

Premier Personal Care Limited

Premier Personal Care Limited

Inspection report

Bix Manor
Bix
Henley On Thames
Oxfordshire
RG9 4RS

Date of inspection visit:
22 August 2017

Date of publication:
01 September 2017

Tel: 01491411144

Website: www.premierpersonalcare.co.uk

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 inspected Premier Personal Care Limited on 22 August 2017. The service is a Domiciliary Care Agency (DCA) registered to provide personal care in people's own homes. At the time of our inspection visit the service supported 48 people. The agency operated in Henley-on-Thames and surrounding villages.

At our last inspection on 25 May 2015 we found people's medicines were not always managed safely and risk assessments were not always complete or up to date. At this inspection we found the provider had addressed the concerns. We saw people had risk assessments where required and guidance was available to staff in how to manage these risks. People received their medicines as prescribed and we found the medicines records were completed when people were supported with taking their medicines. Medicine records were regularly audited.

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 had systems to monitor the quality of the service. They ensured that the feedback from people was sought and regular checks of staff working practices were completed. The team promoted open and transparent culture. There was a clear staffing structure in place and staff were clear on their roles and responsibilities.

People told us they were safe. People were supported by sufficient staff and had regular staff. The provider ensured safe recruitment practices were followed. Staff were aware of safeguarding and how to escalate any concern including how to whistle blow if required.

People were supported by staff that had received training relevant to their roles. Staff told us and records confirmed staff were regularly supported by their line manager.

People received support that met their needs. People's care plans were current and reflected the level of assistance required on each visit. People were supported to meet their nutritional needs and access health professionals when required. People knew how to make a complaint but told us they had never needed to.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

People complimented the staff and told us staff were "pretty marvellous", "very good" and "polite". People's dignity and privacy were respected. Staff ensured people were supported to maintain their independence. Staff ensured people's confidentiality and when they spoke about people they referred to people with

respect.

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 was safe.

People's individual risks to their well-being were assessed and plans were in place to manage these.

Staff knew how to keep people safe from suspected abuse and how to recognise and report safeguarding concerns.

There were enough staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received support and training relevant to their roles.

People were supported to have choice and control of their lives and staff supported them to make their own decisions.

People were supported to access healthcare services when required.

People were supported to meet their nutritional and dietary needs.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were supported by staff that were enthusiastic about their roles.

People experienced continuity of care and staff knew people's needs well.

Is the service responsive?

Good ●

The service was responsive.

People's care plans provided guidance to staff in how to support people.

The provider's complaints policy was available to people and people knew how to complain.

People's views were regularly sought to ensure people received support that met their needs.

Is the service well-led?

The service was well-led.

The registered manager led their staff by example.

People, staff and relatives complimented the service.

The registered manager ensured quality assurance systems were in place to monitor the service people received.

Good ●

Premier Personal Care Limited

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 and 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 22 August 2017 and was announced. We told the provider three days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of one inspector 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 the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern.

We undertook phone calls to ten people who used the service and four relatives. In addition we spoke with two care workers, the registered manager and two office co-ordinators. We looked at four people's care records including medicine records and three staff files that included recruitment, supervision and training records. We also viewed a range of records about how the service was managed. After the inspection we contacted a number of external professionals and commissioners to obtain their views about the service.

Is the service safe?

Our findings

At our last inspection in May 2015 we found people's medicines were not always managed safely and risk assessments were not always complete or up to date. At this inspection we found the registered manager had improvements had been made. We saw people had risk assessments where required and guidance was available to staff on how to support people to manage these risks. Additionally the records reflected that the level of risk was explained to people. This meant people were involved in managing risks to ensure their well-being was maintained. For example, one person was assessed as needing a hoist to transfer. This person's risk assessment was put in place with conjunction with the occupational therapist. The record outlined the risks and gave staff guidance in relation to the equipment that needed to be used.

People received their medicines as prescribed. Medicine administration records were fully completed and audited regularly. If a medicine was not given the records clearly stated the reason. When staff supported people with application of transdermal patches the medication administration records contained body maps to ensure the rotation of the patch position was clearly documented. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medicine through the skin and into the bloodstream. Where required staff received additional training by a health professional. For example, when administering a blood thinning medicine that required staff to follow strict guidance. People had medicine risk assessments in place that outlined the level of assistance required. For example, one person's record said "Due to stiff fingers medicines are to be given by carers". That was to ensure the medicines were not dropped and were handled safely.

