

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Premier Care Services

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Premier Care Services (EG) Limited
Registered Manager	Mrs. Christine Young
Overview of the service	Premier Care provides personal care and support for people in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 March 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

People we spoke to told us they were happy with the care they received from Premier Care. One person told us "I am very happy they don't judge me which they could easily do."

We found people's views and experiences were taken into account in the way in which they received care and treatment. People and their relatives told us they were supported to participate in their care.

Records showed that people were assessed prior to receiving a service. We found that care plans and risk assessments reflected people's assessed needs and wishes.

We found that staff had training appropriate to their role. Staff received regular supervision and an annual appraisal.

We saw that the provider had systems in place to ensure that people were safeguarded against the risk of abuse.

We found that the provider had an effective system for monitoring and assessing the quality of the service provided, which included the views and experiences of people and their representatives.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We found people's diversity; values and human rights were respected. People we spoke to told us they were well looked after. One person told us they were involved in their care "as much as I can be."

The provider told us they ensured people's expressed their views about the care and treatment they received. They told us before people used the service people were pre assessed to determine their needs and the level of support they required. They told us at these assessments people were able to say what their preferences were. We noted that people and their relatives were present at these assessments. We reviewed the pre assessment information and found the information was detailed and comprehensive about people. The information provided at these assessments was used to develop the delivery care plan for people. A relative told us about their relative "oh yes she is involved she will not do anything she does not want to."

We reviewed the care records of five people. We found these records included delivery plans, clear guidelines for staff to meet people's needs and monitoring visits by the manager. We found people and/or their representatives signed their delivery care plans to indicated their consent and also their involvement in their care and treatment.

Staff we spoke to told us they were aware of respecting people and maintaining their privacy and dignity. For example, one member of staff told us they always made sure people privacy was maintained when they provided personal care. The provider told us to maintain people's privacy and dignity, personal care, as far as possible, was provided by the same member of staff. One person told us "it is very nice to have one person who knows exactly what I like and need."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We reviewed a sample of five care records of people who used the service. We noted delivery care plans were regularly reviewed. We noted a section was recorded as planned flexibility, unplanned flexibility and agreed contingency planning included. The provider told us this allowed for changes people requested on a day to day basis. For example in the contingency planning records there was agreement between the provider and people about how unforeseen circumstances would be managed. We noted for example planned flexibility could be the person may chose to have breakfast at different times than what the care plan stated. This provider told us this meant people were given care and treatment which met their needs.

We found information that people's needs and abilities were recorded. We reviewed the daily records and noted discussions between people and staff were recorded about the care people received. The care records assessment needs included daily living and included people's likes and dislikes, their routine and interests. There was also a personal and social profile included in the care records. The provider told us this information meant staff were aware of people's preferences.

The provider told us daily records were made by staff. This meant information was available, when shifts changed, about people for their continuing care. We reviewed these records and found discussions were held with people about their care and treatment which was delivered as stated in people's care plans.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We reviewed the training records and found staff had been trained in safeguarding. We saw the training schedule for 2013 and noted that abuse awareness training was scheduled for March and April 2013. All staff was booked to attend this training.

The staff we spoke to were able to identify the different types of abuse. For example they told us abuse included physical, emotional and sexual abuse. They told us if they witnessed or suspected abuse they would report their concerns to the manager. Staff told us they were aware of the whistle blowing and safeguarding policy. We noted staff signed that they had read the policies.

The provider told us to keep people safe staff wore uniforms and identification name badges. People could deny staff access to their homes if they were not wearing their uniform and identification badges.

To maintain their safety in their homes the provider told us people homes were risk assessed and plans put in place address the identified risk. For example we saw unwanted medication was risk assessed and people consented for staff to destroy unwanted medication in their homes.

We observed West Sussex Multi Agency Policy and Procedure for Safeguarding Adults was available to support staff if needed. We reviewed the provider's policy and found it followed the guidelines of the local safeguarding authority.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We found staff received appropriate professional development to deliver care and treatment to an appropriate standard. The provider told us staff were regularly trained to deliver care and they received support to enhance their professional development. We reviewed the training records and saw staff had completed mandatory training which included health and safety, fire prevention and medication awareness. The training records showed staff received additional training in areas such as dementia awareness and diversity and equality. The staff we spoke to told us these courses helped them when working with people.

Staff told us the provider supported their professional development. They said the support they received included regular supervision and appraisals. The provider told us they endorsed staff completing the Skills for Caring certification. One staff told us the training they received was fantastic. The staff told us they received regular training updates twice a year. We reviewed the staff records and found supervision was carried out quarterly and appraisal annually. This meant staff received support which ensured they carried out their roles effectively.

We saw evidence of one to one sessions the provider held with staff. The provider told us this was additional support which was available to staff when carrying out their roles. The provider told us they carried out random spot checks on staff. The checks were to observe how staff carried out procedures and how they engaged with people. Any concerns identified were addressed with the staff concerned. We saw spot checks occurred and were recorded on staff records.

The provider told us staff were supported through regular staff meetings. We reviewed the records and found meetings were held on a quarterly basis. Staff signed when they attended these meetings. We saw the minutes of the meetings were kept in the office where they were easily accessible to staff. Staff we spoke to told us they discussed matters affecting them and their roles at work at these meetings.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service and that people.

Reasons for our judgement

The provider told us they regularly sought feedback from people, their representatives and other professionals in assessing and monitoring the quality of service given. The provider told us they completed quarterly monitoring visits with people to obtain feedback about the services they provided. During these visits the provider met and spoke with people and their relatives about the service they received. Any concerns raised were recorded and addressed. We saw records that these monitoring meetings took place. We reviewed the records and noted that people fed back they were satisfied with the service they received from the agency.

The provider also completed an annual quality questionnaire for people who used their services and their staff. We reviewed the questionnaire and found it included questions about whether people were able to express their views and were people involved in the care. We looked at a sample of the responses and found people described the service they received as good or very good.

To monitor the health and safety the provider completed quarterly monitoring audits. We saw the results of the Health and Safety Quarterly Monitoring for the period December 2012 to February 2013, which showed the provider was compliant with health and safety. The provider told us periodic audits were completed by an independent health and safety professional. We saw random risk assessments of people's homes were completed and fed back to the provider for action to be taken.

The provider told us they reviewed complaints and compliments and used the feedback to monitor the quality of the service people received. We found evidence that complaints received were investigated. We saw evidence that the provider addressed the findings of the complaint with staff concerned.

We saw a number of thank you cards the provider received as evidence of compliments people and their relatives gave. We noted written in one of the cards " I wouldn't hesitate to recommend your service to any one requiring the high level of professional care you offer."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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