

Premier Community Services Limited

Premier Community Services

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection on 23 and 24 August 2018.

Premier Community Service is a domiciliary care service. They provide assistance to older people, and people living with disabilities who require support with personal care and daily living tasks. The agency is based in Exmouth and provides a service to people living in Exmouth and the surrounding area. At the time of this inspection they provided personal care to approximately 48 people.

At our last inspection we rated the service as Good overall. We rated the Safe domain as requires improvement because satisfactory recruitment checks had not been carried out. At this inspection we found action had been taken to address the previous issues we found relating to recruitment. This domain is now rated as Good. The evidence continued to support the rating of Good overall and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good

There was a registered manager in post. 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 registered manager is also the provider.

People told us they felt safe. Care was taken to recruit and select the right staff for the job. Recruitment processes helped the provider choose applicants with the right values and caring qualities for the job. Staff had received training on safeguarding and knew how to identify and report any concerns about potential abuse.

Risks to people's health and safety had been assessed and staff had been given information and training about these as well. Staff understood specific health conditions and knew how to recognise signs of illness and when to seek medical intervention. People were supported to manage their medicines safely.

People told us the service was effective. Comments included "I have been having wonderful care from this agency" and "I have no problems whatsoever. I would recommend them to anyone." People received a reliable service from small teams of staff who knew them well and understood their needs. Staff were well trained and well supported. Staff had the skills and information they needed to ensure people's needs were fully met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Consent to care and treatment was always sought in line with legislation and guidance. The service understood their legal responsibility to ensure they complied with the Mental Capacity Act. People receive support from staff who respected and promoted equality and diversity.

People told us the staff were always caring. Comments from people included "They are good, kind, caring and professional", "The carers behave like friends and I look forward to seeing them" and "They are all very kind." Staff were compassionate and understood the things that mattered to people. We heard examples of how they had made a positive difference to people's lives and how the staff sometimes went above and beyond their regular duties to make sure people were happy and safe.

People received a service that was responsive to their changing needs. People received personalised and responsive care from staff who knew and understood their needs. Support plans were drawn up and agreed with people before the service began. The plans were regularly reviewed and updated to ensure staff always had access to up-to-date information about all aspects of the person's needs. People were given information about the service, including a copy of their support plan.

People told us the service was well managed. The provider had quality monitoring processes in place to ensure the service was constantly improving. Spot checks were carried out regularly by a member of the management team to check the quality of the care staff provided to people. The provider's electronic care planning system enabled the management team to monitor the service throughout each working day. The views of people who used the service, relatives and staff had been sought in various ways and these were acted upon. Concerns and complaints were responded and listened to and used to improve the quality of care. A member of staff told us, "I believe that we are all a team at Premier and a great one at that. Everyone works so hard to give our clients the best life they can and we do our utmost to accommodate our clients wishes and preferences".

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?

Good ●

The service has improved to Good.

People are now protected from harm or abuse by robust recruitment policies and procedures.

People continued to be supported by enough staff who arrived on time and stayed for the required time.

Staff continued to demonstrate an understanding of what constitutes abuse and know how to report any concerns they might have.

People continued to feel safe because staff were reliable and knew how to care for them.

Risks to people's health and safety continued to be well assessed and managed.

People continued to be supported with their medicines in a safe way.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Premier Community Services

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.

This was a comprehensive inspection. The inspection took place on 23 and 24 August 2018 and was announced. We gave the service one week's notice of the inspection visit because the location provides a domiciliary care service. We needed to ensure the registered manager would be available during our inspection to enable us to look at records they are required to maintain. We also wanted to give them enough time to seek agreement with people using the service to allow us to visit them in their homes.

The inspection was carried out by one inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we had received about the service since the last inspection, such as notifications about significant incidents, and information from people who use the service, staff, relatives and other professionals. Before the inspection we sent out questionnaires to people who used the service, relatives and staff and their responses helped us to reach our judgements about the service. After the inspection two members of staff contacted us by e mail to tell us their experiences of working for Premier Community Services.