People told us that they felt safe at the service. One person said: "I feel safe, absolutely". The relatives said they had no concerns about the safety of their family members. One relative said, "Oh, yes, [person] is safe".

Staff received training around safeguarding vulnerable adults. Staff were aware how to recognise signs of abuse and told us they would not hesitate to report any concerns. One staff member told us, "I'd report to the manager to work out the best plan of action – take it to safeguarding or Police". The registered manager and the office staff were aware of the local authority reporting process in relation to safeguarding concerns.

There were sufficient staff to keep people safe. People told us they felt there was enough staff and that they were supported by regular staff. Comments included: "Yes, I generally get the same carer, except when it's her day off" and "90% of the time I get the same carer". People also complimented staff punctuality. One person said, "The office always calls me if they are going to be late". Staff were scheduled to see the same people on a regular basis. One member of staff said, "We've got regular carers working with people, they let us know any changes".

Records relating to the recruitment of new staff showed relevant checks had been completed to ensure staff were of good character. These checks included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

The registered manager had a system to record accidents and incidents. We viewed the log and saw no accidents occurred since our last inspection. People we spoke with told us staff always used gloves and other appropriate protective wear as needed to avoid cross infection.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they carried out their roles efficiently. One person said, "Yes (they are) completely competent, I am always amazed at what they can do. They are very, very, good. They do anything I ask". One relative told us, "Oh yes, they're trained very well and they know the best way to do things".

Staff had the skills and knowledge to meet people's needs. Staff told us and the training records demonstrated staff received training relevant to their roles. Staff also received training relevant to the care needs of individual people such as around application of pressure stockings or diabetes awareness. Staff told us they felt the training and induction provided was good and they could request further training if needed. One member of staff said, "Training prepares staff well for the role". Another member of staff said, "You get two weeks of training and then shadow an experienced member of staff for as long you need till you feel you're confident".

Staff were supported to carry out their roles. Records were kept of when staff met with their line manager for supervision sessions. Additional observations of practice such as spot checks were carried out. Staff we spoke with complimented the support received. One member of staff said, "I can always ring manager, she's always helped me out".

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 are assessed as lacking mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us they were asked by staff for their consent to care. Staff had a good knowledge and understanding of the MCA and had received relevant training. One member of staff told us, "People should be allowed to make their own decisions". Another member of staff said, "Let them (people) make own choices". People's care plans highlighted the importance of giving people rights to make their own decisions. People's care plans contained information about people's Power of Attorneys where applicable. This meant the provider ensured they were fully aware when people had a legal representative that was able to make lawful decisions on people's behalf.

People's nutritional needs and preferences were recorded in people's care plans. Where required staff supported people with preparing meals or prompted to eat. Staff were aware of people's dietary needs and they told us they would ensure the support offered met people's needs. One staff member told us, "We always ask, what do they prefer to eat, whether they want a fork or a spoon, if they would like us to cut up the food for them".

People were supported to access health services as required. The team worked with a number of health and social care professionals to ensure people's needs were met. One external professional commented, "If the staff had concerns about people they would ensure they accessed right equipment. They're picking up when people need to be referred to a district nurse or other professionals".

Is the service caring?

Our findings

People told us staff were caring. One person told us, "They are pretty marvellous. Very good really". Another person told us, "They are so kind and caring". One relative told us, "Staff are polite".

People told us they were able to build caring relationships with staff. Comments from people included: "They are very chatty", "I would give them 10 out of 10", "and "They are becoming friends and are very nice". People's relatives were also complimentary and told us how people enjoyed seeing staff. One relative said, "[Person] is looking forward to see them". Another relative said, "They're very good, we can rely on them".

People were supported by caring and compassionate staff. Staff told us why they enjoyed working with people. One staff member said, "It's satisfying job, you're helping people to stay in their own homes which is their wish. It's lovely to hear people's stories; we've got some real characters". Another staff member said, "Staff can build good rapport with people due to stable rota".

People told us they felt they were listened to by staff. When we asked if people felt they were treated with respect and dignity, people said 'definitely' and 'absolutely'. One person told us, "(Carer) will sit and talk to me. (Carer) is very pleasant. Very polite. They are kind and I can relax with them totally". One relative told us, "They (staff) involve [person], definitely, they consider [person's] wishes".

People told us staff respected their wishes, for example in relation to their gender preferences of the carer. The provider had policies surrounding equality and diversity in place. The service considered people's needs in relation to information access and provided alternative format when required. For example, one person was visually impaired and a member of staff told us, "We put large print information on the front of their folder with all contact information".

