Premier Carewaiting Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 11 and 20 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection.

Premier Carewaiting is registered to provide personal care to people in their own homes. At the time of the inspection they were providing a service to approximately 150 people.

The service has a registered manager. 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 and associated Regulations about how the service is run. The registered manager is also the registered provider.

At our last inspection on 26 February and 23 March 2016 we found one breach of regulations. The provider had not notified the Care Quality Commission (CQC) of incidents which had occurred within the service as required by the CQC. Action had been taken and since that inspection the necessary notifications had been made.

Systems were in place to ensure that people received their prescribed medicines and medicines were administered by staff who were trained to do this. We have recommended that medicines records be changed in line with National Institute of Clinical excellence guidance to help to ensure safe practice and lessen the risk of error.

People were protected by the provider's recruitment process which ensured that staff were suitable to work with people who need support. However, gaps in people's employment history needed to be explored to make this process more robust.

People who used the service and their relatives were very happy with the quality of care provided by their regular carers but some people had experienced difficulties when these carers were not available.

The service began to support people who had been using another agency that closed. This meant that a number of new people and staff transferred to Premier Carewaiting all at the same time. This resulted in problems and difficulties for some people. This was being addressed by the provider and people were clear that the service was improving.

Staff supported people to make choices about their care. Systems were in place to ensure that their human rights were protected and that they received care and support in line with the Mental Capacity Act 2005.

Staff received the support and training they needed to give them the necessary skills and knowledge to meet

people's assessed needs, preferences and choices and to provide an effective service.

People were encouraged to maintain their skills and to be as independent as possible.

Systems were in place to support people with their nutritional needs.

The registered manager and management team monitored the quality of the service provided and sought feedback from people about the service.

Staff told us that they received good support from the management team. They were confident that any concerns raised would be addressed. People who used the service and their relatives knew how to complain and said that complaints had been taken seriously and addressed.

People were supported by caring staff who treated them with respect and kindness.

Care staff liaised with relevant health and social care practitioners and with relatives to support people with their healthcare needs.

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 consistently safe. People were supported to receive their medicines but medicines records needed to be more detailed.

The necessary checks were carried out before staff began to work with people but their full employment history was not always obtained.

Risks to people were identified and systems put in place to minimise these. Staff were aware of safeguarding issues and of their responsibility to report any concerns or potential safeguarding.

Is the service effective?

Good

The service was effective. People were supported by staff who received the necessary training and support to meet their needs.

The service worked within the Mental Capacity Act 2005 and people were able to make choices about their daily lives.

Systems were in place to support people with their nutritional needs.

Is the service caring?

Good

The service was caring. People were happy with the staff that supported them. They told us staff were kind, caring and respected their privacy.

People were encouraged to maintain their independence and to do as much as possible for themselves.

People's cultural, religious and gender needs and wishes were identified and they were supported with these.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People did not always receive a personalised service that was responsive to their needs.

People's regular carers knew them well and provided care in a way they wanted. However, care plans were not detailed and contained insufficient information to enable all staff to provide personalised care and support.

People knew how to complain and told us they felt able to do this when the need arose.

Is the service well-led?

Requires Improvement

The service was not consistently well led. Shortfalls in the service had been acknowledged by the provider and action had been, and was still being, taken to address these.

The management team monitored the quality of the service provided and sought feedback from people about the service.

Legally required notifications had been made to the Care Quality Commission.

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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 inspection took place on 11 and 20 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. The inspection was carried out by two inspectors and an expert 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.

Before our inspection we received feedback from a local authority quality monitoring officer and a commissioning officer. We also reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During the inspection we spoke with the registered manager, office manager and the provider's business advisor. We looked at five people's care records and other records relating to the management of the service. This included six sets of recruitment records, complaints and quality monitoring.

After the inspection we spoke by telephone with 35 people who either used the service or were relatives of people who used the service. We also spoke by telephone with 30 members of staff. This included 25 care staff, two team leaders and three assistant care managers.

