Premier Care Limited

Premier Care Limited - Rochdale Branch

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

Premier Care provides help and support to people with varying needs enabling them to remain in their own homes and be as independent as possible. The agency offers a variety of services including assistance with personal care, domestic tasks, meal preparation and shopping. The agency office is situated on the outskirts of Rochdale with access to local towns via public transport.

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service changed their location and this is the first rated inspection at the new location.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service but did not restrict their lifestyles.

Staff were trained in the administration of medicines and managers checked the records to help spot any errors and keep people safe.

Staff were trained in infection control topics and issued with personal protective equipment to help prevent the spread of infection.

Staff received an induction and were supported when they commenced employment to become competent to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take training in health and social care topics.

People were supported to take a healthy diet if required and staff were trained in food safety.

Staff told us how they would support someone if they thought their liberty was being deprived to help protect their rights.

We observed a good rapport between people who used the service and the care coordinator. People who used the service told us staff were reliable and they knew them well.

Personal records were held securely to help protect people's privacy.

There was a complaints procedure for people to raise any concerns they may have.

People were assisted to attend meaningful activities if it was a part of their support package.

Plans of care gave staff clear details of what care people needed. People helped develop their plans of care to ensure the care they received was what they wanted.

There were systems in place to monitor the quality of service provision and where needed the manager took action to improve the service.

The office was suitable for providing a domiciliary care service and was staffed during office hours. There was an on call service for people to contact out of normal working hours.

People who used the service thought managers were accessible and available to talk to.

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.

The service used the local authority safeguarding policies to follow the local procedures. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and recognised what a deprivation of liberty was and how they must protect people's rights.

People who used the service were supported to take a nutritious diet.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily support the people who used the service.

Is the service caring?

Good

The service was caring.

Records were maintained securely and staff were trained in confidentiality topics.

People who used the service told us staff were trustworthy, helpful and kind.

We observed there were good interactions between staff and

people who used the service.

Is the service responsive?

Good

There was a suitable complaints procedure for people to voice their concerns. The registered manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

If it was part of their care package people were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were developed with people who used the service, were individualised and kept up to date.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care agency.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

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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.

In accordance with our guidance we gave the provider 48 hours' notice that we were undertaking this inspection; this was to ensure someone was in the office to meet us. This announced inspection took place on 23 and 24 May 2017 and was carried out by one adult social care inspector.

We visited people with their permission in their own homes to talk to them and gain their views about the service.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. We asked the local authority contracts and safeguarding teams for their views about the service. They did not have any concerns. We did not send for a Provider Information Return (PIR) because the service would not have had time to fully complete it before our visit.

During the inspection we talked with four people who used the service, the registered manager and four care staff members.

We looked at the care records for four people who used the service (three in the office and one in a person's home) and medicines administration records for six people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us, "I get the same staff and trust them to come into my home. I feel safe. Staff leave the property secure. Staff arrive in uniform and have their identity", "We trust all the staff and feel safe", The staff can be trusted. I feel safe using them. Staff always wear their uniforms" and "I can trust the staff and feel safe at home." People we spoke with felt safe using this care agency.

We saw from the training matrix and staff files that staff had received safeguarding training. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse policies to follow the local procedures. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy for staff. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. There was a copy of the 'No Secrets' document staff could refer to for advice around safeguarding issues. The staff we spoke with were aware of the whistle blowing policy and all said they would take action if they suspected someone was at risk of abuse. We saw that for the one safeguarding raised against the service that they had taken appropriate action and liaised with the local authority to resolve the issue.

All the staff we saw and spoke with wore the agencies uniform and had their identity badges with them. This meant people would recognise them when they attended their homes.

We looked at three staff records and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people.

Staff said, "There are enough staff to meet people's needs" and "I get time to complete my visits. There are enough staff." We asked people if staff missed visits or were often late. People told us staff were reliable, came on time and stayed their allocated times to complete tasks. This meant the service employed suitable numbers of staff to meet their needs.

We saw that the office was suitable for running a care agency. Equipment in the office had been tested to ensure it was safe. This included a Portable Appliance Test (PAT) for computers and other electrical equipment. There were fire extinguishers which had been regularly serviced to ensure they were in good working order. There were smoke detectors to warn staff of a fire which were tested regularly to ensure they were effective. The service had adequate public liability insurance and the certificate was displayed in the office. The registered manager said they had their own maintenance staff employed by the group who would repair or replace any faulty equipment.