On the first day of the inspection we visited the agency office where we met with the registered manager, the providers and four members of staff. We looked at three recruitment files, staff training records, staff supervision and monitoring records, staff weekly rotas and timetables sent to people each week to let them know who will be visiting. We looked at the electronic care planning system which included daily records and medicine administration records. On the second day of the inspection we visited three people in their

homes, and spoke with two people on the telephone.

Is the service safe?

Our findings

People now receive a safe service. At the last inspection we found that people were not fully protected from the risk of abuse or harm because recruitment processes were not robust. We rated this domain as 'requires improvement'. The provider had not ensured potential new staff were of good character before offering them a post. The provider took immediate action during the inspection to amend their recruitment policies and procedures.

During this inspection we found the recruitment procedures had improved, although we noted some further measures were needed to demonstrate an applicant's suitability for the post. We looked at the recruitment records for three staff employed since the last inspection. The agency always carried out checks to ensure applicants had not been barred from working with vulnerable adults, and to ensure they did not have any criminal convictions that might indicate they were unsuitable for the post. The provider told us they also rechecked these records every year to ensure nothing had altered with the employees' circumstances.

Where the registered manager had been unable to obtain sufficient satisfactory references before new staff were employed they were able to explain the actions they had taken and the reasons why they had been confident of the applicant's suitability. However, they had not always made a record of actions they had taken or their reasons for recruiting the staff. During the inspection the provider and registered manager made further changes to their recruitment procedures. They put in place a risk assessment procedure they will follow in future if they are unable to obtain sufficient written evidence of an applicant's suitability.

People were protected from the risk of abuse because there were robust safeguarding procedures and practices in place. Staff received training on safeguarding and told us they felt confident any concerns they raised would be picked up and addressed promptly by the management team. They could visit or telephone the agency office during office hours for advice or support. There was an 'on call' system out of office hours which enabled staff to speak with a member of the management team with any concerns or queries outside of normal office hours. Staff knew about local reporting arrangements if they wanted to raise a concern directly to the relevant local agency.

Where incidents occurred, we saw evidence that lessons were learned and improvements were made. The provider and registered manager understood their responsibility to report all incidents and accidents to the Commission. Since the last inspection a concern relating to missing money had been raised. The matter was investigated by the local police and safeguarding team, and the provider and registered manager had worked closely with these agencies to ensure the investigation was as thorough as possible. No concerns had been found in relation to the provider or their staff. However, because of this the provider had reviewed and improved their policies and procedures for handling people's money when carrying out shopping tasks and they were confident this had resulted in greater security for people using the service, and for staff.

Risks to people's health and safety were monitored and managed safely. Before people received a service an assessment of their needs was carried out. This included an assessment of any risks to their health and safety. The agency used a computerised care planning system which gave staff immediate access to each

person's care plan and risk assessment through the use of a hand-held device. This provided staff with information and instructions on all potential risks and any measures they must take to minimise them. Care plans gave instructions on skin care, moving and handling, weight loss, dehydration, and risks associated with conditions such as diabetes, dementia or poor vision.

The management team monitored risks to people's health closely. There were large notice boards in the agency office highlighting people who were at risk, and daily meetings were held by the management team to monitor the care given to people who were high or medium risk. They worked closely with people, relatives and other professionals to ensure people received the best possible care and treatment. They gave us examples of positive outcomes for people, for example a person who had been losing weight was supported to eat the right foods, and had gained weight as a result.

People received a safe and reliable service because there were sufficient staff employed to meet peoples' needs. The provider and registered manager told us they had experienced difficulties recruiting new staff. However, they had a stable staff team with low staff turnover. When care staff were on holiday or absent due to sickness there were sufficient staff employed to ensure all planned visits were carried out. People told us they had never experienced a missed visit. The electronic care planning system enabled the management team to monitor visits to people throughout the day, and any late or missed visits were quickly identified and addressed. A person told us "There always seems to be a group of staff who will fill in. What I call 'work horses'. They won't let me down."

People received safe support with their medicines. If people were unable to manage their own medicines, assessments had been carried out to identify the level of assistance they needed. Staff had received training on safe administration of medicines and their competence was monitored regularly. Staff were due to complete updated training on medicine administration by the end of August 2018. The electronic care planning system contained good information about each medicine staff were expected to administer including creams. Staff recorded each medicine administered using the electronic care planning system, and the records were monitored by the management team regularly each day. This meant the risk of errors or omissions was significantly reduced. If errors were identified these could be acted on quickly.