People's independence was promoted and people's care plan highlighted the importance of this. For example, one person's care plan said, "Please leave [person] in toilet, [person] will shout for carer (when ready)". Another person's care plan stated, "[person] will clean their teeth". Staff told us how they ensured people were supported to be as independent as possible. Comments included, "Give flannel to people so they can wash their face", "We would always say 'would you like me to' instead of 'I am going to'" and "Some people can make their own tea, I'd only help to take the tea bag out".

People's confidentiality was respected. People told us staff never discussed other people's needs with them. People's care plans and other documentation was stored securely in the provider's office. Staff had their own logins to any information stored electronically.

There were no people receiving end of life care on the day of our inspection. The registered manager told us if needed they would work with other health professionals and the hospice to ensure the person was pain free and comfortable.

Is the service responsive?

Our findings

People's needs were assessed prior to commencement of the service to ensure staff were able to meet these. People and their relatives were involved in the process. One relative told us, "We had an assessment at the beginning to establish how much help we needed". We saw where applicable, people's care files contained a copy of their assessments carried out by the commissioners. This information was also used to inform the care planning process.

People had care plans that outlined the level of support required and staff knew people's needs well. People told us care plans were reviewed regularly and that they had been involved in reviews. We saw evidence of regular reviews taking place.

The service responded to people's needs and people told us they received a service that met their needs. Comments from people included, "By and large, I am very happy with them" and "Yes, of course they understand me". People received a weekly rota of their visit schedule. Staff told us there were rarely changes and people appreciated knowing who was visiting them and when.

The provider arranged for an annual festive social meeting held around Christmas time. We saw the pictures from the last year's mince pie and coffee afternoon. This was well attended and enjoyed by people and staff.

There was a complaints policy that was available to people. We viewed the log and found there had been no complaints received since our last inspection. People told us they never had a reason to formally complain. One person told us they previously raised concerns and they were happy with the way these were dealt with. They said, "The company deals with concerns effectively". Another person said, "I have no concerns. They are very good". A relative told us, "I'd ring PPC and I'd speak to whoever was there, they're easy to talk to".

People were able to feedback their views in a number of ways. People had a review after four weeks of receiving the service. People were asked for feedback during spot checks and reviews. People we spoke with confirmed senior staff visited them and asked 'if they were happy'. They also had opportunities to fill in six monthly quality survey questionnaires. We viewed the last surveys results and we saw people expressed they were mostly very satisfied with the service received.

Is the service well-led?

Our findings

The service was run by a registered manager who was supported by a team of senior staff and care staff. There was a clear staffing structure in place and staff were aware of their roles and responsibilities. Staff were mostly allocated to work in certain geographical areas however they were rotated to ensure they were familiar with people's needs and could cover another area when required.

People and their relatives spoke positively about how the service was run. One person said, "Yes, well organised", "I have had no complaints. Carers always on time, so I think they are well managed" and "I'd recommend them".

The staff complimented the team work and staff morale. They were also positive about the communication and told us team work between staff and with the registered manager was good. One staff member told us, "We're such a good team, we work well together". Another staff member told us, "I'd definitely recommend this company. We've got a nice lot of carers". A staff survey was sent out six monthly, this gave staff opportunity to contribute to the running of the service. The registered manager told us they were well supported by the director who regularly visited the office.

The registered manager had a range of audits to monitor and improve the quality of the service. This included care plans, medicines records and electronic staff login records. The staff used a telephone system to log in and log out of the care visits. This enabled late and missed visits to be identified and flagged up. People we spoke with had not experienced any missed visits.

Where actions were identified this was addressed. For example, the registered manager identified the need improved care planning format. A new template was introduced and was being monitored and reviewed to ensure it met the needs of the service. The registered manager also told us they implemented six monthly reviews instead of annual reviews. This was to ensure the care plans were up to date. We saw bi-annual reviews took place.

There was a whistle blowing policy in place. Staff were aware of the policy and said that they had no hesitation in using it if they suspected any abuse. Staff also knew how to report any concerns outside the organisation if necessary. One staff member said, "I wouldn't hesitate to report any concerns, I could go to social worker or safeguarding team or our director".

The registered manager was aware of the need to keep their skills and knowledge up to date. They were a member of the UK Homecare Association (UKHCA). This enabled them to enhance their knowledge about issues in relation to domiciliary care services. UKHCA is the professional association of homecare providers from the independent, voluntary, and statutory sectors.

The registered managers understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. We use this information to monitor the service and

ensure they responded appropriately to keep people safe.