- Care plans were now up to date, and systems were in place to ensure they were reviewed and updated when required.
- Assessments had been implemented correctly and care plans contained sufficient detail to guide staff. Staff had received the appropriate training. People told us, "Oh yes, they have improved. It is much better since the new manager came to see me. There have been a few hiccups, but overall, it has definitely improved. Staff have received the required training."
- An assessment of the environmental risks within each home was completed, for example, lighting and access to the property.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- Staff had received training in how to prevent and control infection.
- We received mostly positive feedback about infection prevention and control. People told us, "They're all clean and tidy, they wash their hands and wear gloves, masks and aprons" and "They're good wearing gloves and aprons, they've stopped using masks now. I know they wash their hands and they tidy round, collect up the rubbish and bag it."

# 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 inadequate. At this inspection the rating has changed to 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.

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

At our last inspection the provider's quality assurance system had not been robust. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst some improvements had been made, the provider remained in breach of regulation 17.

- Concerns raised at the last inspection, about medicines administration, had not been sufficiently addressed. The provider submitted an action plan to address the shortfalls identified during the inspection. The action plan supplied did not provide assurances that appropriate timely action would be taken.
- As reported in the safe domain, governance processes were not effective at addressing shortfalls in medicines management. This had a negative impact on the safety of the service.
- As reported in the safe domain there was insufficient improvement in the management of visit schedules to ensure people received the care and support they required at the right time. This impacted negatively on people's care.
- The provider had failed to ensure effective governance systems were in place to ensure the continual improvement of services provided to people and compliance with regulations. This is the eighth consecutive inspection the service has been in breach of regulations.

The quality assurance systems were not robust enough to drive necessary improvements to people's care. This placed people at risk of harm and was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems to manage safeguarding were now effective.
- Shortfalls in relation to care reviews, staff spot checks, supervision meetings and team meetings had been resolved.
- At the previous inspection there was no established audit system in place. An audit system was now in place and had supported the service to make some improvements.

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

- There had been a marked improvement in the culture of the service since the new registered manager had started in December 2022. Clear standards and expectations had been set and they led by example.
- The registered manager now sat in the main office with the team and had put measures in place to make the office more welcoming to all staff. Staff had previously reported being scared to come to the office.
- Staff were very positive about the changes. They told us, "A big thumbs up. It is more organised. The communication is better and I feel more involved. We work more as a team. The support system for staff is much better. There is a real team ethic. It was terrible before" and "It has been a lot better. The new manager has been amazing and supportive. It is a lot easier to raise issues now. Issues are responded to quickly now. I feel more comfortable than I did before. Yes, I feel valued now."
- Telephone quality assurance surveys were carried out every 6 months with each person. We saw these in all 7 care plans we reviewed and the feedback was positive in all 7.
- As reported in the safe domain some people were still having a negative experience due to the lateness of calls. The registered manager had an action plan in place to support further improvement in this area.

#### Working in partnership with others

- The registered manager was meeting regularly with the Local Authority quality team to support further improvement. The Local Authority will continue to provide support. This includes dedicated support from their medicines optimisation team.

#### 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 registered manager had demonstrated an open and honest approach and was clear about the requirements of the duty of candour and had notified the CQC and safeguarding teams of any accidents and incidents as appropriate.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure safe systems for the management and administration of medicines. The providers action plan provided post inspection did not provide the required assurances.</p>

**The enforcement action we took:**

NoP to cancel registration.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality assurance system was not robust. This placed people at risk of harm.</p>

**The enforcement action we took:**

NoP to cancel registration.