Requires Improvement

Is the service safe?

Our findings

When asked if they felt safe with the care staff that provided care and support to them, people told us, "Mostly see the same people. It makes me feel safe. [Care staff] understand my preferences and we have good conversations. Yes, because I have the same person. Yes because the carer is a regular [and] Yes, because [the carer is the same gender as myself] and understands my needs."

Systems were in place to support people to receive their prescribed medicines. People who needed support with their medicines told us that they were satisfied with the arrangements. They told us, "I take it. [Care staff] make sure I take it every day. Just checks," "No problem [care staff] ensures I take my medication on time" and "Yes, when necessary they will get it and oversee my taking it."

Care staff received medicines training to enable them to support people with their medicines and their competency to do this was checked by the assistant care managers. Staff said they had their competency to administer medicines reviewed with them through observation visits and review of the medicines paperwork. They told us they prompted people to take their medicines and administered people's medicines from blister packs (a medicines administration aid) provided by the pharmacist.

Each person had a medicines administration record (MAR) where care staff documented when they had taken their medicines. Copies of these records were held on file in the office. Staff said, "We only administer medicine if it's on the MAR chart." The paper work had changed recently and the MAR charts had been incorporated into the daily recording book. From these medicines records we saw that staff signed the MAR to indicate that they had given the person their medicines. However, we found that although MAR charts recorded the names of the medicines given, they did not record the amounts to be given. Staff just gave people what was in the blister pack. Although the records we saw had been completed by staff when they administered medicines, the recording system did not meet with the NICE (National Institute for Clinical Excellence) guidance on managing medicines for adults receiving social care in the community. We recommend that medicines records be changed in line with that guidance. This will help to ensure safe practice and lessen the risk of error.

The provider had a satisfactory staff recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. Staff files showed that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who use services. People were protected by the recruitment process which ensured that staff were suitable to work with them. However, in two of the staff files we found there were gaps in the person's employment history but these had not been followed up during the interview process. We discussed this with the provider and they undertook to include this in future interviews and to record the information on the interview records.

Staff told us and records confirmed they had received safeguarding adults training and they were clear about their responsibility to ensure that people were safe. They knew what action to take if they became

aware of an adult safeguarding incident. Staff said they would escalate any concerns to their manager or the office and were confident they could reach the out of hours on call manager for support if required. Staff and people who used the service were confident that any concerns would be listened to and dealt with by the registered manager. When safeguarding issues had arisen the registered manager had worked cooperatively with the local safeguarding team when needed. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Systems were in place to minimise risk and to ensure that people were supported as safely as possible. Staff told us the assistant care managers undertook risk assessments before they allocated care staff to the person. One staff member said, "The risk assessments help us to ensure our clients are safe." Staff also told us that they contributed to the risk assessments by providing feedback to the assistant care managers when they identified additional risks or if there were any changes. For example, one staff member told us they had identified a moving and handling risk whilst undertaking care. They had raised this and a further assessment had been completed and additional equipment put in place to reduce the risk of harm. Another said, "We look at the risk of falls and try to prevent falls occurring. We liaise with the GP who can refer."

Staff were aware of what to do in an emergency and told us this was covered on their induction. One staff member described how they had called the ambulance when they found a person unwell. Another had found a person unwell and said, "I would not leave my client until their [relative] arrived and I knew they were safe."

Good

Is the service effective?

Our findings

People who used the service and their relatives were happy with the care provided by their regular care staff and felt they demonstrated appropriate levels of training and competency. Overall people and their relatives were positive about the skills of the care staff who supported them. Feedback included, "Oh yes, they are very knowledgeable and know what needs doing. Having the one carer is excellent, I don't have to explain anything. Yes they are well trained and understand my problems. They are very helpful to me. Absolutely know what they are doing. Definitely competent." Three relatives thought that possibly some staff needed further or refresher training as they were not as successful at "managing" their family members as other care staff had been. This was linked to staff who did not know the person well due to being relief staff or newly allocated to the person. With people's permission we have given details of these to the registered manager and they have undertaken to discuss this with them and to take any necessary action.