We looked at three plans of care in the office and one when we visited a person in their home. Plans of care

contained risk assessments for personal risks such as for moving and handling, finance, personal care and for fire safety. There were also risk assessments for the environment, for example, any possible hazards in people's homes, for example slips, trips and falls or dangerous equipment. The assessments were reviewed when the care plan was updated or sooner if a person's needs changed. People who used the service were risk assessed to help keep them safe and not to restrict the things they did.

Three people who used the service said they administered their own medicines. One person said, "We get our medicines and they are given on time three times a day." Where possible people were encouraged to take their own medicines to retain their independence. This was recorded in the plans of care.

People being looked after in their own homes can often self-administer their medicines or just require prompting. However, some care packages required staff to administer medicines for people who used the service. The plans of care showed what level of support a person needed and they signed the record to show their agreement. People also signed the record if they or a family member agreed to administer the medicines. From looking at the training matrix and staff files we saw that most staff members had completed medicines administration training. Members of staff we spoke with confirmed they had attended a medicines course.

The medicines were recorded on a medicines administration record (MAR). Any medicines staff did administer were recorded and the registered manager checked to see if there were any gaps or omissions when the MAR's were returned to the office. Any action required was followed up by the registered manager. We looked at six MAR records and saw there were no errors or omissions. We saw that the registered manager brought up medicines administration at staff meetings reminding them to compete the MAR correctly and sign the record. Staff had their competency checked to administer medicines correctly during spot checks.

A member of staff said, "I would let the office know if there were infection control issues in a person's home." People who used the service lived in their homes independently or with family support and were responsible for any infection control issues. However, part of the staff's training package included infection prevention and control. Staff were also issued with personal protective equipment (PPE) such as gloves and aprons. This helped protect the health and welfare of staff and people who used the service.

Staff had a lone working policy to adhere to help keep them safe and there was a system to track staff when they were working. This system would inform managers if a staff member was late, did not turn up or left earlier than they should. This system was used in line with the local authority (Rochdale Metropolitan Borough Council) guidelines. Staff could be contacted by phone to ensure they were safe and to arrange for another member of staff to quickly cover for them in an emergency to make sure people who used the service were not left unattended. There was also a system for contacting staff if there were any changes to a person's health needs. Before a member of staff attended a person they would have to access the information to ensure they gave the correct support.

Good

Is the service effective?

Our findings

People who used the service told us, "The staff are reliable. They ring me up if they are going to be late. I have the numbers to call during office hours or later if I need to" and "The staff are reliable and get here on time. They stay the allotted time to complete their work. They don't just rush in and out" People we spoke with thought staff were reliable and completed the care they were supposed to.

A staff member said, "We have enough time to undertake our visits. If the time is not enough we tell the office."

A person who used the service said, "Staff make us some of our meals. They are good cooks, clean and tidy." People who lived in their own homes were responsible for the foods they chose to eat. We asked staff what they would do if a person was seen to take a poor diet. Staff said, "I would encourage someone to eat healthily but we cannot force them. I would report to managers if people were not taking a good diet or something like eating food that was out of date" and "If someone was eating unhealthily I would contact the manager and write it down in the daily record. Likewise I would also try to encourage the client. We cannot force anybody to eat." Staff were aware of their responsibilities to help people make healthy food choices but respected their rights to eat what they wanted.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. When we looked at the three care plans we saw that any nutritional needs a person had was recorded. We saw that staff might prepare a meal if this was part of their care package. All staff had completed training in safe food hygiene and nutrition. We also saw that some people were assisted to order their meals from a catering company or helped to do their shopping. On the day of the visits a person who used the service told us a member of staff had gone out to do their shopping. Other people we spoke with said their family members did their shopping and cooking.

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 under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People in their own homes are not usually subject to DoLS. However, most staff had completed training in the MCA and further training was being arranged for training for the MCA. The service were also introducing a

mental capacity assessment for each to person to ensure they were aware that people had capacity or what they needed to do if not. We questioned staff what they would do if they suspected someone was being deprived of their liberty. Staff said, "I would raise a safeguarding if I thought someone was being deprived of their liberties" and "I would report any deprivation of a person's liberty as a safeguarding." The registered manager said she would report any DoLS to the local safeguarding team who would be responsible for protecting the person. Staff were aware of the need to protect people's rights.

Plans of care had been signed by people who used the service and told us they had were involved in their assessments and care plans. This showed people agreed to their care and treatment.

