

***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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Date of Inspections: 30 January 2014
29 January 2014

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2014

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	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 29 January 2014 and 30 January 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

At the time of our visit to Premier Care Services (EG) Limited we spoke with the managers, members of staff and eleven people who use the service. We visited two people at their home and read through ten personal care files.

We found that suitable arrangements were in place for seeking consent of care from people using the service. People we spoke with confirmed that they were helped to make decisions and were able to have control over the time allocated to their care package. People told us that the service was very good, staff were flexible, cheerful, accommodating and they had good and responsive communication with the agency.

We found that people's care plans were comprehensive and staff had set instructions for delivering care tailored for the individual person. This was confirmed from the people we spoke with and we found that care plans available at the people's residence to be compatible with the one held at the agency. This meant that people were receiving the appropriate care and support as contracted.

We saw that there was a robust recruitment procedure in place for staff. We found that the agency had various quality monitoring tools in place and saw evidence of surveys carried out by the agency. The outcomes were positive and where applicable they responded to people's comments appropriately. We found that people were aware of the complaint procedure in place and were confident that their concerns would be heard and acted upon appropriately.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our visit to Premier Care Services (EG) Limited we read through ten personal care files. We found that for a number of people initial assessments were carried out by West Sussex County Council Commissioning Team as they had a framework agreement contract with the agency. It was clear through the assessment that consent was sought from the individual people about the level of service required. The manager told us that they would then consult the client and helped them in planning their time preferences for the care support. This meant the people were in control of how best they would use the service provided by the agency.

We found that for those people who were purchasing services directly from the agency, the latter did take into consideration people's rights to consent before they received any care or treatment. People we spoke with told us that they were in control of their care package. The operation manager told us that they were in process of developing a formal contractual consent form to be adopted by the agency for its clients. We were showed a copy of the new form and found it to be fit for purpose.

We looked at the personal care and treatment records for the people we visited. We found that people had their individual needs assessed and were given the support needed in relation to giving consent and making choices. People we spoke with told us that staff respected their wishes and worked with them and ensuring that their individual rights were upheld. We had similar feedback from relatives we spoke with over the telephone confirming that they were aware of the agreed level of support and care planned for their family member. This meant that the service was aware of the importance of informing people about their treatment and care so that an informed choice could be made.

Discussion we had with staff indicated their awareness of the importance of people consenting to treatment. They told us that during their visit they would always inform the person if they would make any changes to the care being delivered. People we spoke with

told us that staff were conversant with their care needs and would discuss with them if changes had to be made to their care.

People told us the following: "X my carer knows what needs to be done and does it without any fuss", "she talks to me all the time and if something needs changing she will discuss it with me and my wife", "the carer will leave a note for me or call me if changes have to be made to mum's care". This meant that people were kept informed of any changes in their care delivery and their agreements were sought.

We found that some of the people had arrangements for their main meal to be prepared by staff. We were told that in most instances it would be frozen meal that would be cooked in the microwave. People told us that staff would ask them their preferences prior to preparing the meal or they would tell staff what they desired for the day. One person told us that, "I will prepare the vegetable and X would put it all together for me on the stove to cook, then I will eat when I feel like it". Another person told us that 'their carer would prepare sandwiches for them for their evening tea and they would always ask them their preferences'. This ensured that people were given the choice and their rights were being respected.

We found that a training program was in place for staff to be up-to-date with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We asked the managers what would happen in the event of the client not being able to give consent about aspects of their care. They told us that they would set up a best interest meeting with all the relevant parties concerned and would then formalise an action plan accordingly. This meant that the agency was aware of people's human rights and ensured that it would be respected and taken into consideration.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

At the time of our visit to Premier Care Services (EG) Limited we read through ten personal care files. The assessments were comprehensive and gave a clear picture of the individual needs and care package required. We found that once the agency had received the relevant information and guidance from the commissioners they would arrange a meeting with the client to discuss how best to tailor their care package to the allocated budget. The manager told us that this would be led by the client or their representative as appropriate to meet the outcomes as noted on the assessment.

We found that where clients had approached the agency privately, the agency would carry out their own comprehensive assessment and then issue a customer service level agreement for the client. This would be discussed with the client and put into action once the client or their representative were in agreement with care and support package on offer. This meant that people's needs were assessed and their care plans were tailored to their individual needs.

We noted that in the support plan there were sections defined as planned flexibility, unplanned flexibility and agreed contingency plans. The manager explained that they used this approach to ensure that the client had some flexibility in the use of the service. For example people may decide to have their bath at a different time or day that was initially agreed and same with unforeseen circumstances where the delivery of service could be adjusted accordingly. This was confirmed by people we spoke with who told us that the service provided was flexible and they could adjust to their personal requirement. This showed that the provider offered a flexible service to meet the client's needs.

We found that the information collated in the support plan were detailed, ensuring that staff had the right instruction and information about what to do during morning call, lunch call and evening call as applicable. For example staff would be made aware which day and what time of the day some people would like to go shopping or what activity certain individuals would prefer to partake during the day. We also found that the support plan were person centred and every single one of them gave clear detail of the individual needs, likes and dislikes as well as cultural and religious needs.