People were protected from the risk of infection because staff had received training and instructions. Staff were supplied with protective equipment such as gloves and aprons, and the management team carried out regular spot checks to ensure staff were following safe procedures.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Staff were competent and had received training and support to enable them to carry out their roles effectively. People praised the staff and told us they were very happy with the service. Comments included "I have been having wonderful care from this agency" and "I have no problems whatsoever. I would recommend them to anyone."

People received a reliable service. They received a timetable each week letting them know who would be visiting the following week, and the times of the visits. People told us staff usually visited within a few minutes of the expected time. A person told us "The carers are always on time. Never more than five minutes late." If staff were running late they always received a telephone call to let them know what time the staff were expected to arrive. People received care from a small group of staff they knew and trusted.

People received care from staff who were well trained. All staff received an induction at the start of their employment and ongoing training and updates. They were expected to complete the Care Certificate at the start of their employment which ensured they had a good understanding of all aspects of the job. They were also encouraged to complete other relevant qualifications such as diplomas. The registered manager and a senior member of staff had completed 'train the trainer' courses which enabled them to provide a range of essential training on health and safety topics, and on topics relevant to the needs of people using the service. This included training on emergency first aid, catheter care, and moving and handling.

Staff told us they were well trained, supported, supervised and monitored. Comments included "Staff training is kept up to date and we always have the support of the manager." Staff received regular supervision and an annual appraisal. There was good communication between the management team and staff. A member of staff said, "We have a great 'open door' office."

Consent to care and treatment was always sought in line with legislation and guidance. The service understood their legal responsibility to ensure they complied with the Mental Capacity Act. Records showed they had obtained people's consent to provide care before the service began. Staff had received training on Equality and Diversity and Human Rights. During our inspection we heard how staff had supported people equally regardless of their background, beliefs or individual circumstances.

People were supported to remain healthy. Staff worked closely with health and social care professionals to ensure people received the best possible care and treatment. Staff knew people well and recognised any changes in their health and well-being. Where concerns were noted they sought people's permission to contact relevant agencies if the person was unable to seek help themselves. A member of staff told us "We work really well with other professionals, for example OT's (occupational therapists) and social workers".

Is the service caring?

Our findings

People continued to receive a caring and compassionate service. Comments from people included "They are good, kind, caring and professional", "The carers behave like friends and I look forward to seeing them" and "They are all very kind."

The providers and registered manager had an ethos of valuing and caring for their staff team as well as the people who received a service. The registered manager told us "Welfare of staff is very important as they are also human and may have complex lives or issues within their families. I operate an open-door policy and have undertaken a Welfare Meeting with each individual staff member. After all, realistically if the staff have personal worries this can reflect on their daily practice". The staff we spoke with told us they felt valued by the provider and this gave them a sense of pride in their jobs. Staff described how their colleagues went out of their way to make sure people were happy and comfortable. A member of staff told us, "We all work hard to enable the clients to be able to stay at home as long as they wish. We all work together as a team and there is always someone there if you need some guidance or advice on anything".

Staff knew the people they visited well, and understood the things that were important to them. Staff also understood the things that may cause a person to become upset. Staff expressed compassion and understanding when describing people with complex needs and disabilities. They understood the importance of supporting people to retain as much independence as possible, and allowing people time to carry out tasks for themselves. Staff understood the reasons why people may feel low, and knew how to gently support the person and enable them to feel happier. People were involved and consulted in all aspects of the service they received. Choices were offered and privacy and dignity were respected. A member of staff told us, "I treat people the way I would treat older members of my family".

We heard examples of how the management team and staff worked together to improve people's health and well-being. A relative told us, "I would recommend Premier Community Services to anyone. I firmly believe that my [relative], who is the person receiving the service, has benefitted both mentally and physically from the service provided by Premier." They explained how the person had been encouraged to gain weight and improve health. They went on to say, "The ladies who come to care for her have supported and encouraged her and have formed a bond with her which she reacts to. They have become more than carers, they have become friends. I cannot sing the praises of Premier Community Services high enough. They are brilliant."