Care staff told us and records confirmed that they received the training they needed to support people who used the service. Training was provided by a separate training company and this was both induction and ongoing training. Topics covered included safeguarding, moving and handling, mental capacity, medicine management and dementia. Staff said they had received a detailed induction programme over three days. Comments included, "I had a good induction which included shadow visits with an experienced carer. My induction covered safeguarding training. We can always ask for training and more support." Care staff also told us they did not have to work with a person if they felt they did not have sufficient training to deliver the care package. An assistant care manager said, "We will always offer more training and support if the carer does not feel confident."

People were supported by staff who received support and guidance to enable them to meet their assessed needs. Care staff said they received good support from the management team. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). Staff told us that team leader's worked with new care staff as part of their induction programme and this enabled them to gain support and confidence in delivering key aspects of the care package.

Systems were in place to share information when needed. Most people and their relatives told us they were pleased with the level of communication from their family member's main care staff. People said, "If they are running late they let me know. If they will be a little late they will ring. They will phone if they are going to be late." Some people said they had to ring the agency to find out what was happening. We found that the provider had invested in a computerised system that made it quicker to identify if care staff were delayed. This was monitored by an administrative staff and flagged up with the assistant care managers and had helped to improve the issue. For example one person told us, "Sometimes there is a lack of communication but it's definitely improving."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised by the Court of Protection. We checked whether the service was working within the principles of the MCA. Staff had received MCA training and were aware of people's rights to make decisions about their lives. At the time of the visit it was not necessary for any of the people who used the service to be deprived of their liberty. Systems were in place to ensure that people's legal rights were protected.

Systems were in place to support people with their nutritional needs when this was part of their care package. Food was prepared as directed and provided by the person or their family. Care staff said; "We cook a range of meals. We always try to give a choice of meals. We always ask what they would like us to cook for them."

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person said, "Very caring and kind." Another told us, "They are really helpful and friendly" and a third commented, "Can't fault them. They are respectful, gentle and caring. Always polite."

People's privacy and dignity were maintained and care staff understood the importance of respecting and promoting people's privacy and dignity. A member of staff said, "We always ensure privacy." People told us, "Kind, caring and considerate. They help me dress, always close doors and keep me covered. Oh always kind and helpful. [Care staff] make sure the curtains are drawn when giving personal care. If I'm in the bedroom they always knock before they come in."

People were encouraged to remain as independent as possible and to do as much as they could for themselves. One person said, "They help and they let me do what I can for myself. They supervise and step in if needed." Another told us, "They are quite willing to do anything. I can't manage but allow me to do the things I can." A third commented, "[Care staff] try to get me to get up. It's getting better."

Care staff told us they worked with people to deliver care in a way they wanted. One care staff said, "We are sensitive to our client's needs. We look out for their reactions, body language and ensure we work with them when providing care." Another told us, "We talk with people and work with them ensuring we respect their wishes." People and their relatives told us that care and support was usually provided by 'regular' care staff and that their 'regular' staff had taken time to get to know them, their preferences and needs. One person said, "[Care staff] have taken the trouble to get to know me and we are well matched." Another told us, "It's alright, they are getting to know my preferences."

People told us their relationships with their 'regular' care staff were supportive and good. One relative said, "Brilliant. They look after [family member] really well. They speak to them and are very attentive. I have seen them with [person] and could not ask for better." A person told us, "They were so helpful and practical after I had surgery. They take away the stress."

People's cultural, religious and gender needs were identified and staff respected these and tried to meet them as far as possible. People told us, "I am very religious. They respect my ideals and are never disrespectful. [Care staff] fully understand my culture. They ensure I have [the same gender carer as myself]." A relative told us that due to their family member's dementia they now spoke in their first language and not English. They were pleased that care staff had tried to learn some key words in that language to help when working with the person.