All new staff were given an induction. We looked at three staff files and we saw staff had completed their induction booklet. The induction included dignity in care, effective communication, infection control, health and safety, safeguarding, person centred support, dementia awareness, food hygiene, medicines administration, first aid and manual handling. Staff were shadowed and we saw there was also a record for shadowing. Shadowing meant the service supported new staff by providing an experienced member of staff to support them until they were ready to work on their own. We were told staff were then enrolled onto the care certificate if they were new to the care industry, which is considered to be best practice. We saw that one file contained a completed care certificate. Experienced staff were encouraged to compete a diploma in health and social care.

People who used the service told us, "The staff seem to be well trained. New ones never come on their own", "Our carer is well trained. She knows what we want", The staff seem well trained but it is better if you get your regular one" and "The staff who come here seem to be very well trained."

Staff members said, "I have completed all the mandatory training. I think we do enough training to do the job", "I have completed all my mandatory training and completing my NVQ2. I am enjoying that. I think the training has given me the skills to do the job", "I have done all the training and have put my name down for a diploma in health and social care" and "I think we have done enough training to be competent and more importantly confident with the client and myself regarding care."

The training matrix and staff files showed us staff had completed mandatory training for moving and handling, health and safety, basic life support, safeguarding adults and children, food hygiene, infection control, medicines administration, fire safety and the MCA. Some staff had completed extra training in dignity and were dignity champions. This meant they would be aware of how to protect people's dignity. Other training included a diploma or NVQ in health and social care, nutrition, the care of people with dementia or mental health needs, equality and diversity, person centred care and data protection. Staff received the training they needed to help them meet the needs of people who used the service.

Staff members said, "Part of my role is to help with supervisions, spot checks and liaise with clients. I have had my annual appraisal and have supervision with the registered manager. You can talk about your career within supervision and there are opportunities within the group", "We get supervision and spot checks. You can talk about anything you wish in supervision", "We get supervision and spot checks. Supervision is useful and you can bring up your own needs. I asked to complete my NVQ in supervision and they will arrange it" and "I have had my supervisions and an appraisal. I can discuss my career and they arranged my hours to suit me."

We saw from looking at staff files that supervision was regularly undertaken and included on the job spot checks. Supervision and appraisal gave staff the opportunities to bring up issues of their own or training needs as well as managers checking staff competence.

The service had a business continuity plan to ensure the service functioned during times of crises such as bad weather or loss of the office.

The service was run from an office on the outskirts of Rochdale. There was a car parking to the rear and access to the office was suitable for a person who may have mobility problems. The office operated during normal working hours and there was an on call service. There was a large reception area, two offices and kitchen and toilet facilities. One office was used for training or private meetings. We saw there was all the equipment needed to run an office including computers with internet access and telephones.

Good

Is the service caring?

Our findings

People who used the service said, "The girls are all lovely and caring. I have a good rapport with the staff and they are good with family", "Our main carer is a nice girl and comes three times a day. She is caring and friendly. All the care staff we get are very kind", "We used Premier Care but when I came out of hospital social services sent in another agency. They were not as good so we changed back. Our carer is excellent. None of the care staff from Premier have been bad" and "My main staff member is excellent. She is very good, very kind, caring and thorough. The regular staff become like family."

Staff said, "I think it is a good service. I would gladly let a member of my family use the service. I have done in the past. I am still hands on and help care for people", "I like the job. Love it. I work a lot with Asian people so it works well for them. I am aware of their cultural and religious needs. We become like family. I had a member of my family who used this service. I like looking after people and being appreciated. It is a rewarding job", "I would be happy for a member of my family to use this service. I like to meet new people and clients. I like working here. I can provide support if we have Asian clients because I understand their culture" and "I enjoy working here. I like to care for people. It makes me feel good to care for people." The service employed people from different ethnic backgrounds to match them with people who had diverse cultural and religious needs.

We noted all care files and other documents were stored securely to help keep all information confidential and were only available to staff who had need to access them. Staff were taught about confidentiality and had a policy to remind them to keep people's information safe. Staff were also given the current codes of conduct and a staff handbook to help them follow good practice, which included confidentiality topics.

We looked at four plans of care during the inspection. Plans of care were personalised and had been developed with people who used the service so their choices were known. People's likes and dislikes were included in the plans. This helped staff treat people as individuals.

People told us managers regularly visited people either to work with them or during spot checks when their care was reviewed. The care coordinator had a good rapport with the people we visited and from the conversations between them was obviously well known.

The service had just been offered end of life training from the local hospice and the registered manager was obtaining expressions of interest from staff members who wished to attend the training. We saw the programme, which was very good and would give staff the skills the support people and their families at the end of their lives.

Good

Is the service responsive?

