

Premier Care Limited

Premier Care Limited - Cheshire 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

About the service

Premier care is a care agency, providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. At the time of this inspection the agency were providing personal care to approximately 181 people in Warrington and St Helens.

People's experience of using this service and what we found

People told us they felt safe when being supported by the staff. People told us staff had enough time to support them and were usually on time. Staff were aware of what might be a safeguarding concern and how they would raise this. Risk assessments ensured people were supported to manage the risks in their daily lives. Staff followed good practice in relation to the safe management of medicines.

The provider completed assessments of people's needs and staff said they had enough information to support people effectively. People told us staff usually knew how to support them, but it could take time with newer staff. The provider ensured new staff had induction training which included shadowing more experienced staff. Staff said they had received adequate training and supervision.

People told us staff were caring, kind and polite. People who needed support with showering or bathing told us staff were respectful and put them at ease. People said they felt able to express their views and had been involved in making decisions about their care.

The service completed regular reviews of people's care needs and preferences and amended their care plans to reflect any changes. People told us they had been involved in reviews of their care. People were aware of the provider's complaints policy and said they felt able to raise their concerns.

Staff said they felt the service was managed well and management were on top of everything. Staff said the management team provided positive feedback. Staff told us they felt proud to be working for the service. People told us they were able to raise anything with the management team. We had mixed responses from some people we spoke with who felt the management could be more understanding. Most people were aware there had been a significant change in the size of the agency and had felt this had affected how well organised the agency had been; but said things had improved in recent months. Effective monitoring of visits and care quality ensured the service maintained the standard of care expected.

Rating at last inspection (and update)

At the last inspection this service was rated as Requires Improvement with two breaches of the regulations in relation to; safe care and treatment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led

Details are in our well led findings below.

Good ●

Premier Care Limited - Cheshire Branch

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. They provide personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 July 2019 and ended on 23 August 2019. We visited the office location on 30 and 31 July 2019. We made phone calls to people who used the service and their relatives on 21 and 23 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We reviewed the care records of eight people, the recruitment records of 3 staff and reviewed training, supervision and management records. We interviewed ten service users by telephone; visited three people in their own homes and interviewed four staff. We spoke with the registered manager and the owner and some of the office staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had an effective safeguarding procedure which protected people from the risk of avoidable harm and abuse. Staff understood how to recognise and respond to safeguarding concerns.
- Safeguarding records showed the service had investigated concerns and raised incidents with the local authority when required.
- People told us they felt safe because of the care they received.

Assessing risk, safety monitoring and management

- The service assessed the risks people needed support to manage in relation to the care they received. Risk management plans detailed how to minimise the identified risks and were reviewed regularly.
- Environmental risk assessments had been completed to support staff safety when visiting people's homes.

Staffing and recruitment

- The service had robust recruitment policies which ensured all necessary checks had been completed prior to staff starting work.
- Staffing was sufficient to provide safe care. Records reviewed showed visits had been completed for the planned time. People we spoke with told us the staff were more rushed at weekends, but they had received the care they needed.
- Staff told us they felt they had enough time to support people safely.

Using medicines safely; Preventing and controlling infection

- Where the service were responsible, people had been supported to manage their medicines. Medicine records and audits ensured issues had been identified and resolved in a timely way.
- Staff had up to date medicines training and regular competency checks had been completed by the management team.
- The service had an infection control policy. The service provided protective equipment for staff, which included gloves, aprons and hand gel.

Learning lessons when things go wrong

- The service had systems in place to investigate any incidents. We reviewed incident logs and records and found the service had followed their procedure and recorded lessons learned to avoid repetition.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service completed assessments of people's needs and wishes to ensure they could meet their needs. Where any discrepancy was found in assessments received from other sources, a field care manager would resolve this in a timely way.
- People were involved in developing their care plans.
- Care plans were detailed enough for staff to understand the support people needed and how they preferred to be supported.

Staff support: induction, training, skills and experience

- Staff training and induction was effective and provided staff with access to the necessary skills and knowledge to support people. Care coaches had been used to act as support to new staff. A relative told us, "The carers know what they are doing, some more than others. They kept me informed when I went away."
- At the previous inspection there had been concerns about staff's knowledge in relation to diabetes, epilepsy and supporting people who may experience distress. The service had provided detailed training in relation to these and other specific long-term health conditions. Staff told us they felt confident with their skills and knowledge.
- Staff received regular supervision, which is a one to one meeting with a senior member of staff to discuss their role and development needs. Group meetings and recorded conversations on specific themes also provided regular support and feedback for staff.