As far as possible people and their relatives were involved in developing their care plan and saying how they wanted your care delivered. People said, "Yes I was totally involved. Everything was explained. It was all explained and my likes taken down. They [care staff] make sure [family members'] needs are met how we want it done."

When needed, care staff provided end of life care for people in conjunction with other professionals. An assistant care manager told us about how one person's care package changed to support them in their wish to die at home. With the support of Marie Curie nurses they had provided extra care support at night to allow this to happen.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and relatives told us they were happy with the standard of individualised care they received from their 'regular' care staff. Many people told us their care staff had been supporting them for some time and knew them well. One person said, "My preferences were taken into consideration. I can't fault them." Another told us, "[Staff] Know exactly what is needed. Never needs prompting, always does what I need." A relative commented, "They look after [family member] really well. They go above and beyond. The two main carers are brilliant."

However, some people told us that they had experienced problems particularly when their regular carers were off. This was both in terms of consistency and reliability. Although people said this was improving one relative told us, "It's been very hit and miss for the last two weeks and they don't always let you know what's happening. For example, on one day at 10am there was no sign of the carer and I had to phone. As it was so late I cancelled them for that day and for the next as we were going out. However, the carer turned up the next day. It's absolutely fine with the usual carer as I just tell them." Another said, "Its haphazard at the moment, not consistent and there were a couple of missed calls last month. It had been good until the worker changed." When these issues occurred additional pressure, stress and worry was placed on relatives who had to support their family member. Lack of consistency meant that care staff did not always know the person or how to best support them. Therefore, people did not always receive support in a way they needed or wanted. The provider had taken action to mitigate the issues. For example, they had recently provided staff with new personal mobile phones on which they could securely access people's care plans and other necessary information. In addition they had recruited additional care staff to enable them to provide consistent relief staff who were familiar with the person.

Prior to people using the service information was obtained from relevant health and social care professionals. When possible a member of the management team also carried out an assessment of their needs and identified risks. One person told us, "It was all explained and my likes taken down." A relative said, "Initially they came to visit and talk to us and there is a care plan and a file."

People had care plans in their homes and a copy was held in the office. They and relatives told us they could be as involved in care planning as they wished. One person told us, "Yes, I was totally involved, everything was explained." All the staff we spoke with said they had access to people's care plans and that they recorded the care they provided in a daily log kept in the person's home. Although it was evident that people's regular carers knew them well, we found that care plans were not always detailed or person centred and therefore relief care staff did not necessarily have sufficient information to provide a personalised service. We discussed this with the registered manager and they undertook to add more detailed information to ensure that the support people needed and that staff were providing was recorded.

Care plans were reviewed annually and updated whenever needed. For example, if a person had been in hospital and their medicines or needs had changed. A care staff told us that for one person they had not had sufficient time to deliver the care needed in the time allocated by the local authority. They had reported this to the assistant care manager and a review was held with the person's social worker. As a result of this the

care plan had been changed and additional time allocated to reflect the persons current needs.

Staff told us that any changes were communicated to them by the office and management team and that communication was good. Communication methods included by telephone, emails, text using mobiles, iPad devices and WhatsApp. In addition care staff supporting people on a regular basis received direct information from the person and their relatives

This meant that systems were in place to give staff current information about how people wanted and needed their support to be provided. However, these systems were not robust enough to always ensure continuity and consistency of care when regular carers were not available.

People were encouraged to make choices and to have as much control as possible over how they were supported. One care staff said, "I always ask clients what they need help with." Another told us, "We give choices where we can. For example, the clothes they would like to wear." One person told us, "[Care staff] will always ask if I need anything changed." Another said, "[Care staff] is always telling me that they want me to get better, more mobile. We have set goals together."