Staff regularly went 'above and beyond' their expected duties. Staff were willing to work extra hours to help people when needed, for example during periods of ill-health or crisis. Staff were thoughtful, and often carried out small acts of kindness that made a big difference to people. For example, a member of staff escorted a person on a trip to a place the person had not visited for many years. They took photos of the day trip and this brought back many happy memories for the person and prompted discussions about the past, including memories that had been forgotten.

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their changing needs.

People's needs were carefully assessed at the start of the service and a care plan was drawn up and agreed with them. The care plans were personalised to each person and provided clear and easy to follow guidance to staff about how the person wanted to be assisted. The plans were regularly reviewed and updated. The agency used an electronic care planning system which enabled staff to access people's care plans using electronic devices. A member of staff said "It's such a good thing. It's got such a lot of information on it."

Each person had a printed copy of their care plan in their homes along with other essential information about the agency. People and family members could look at their electronic care plans and daily records using a secure password protected access to the agency's care planning system if they wished. Where people had given their relatives permission to access their online records, this had been a great comfort to the relatives as they were able to check the care the person had received each day, and check on their well-being.

People were given information about the service, including documents such as their weekly timetables, in a format suited to their needs. The provider told us they regularly provided information in large print for people who needed this. They were willing to supply information in any format to suit people's individual needs. This meant the provider was fulfilling their legal responsibility to reflect the Accessible Information Standard.

People told us they knew how to make a complaint and were confident any concerns or complaints would be listened to and acted upon. Each person received a copy of the complaints procedure at the start of the service within their care plan file. People we spoke with told us they had no current complaints, and that any minor concerns or complaints they have had in the past had been quickly and efficiently addressed to their satisfaction.

Where the agency had provided care to people at the end of their lives, people had been supported to have a comfortable, dignified and pain-free death. The registered manager told us they will draw up a specific and detailed care plan for any people who require support to die in their own home. The PIR states "We follow the principles of Social Care Institute for Excellence in End of Life. The 10 principles of Dignity in Care."

Is the service well-led?

Our findings

People continued to receive a service that was well-led.

There was a registered manager in post. 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. People and staff praised the registered manager. A person told us, "I think [registered manager] is very good." Comments from staff included "She is easy to speak to" and "Her door is always open. She is very good at listening to people."

People, relatives and staff told us the providers and registered manager ensured the service ran smoothly. Comments from staff included, "The communication is brilliant", "I think they are so supportive. We all work as a family [Providers' names] really value what we do" and "It's a nice place to work. Everyone is friendly". There were systems in place to monitor all aspects of the service. The electronic care planning system was checked regularly throughout each working day to ensure people received the care they needed, and to ensure medicines were administered in accordance with the care plans.

Staff told us they enjoyed their jobs and were proud of the work they did. Comments included, "I really love my job" and "I am really passionate about Premier Community Service." Staff told us they were well supported and there were good systems of communication. A member of staff told us "The management and office staff, pass over information when it is needed and It feels as if we are an extended family both the staff and our clients. We are always asked to ensure we get a work life balance. [The provider and registered manager's] attitude to staff is the best it's been for a long time everybody communicates well."

There were clear visions and values and a strategy to deliver a high-quality service. On the provider's website they say, "It is the aim of 'Premier Community Services' to provide a range of services, which offer support and ultimately enable you to live as independently as possible." They go on to say, "Our objective is to keep a clear focus on the needs and wishes of each client" and they describe their fundamental principles, including respect for each individual and his/her personal background and culture; enabling clients to continue their chosen lifestyle; and, listening and responding to the views and comments of clients, their relatives and friends.

People who used the service, relatives and staff were involved and consulted about the service and their views were listened to and acted upon to improve the service. Each year people and staff were asked to complete a questionnaire. The results were collated and compared with previous years to help them identify areas where the service had improved, and where actions were needed. People's views were also sought during regular visits by a member of the management team to people's homes to review their needs. The registered manager told us, "Customer satisfaction is a priority for me, I see criticism as constructive and a chance to improve our service even more".

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded

appropriately to keep people safe.