Supporting people to eat and drink enough to maintain a balanced diet

- Where the service was responsible, people had been supported to eat and drink.
- Where a person needed support to eat a modified diet this had been provided. However, food eaten had not been clearly identified as being modified in the care records. We discussed this with the registered manager who addressed it during the inspection.
- Staff understood people's dietary needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with other agencies including, health services and care commissioners to provide consistent and effective support. Contributions from other agencies were included in care plans. Information about specialist health needs were available for staff to refer to.
- The service supported people to maintain their health and wellbeing and to access community-based

health services, including doctors, district nurses and specialist nurses.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- At the time of inspection no one was subject to a DoLS. Two people had door sensors through a telecare service and tracker devices in their watches in case they became lost. The decision to use these had been made following best interest decision making process.
- People's ability to make decisions had been considered, some care plans contained a generic capacity assessment and still needed to be updated to the services' new format. This was in process at the time of inspection.
- Staff understood the importance of people giving consent to care. Staff told us and people confirmed staff asked them first before carrying out support. We observed staff asking people's consent during home visits.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt treated well by their staff, comments included; "The carers are nice, I have two jolly good ones at the moment." "Regular carers are brilliant and know what to do." and, "The carers are very good. They behave respectfully."
- People's backgrounds, identities and the support they needed to maintain them, had been included in their care records which ensured staff knew of any specific needs the person might have.
- The service ensured staff understood equality and diversity matters through training and by providing access to the services' equality policy.

Supporting people to express their views and be involved in making decisions about their care

- The service ensured communication guides were included in care plans to support staff to communicate with people in the best way about their care and support needs.
- The support people needed to make decisions had been recorded. Where the person preferred their relative or friend to be present this had also been recorded.

Respecting and promoting people's privacy, dignity and independence

- The service had dignity champions who accessed updates from a dignity in care website and had additional knowledge to share with the team. There was a dignity board in the office highlighting the key principles of dignity in care.
- People felt their dignity was respected. Comments included; "Staff help me with personal care and they put me at ease." "They make sure I am comfortable."
- Some people felt the agency did not always respect their wishes in relation to the gender of carers. One person told us there were sometimes difficulties at the weekend, they were able to raise this with the service who have responded.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care which was responsive to their needs and wishes.
- Records in most daily care logs demonstrated good practice in relation to person-centred care. However, sometimes staff did not use person-centred language. We discussed this with the registered manager who was in the process of addressing consistency in record keeping.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had recorded details of people's important relationships and how to contact them.
- People's background, hobbies and interests had been recorded, where the service was responsible, people had been supported to attend activities.
- The service worked flexibly, adjusting care hours to facilitate a fishing trip for one person.
- The service has signposted people to a befriending scheme and a variety of charities.

Improving care quality in response to complaints or concerns

- The service had a clear complaints procedure. We reviewed the complaints log and saw complaints had been recorded and responded to. There had been an increase in complaints when the service expanded earlier in the year but these had now reduced considerably.
- A common concern raised had been about consistency of care at weekends. In response to this the service opened the office at the weekends. Both people and staff told us this had improved the service at weekends.
- People we spoke with told us they were able to raise their concerns and felt they were addressed.

End of life care and support

- People could be supported at the end of their life. The service had a policy to support people as far as possible by working with community health staff.
- People had been supported to consider their views about their end of life needs. Some people had chosen 'do not attempt cardio pulmonary resuscitation' (DNACPR) their decisions were visible in their care records for staff to refer to and could be taken to hospital with them when required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- The service had met this standard, information was available in a variety of formats.
- The service encouraged people to express their views in different ways, including; questionnaires, interviews and calling in the office.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a clear commitment to achieving good outcomes for people. The services values were included in the training provided for staff.
- Staff told us, 'I feel clear about what the organisation are trying to achieve.', and, "I feel proud to do a good job and my service users give me good feedback. We get good feedback from managers they always appreciate us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service acted openly and honestly. Concerns were recorded and responded to. Where the service were at fault they had apologised.
- The service had raised any concerns necessary with the appropriate authorities, including; CQC, local authority safeguarding teams and commissioners.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had introduced a clear management structure and had created some new posts to help improve consistency and maintain quality performance.
- Internal auditing of care was completed by the head of service compliance. An action plan titled 'Making it happen', had been developed to ensure consistency across the service. The service were following this plan and had made improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service actively encouraged people to engage with the service and give their feedback.
- An independent survey had been completed, over 140 people out of over 350 asked had responded. The results showed over 90% of people had been satisfied. In response to issues raised the service had changed practice and accessibility, for example, opening the office at weekends.
- Regular staff meetings had been held though it was difficult for staff to attend. The service had a variety of ways of keeping staff informed of changes and developments. These included; electronic systems to update rotas, calls and updates to care records.

Working in partnership with others

- The management team had regular meetings with the local authority quality improvement team and have worked on an improvement plan since the last inspection. The quality improvement team told us the service had been highly responsive to their support and were making improvements.
- The service continued to work with other organisations to develop and share their skills and knowledge.