People used a service that listened to their complaints and took action to address concerns. The service had a policy and procedure for reporting complaints and people and their relatives were clear that they knew how to complain if they needed to. One person said, "I was told I just needed to ring the office but never needed to make a complaint." Another said, "You just have to pick up the phone. I wouldn't have a problem." People and their relatives who had made complaints told us that action had been taken and changes made as a result. For example, one person said, "I did have one carer who was very rude. It was resolved and it's all going right." Staff reported that the 'managers' dealt with all complaints. One told us how the 'manager' had resolved a complaint which ensured the relative understood their responsibilities as set out in the care package.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found that CQC had not been notified of significant issues as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the required notifications had been sent to us.

The provider was also the registered manager of the service. For most staff and people the assistant care managers were their main contact and therefore the person they referred to as the 'manager'. Most people and their relatives told us they were happy with the way the service was run. One person said, "Yes [assistant care manager] is a good leader and knows what is going on." Another told us, "Yes I think the service is well managed."

Some people told us there had been some issues but things were improving. For example, one person said, "There have been glitches but there are more positive than negatives. There has been a definite improvement to the service and to the support to clients." Others told us about missed visits, lack of consistency when their regular carers were off and poor communication. They said, "Well led apart from communication. They never ring you, you have to ring them," "[Assistant manager] is trying their best but they can't cope" and "I was robust in my feedback and things have improved. Possibly the [assistant care manager] has too many tasks to do."

The registered manager had already acknowledged that there had been difficulties and issues with the service provided. This occurred after the service began to support people who had been using another agency that closed. This meant that a number of new people and staff transferred to Premier Carewaiting all at the same time. Concerns, complaints and safeguarding issues had been taken on board and an improvement plan put in place. This included not taking additional care packages, increasing the management team, installing a computerised system to monitor staff attendance in people's homes and reorganising the work of care staff to minimise travel time.

Care staff confirmed the provider had made a number of changes to the service over the last year. They told us that people were allocated to them largely in a geographical area which made it easier for travelling between visits. One staff member said, "The service has improved."

There were clear reporting structures in place. In addition to the registered manager, there were four assistant care managers, two team leaders and an office manager. At the time of the inspection one assistant care manager's post was vacant and recruitment was taking place. The provider told us that due to the increased numbers of people who used the service a fifth assistant care managers post had been created and would be recruited to in the near future.

The changes made to the way the service was provided had led to improvements and to far less issues arising. However, these improvements were still being embedded and further time was needed to ensure all the planned changes were fully operational and that there was a full management team in place.

Staff received good support from the management team. They described the culture of the organisation as open and friendly and a good place to work. Staff commented, "Communication is very good. Very good management, they listen to you. If you do have any worries, the manager listens and sorts it out."

The staff team worked in partnership with relevant health and social care practitioners. Staff told us they worked with the GP, district nurses and the local pharmacy. One staff member said. "We liaise with the District Nurse and make appointments for our clients." A person told us, "[Care staff] is physically very encouraging and works alongside the therapist."

People were provided with a service that was monitored by the registered manager and management team to ensure that it was safe and that they received the care and support they needed and wanted. This was done by contacting people and their relatives and also by unannounced spot checks to people's homes whilst the care staff were there. Records of spot checks included comments on what had been observed and found and any actions that were needed.

The assistant care managers told us they carried out unannounced spot checks to see how care was being delivered, talked with the person and observed the care staff in the home. This was confirmed by care staff. Although some people and their relatives could not recall if anyone visited to check on the service, most people confirmed that checks and monitoring took place. One person told us, "Yes they come and visit and they do spot checks as well." Another said, "Occasionally the manager comes round or you get a call to see how things are going." A third commented, "The boss visited. They looked at the book and checked all was okay."

Systems were in place to get feedback about the service provided. This included quality assurance surveys. People told us, "The office send regular surveys. Yes, they send out a questionnaire every now and then. I have had questionnaires from time to time."