



## Inspection Report on

**Premier Care**

**28 Wynnstay Road  
Colwyn Bay  
LL29 8NB**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

20/01/2023

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## About Premier Care

Type of care provided	Domiciliary Support Service
Registered Provider	Premier Care Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	03 May 2021
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

As this was an inspection of a domiciliary care service, we have not considered the theme of the environment in which care is delivered.

People get on well with the care staff who visit them, and care staff know them well. People and their representatives are included in planning what care and support they receive. Records show staff are trained to meet the care needs of people they look after. However, there are ongoing issues with scheduling of visits and logging of call times which are impacting on the well-being of people. The service provider is working to increase staffing levels, and records demonstrate safe recruitment and vetting practices in the service.

## Well-being

People are involved with some decisions about their day-to-day care, but do not always receive a service that meets their preferences or needs. Care staff and management were able to tell us about people's likes, dislikes, and personal plans. Results of a service user survey by the service provider shows that care staff understand people's needs and are flexible to their preferences during visits. However, people told us visits are sometimes very late, or they do not get the care staff they would prefer. This was evidenced in the records of staff rotas, call timings and concerns raised with us by people. People told us they would like to know who is coming in advance, and that they will come when they say they will. We discussed this with the service provider who told us contingency plans they have in place to meet people's care needs during times of high staff absence can sometimes result in care being delivered at different times and by different care staff to what people prefer. The manager told us they are actively recruiting new staff, which they expect will increase the number of calls being made at times people prefer.

People feel safe with care staff and told us they see the same care staff regularly. Records show referrals are made to GP's and social workers for support when required, and in a timely way. One comment in the service user survey praised the branch staff for "*going above and beyond*" in supporting them, whilst another said care staff help "*keep me independent*". People told us they have a good relationship with some of their care staff and like to have a chat and laugh with them during their visits. Records show relatives and families are kept informed about their family member's care.

People are protected from abuse and neglect. The service provider has policies and procedures in place to ensure accidents, incidents, and safeguarding concerns are addressed in a timely way. Staff receive the training they need to keep people safe and use personal protective equipment (PPE) appropriately where required. People, relatives, and care staff told us they felt confident in raising concerns they have with the branch office.

## Care and Support

Records seen during this inspection show information is gathered from people, their relatives or representatives, and health and social care professionals, to support assessment of whether the service can meet people's needs. People we spoke to confirmed this. The information gathered from assessments is used to write personal plans about people's care needs and how care staff can meet them. These personal plans contain some personalised detail, and work is ongoing to review, update, and develop these further.

Care staff have access to people's personal plans and risk assessments electronically and as a paper copy in people's homes. These plans are reviewed and updated as required, and care staff told us they can instantly access the latest information electronically. We saw evidence of safe medicine administration on paper records, and electronic records of what care is being provided to individual people during each visit.

Care is recorded electronically via a secure mobile app and people told us care staff "*do most things well*". Electronic records show care staff do not consistently log in and out of calls to people's homes electronically, and call times are often logged as shorter than planned. Rotas for staff show scheduling conflicts and a lack of travel time, particularly during times when contingency plans are in place due to staff absences. The consistency and detail of electronic care recording is sufficient but does not always show that care staff have requested and been given permission to leave early if all their required tasks have been completed satisfactorily. We discussed this with management, and they are taking action to address this through supervision and training.

Issues or concerns are raised by care staff through the app to branch office staff or by phoning through to the branch office. The manager was able to demonstrate how they monitor live communications from care staff across the area covered by the branch. This ensures timely reporting of concerns or safeguardings to the relevant agencies.

## Leadership and Management

The service provider has ensured there are governance and oversight arrangements in place for this service, but this has not resulted in the improvements CIW identified as needed at the last inspection. The Responsible Individual (RI) has retained records of their visits to the service, but these visits have not met the required frequency since the last inspection. We did see that during these visits the RI speaks with a variety of people using the service and gains feedback from multiple staff. We discussed this with the service provider; due to changes in structure, the service provider is in the process of reviewing who is best placed in the organisation to fulfil the RI role within the organisation to better meet the requirements of the role. They have recently applied to propose the registration of a new RI.

Staff files show the service provider has ensured safe recruitment practices are followed. All new staff are thoroughly vetted and receive induction training. There is online and face to face training provided for care staff, and ongoing compliance with this is monitored by management. Records show spot checks on individual care staff are conducted to coincide with their regular supervision meetings with management.

We saw evidence of ongoing work to standardise all the service provider's policies, procedures, processes, and documentation to align with their overarching organisation. This has resulted in some overlap and adjustment of processes in the local branch, particularly around training records, but this is being resolved adequately. Staff access copies of current policies at the branch office and are encouraged to drop by to meet with branch staff and read updated policies and procedures. Care staff told us they are kept informed by the branch office and feel well supported by the manager and branch staff.

We saw evidence of improved outcomes in safe medicines administration through regular management audits of care delivery. However, we found ongoing issues since our last inspection with scheduling conflicts in rotas, lack of travel time allowed in rotas, and late and shortened call times; these issues are impacting upon the well-being of people. People told us they do not always know who is coming or when, and that calls can be later than they would prefer. Care staff told us that late calls have caused people upset and difficulties with medication administration and personal care; this was supported by concerns received by us. Care staff told us people are sometimes unhappy when care staff attend a call too early or too late due to scheduling issues. The service provider has not effectively monitored, reviewed, or improved the scheduling of care visits since the last inspection. They are scheduling calls to be simultaneous and to not include adequate travel time between calls. This has resulted in people experiencing reduced quality of care at times and it is having an impact on people's well-being. We have therefore issued priority action notices and the service provider must take immediate action to address these issues.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
8	The service provider must ensure effective arrangements are in place for adequate monitoring, reviewing, and improving the quality of care. The service provider must ensure calls are scheduled effectively to ensure they can be made on time, allow time for the agreed care needs, and last for the commissioned length of time.	Not Achieved
41	The service provider must ensure that adequate staff travel time and care time is allocated and scheduled.	Not Achieved
66	Ensure there is supervised management of the service	Achieved
15(1)	Ensure staff have access to plans for each individual, which set out how their needs will be met, their outcomes and identifies any risks.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A



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