Our findings

People who used the service told us, "I have no problems. They would sort out any concerns but I do not have any", "We have no concerns about the service. We would tell our main carer or contact the office if we did. The managers would deal with it", "I am definitely happy with the care and they would listen to me if I had any concerns" and "I don't have any complaints but my main carer would listen to me and sort anything out."

We saw that each person had a copy of the complaints procedure within their documentation. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission (CQC) and Rochdale Metropolitan Borough Council. We saw the service had received one complaint but this was referred to safeguarding. The service assisted with the investigation.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. The assessment covered all aspects of a person's health and social care needs and the information was used to help form the plans of care. The local social services department also provided an assessment for their clients. The assessment process ensured agency staff could meet people's needs and that people who used the service benefitted from the placement.

People who used the service told us, "I have a care plan but don't need to read it. They come and talk to me about my care and it is what I wanted. They involve me in my care, "I have never read the care plan. I don't need to because they do all that needs to be done", "They ask us if the care is all right and we have our say. I have read the care plan and it is accurate" and "I read the care plan. The care I get is what is in the plan. A manager comes to make sure it is right."

Staff said, "When you log in if there are any changes you let the office know. They would come along and change the plan. This happens a lot when they come out from hospital and need more care.

Plans of care were divided into headings, for example personal care, communication, nutrition or moving and handling. Each section had what the need was, what the goal was and a lot of details around how staff could support them to reach the desired outcome. The plans clearly set out what staff had to do at each visit. For example, what was required in the morning, lunch time, tea time or evening. Each task told staff what level of care a person needed and what level of support was provided by family. Staff told us they read the plans and would contact the office if there were any changes. A manager would then update the plans. The plans of care were regularly reviewed and updated. Plans of care contained sufficient health and personal details for staff to deliver effective care.

The people who used the service said they regularly had the same staff and knew them well. Likewise staff confirmed they attended the same people regularly and knew what people wanted. This helped with people's continuity of care.

A person who used the service said, "The service are very flexible. I don't always want to get up at the same time. Our care staff member rings us up to see if I am ready and will arrive earlier or later if she can." Staff were flexible around people's needs and accommodated their wishes when they could.
Where it was a part of their care package people who used the service were assisted to attend activities such as shopping. The service also held tea parties at the office for people who used the service to meet each other and staff socially.

Good

Is the service well-led?

Our findings

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked people who used the service if they thought managers were available if they needed to speak to them. People said, "I am happy with the service. You can talk to the managers and they come round every now and again", "Our carer is like a member of the family and you can talk to the managers. They are always around. I am happy with the care and services but we have our favourite", "You can contact the office if you need to. The staff there are polite and helpful. The care coordinator and manager are very approachable. No service is perfect but we came back to the agency so that tells you what we think of them" and "I know the service well. I recommend the agency. You can talk to the manager if you need to. I am very satisfied with Premier Care."

Staff members told us, "I stand in for the manager when she is not here. She is approachable, firm but fair. She is a good manager", "The manager is very good. The manager and the care coordinator are both very approachable", "There is a good staff team. We all get on very well. The managers are approachable. They support us in our work" and "The managers are very supportive of my needs. The manager is very approachable. She gives feedback on my performance and encourages us."

A staff member said, "I attend the staff meetings. You can bring up topics you wish." The registered manager held meetings with staff regularly. At the meetings staff were briefed on any upcoming training, completing paperwork on time and correctly, reporting concerns or changes to people's conditions and who was invited to the tea parties. We saw that staff contributed to the meetings. Staff we spoke with also said they could have their say during meetings to help run the service.

We saw that staff had access to policies and procedures to help them with their practice. We looked at some policies and procedures which included complaints, equality and diversity, medicines administration, safeguarding, whistle blowing, confidentiality, health and safety, infection control, the recruitment of staff and induction and training. The policies were regularly reviewed to keep information up to date.

Each person had a copy of the service user guide and there was a statement of purpose. These documents told people what the agency provided and the facilities and services on offer. This helped people and professionals make an informed choice to use the service. The registered manager was aware of the need to display the ratings from this inspection.

The registered manager undertook quality assurance checks, which included care plans, staff arrival times and duration of visits, medicines records, people's finances and spot checks to people's homes for staff competency and to check the service was meeting people's needs. The registered manager conducted sufficient audits to ensure the service was working well. The area manager also conducted audits to ensure

the service was functioning well.

The service sent out customer satisfaction surveys yearly. The questions asked included reliability of staff, flexibility, staff attitude and were people's needs being met. We saw the results were mainly positive.