We saw evidence of the support plans having been reviewed on a regular basis and when changes in need had been identified there was a new assessment carried out. For example staff would record in significant changes that deviated from the current agreement. The management told us that when this happened they would review the agreed care package and in order to reflect the changes. People who use the service confirmed this practice and told us that they would be consulted prior to any changes being made. They also told us that sometimes they would request changes in their care package because of personal change in circumstances and this would be reviewed and agreed by the agency.

People we spoke with about the level of service they were receiving from Premier Care Services (EG) Ltd told us the following: "my mum has been receiving a very good service from them for the past four years", "there is always someone to answer the phone when you call and that's reassuring", "X the carer had been looking after mum for years and she is very happy with her", "the manager is very supportive and always give you good advice", "excellent service, most of the time we've had the same carer and she is great", "if there were to be a long delay, they would call you and let you know why", "X the carer takes her time and you never feel rushed", "staff are always cheerful and would help my mum as much as they can", "they made sure that she would eat her meal and also kept her very clean", "they are a caring bunch and nothing is too much for them", "they do what you want and would advise you if something is not right", "they are very good and for the number of years I have used them, I never had to complain" and "sadly mum had to go in care but for the past years they had been very supportive and looked after her very well".

We spoke with staff and found that they had a very good knowledge of the client group. They told us that they had access to all the information required and were well supported by the management team. Some of the staff had been caring for the same person for a number of years and that meant continuity of care for the individual and beneficial for those people who suffered from dementia.

We were shown the computerised system in place for the monitoring and communicating of information related to the service delivery. We found that information collated in the electronic diary sheets were relevant to daily activities taken place as well as an open communication channel for all parties concerned. This ensured that everyone involved in the delivery of care were up to date with significant changes as well as maintaining the continuity of care for people who use the service.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the recruitment procedure in place and we had discussion with the managers about the process. We found that the recruitment procedures in place were thorough and the provider ensured that people who use the service were safe and their welfare protected by a team of competent staff.

We read four staff files and found that they contained the relevant information as required within the recruitment procedure. For example there was evidence of two references being taken, one of which was from the previous employer. Disclosure Barring Service (DBS) checks had been carried out, evidence of identity and employment status were in place, medical reference and proof of qualifications were on file as well as past history of employment. We also noted that staff had to sign a yearly disclaimer confirming there had been no changes in their personal circumstances that could have an adverse effect since their DBS check was last carried out. This meant that the provider ensured staffs in current employment were fit for their role.

We found that there was a comprehensive induction program in place for new staff. The manager told us that new staff would be shadowed by senior member of staff during the induction period. This was confirmed by a new member of staff we spoke with. They told us that they had a thorough induction and covered all the mandatory training. We found that the agency was using the Social Care TV on-line training as well as the skills for care training manual.

We noted that senior members of staff were qualified to National Vocation Qualification (NVQ) Level 2,3 and 4 and the operation manager was embarking on the registered manager award course.

We spoke with members of staff and found that they had very good knowledge of the clients group and most of them had years of experience working in the domiciliary care sector. We also found that staff had the relevant insurance policy cover to enable them to transport people in their personal vehicle as and when required.

People we spoke with confirmed that staffs were conversant with their care needs. They

said that they did not have to keep reminding staff about their tasks as they knew what was expected from them each time. They also said that staff dealt with them with respect.

Discussion we had with the managers confirmed their understanding and responsibility in referring staff to the appropriate agencies if they were deemed not fit to work in the health and social care sector.

We saw in staff files evidence of 'spot' checks that were carried out by the management to ensure that staff complied with the agency dress and safety code. The evidence seen and observation made during our visits at the agency and at people's residence indicated that people were cared for and supported by suitably skilled, qualified and experienced staff.

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 that people receive.

Reasons for our judgement

We found that Premier Care Services (EG) limited had various quality monitoring tools in place to seek out both the views of people who use the service as well as staff who delivered the service. These tools comprised of a survey questionnaire for people who use the service, staff questionnaire for all staff employed by the agency, 'spot' checks for staff, risk assessments at client's residence, 'spot' visits to client's residence and complaint procedure for people who use the service.

We were told by the managers that these checks were carried out by the management team. They said that this would be carried out either when staff were delivering personal care or after staff had left. People spoken with confirmed that the checks were taking place and found it reassuring that management was monitoring the level of service. Staff spoken with were not deterred by the checks and appeared to be confident with regard to the level of service delivery. They said that it was good that the checks were carried out and this would help them in improving the service wherever it was needed.

We looked at the format of the survey questionnaire for people who use the service. We found that people were asked to answer ten questions pertaining to the delivery of service and a polite request if they wished to receive a telephone call to discuss any issues. We also noted that the scorings were graded from poor, average, good and very good with an additional section for comments regarding each question. This meant that the provider ensured people were given a choice of meaningful question to help them decide the quality of the service they were contracted to receive.

We read through thirty of the most recent survey questionnaires and found that all of them were fully responded by the clients. The scores were from good to very good and comments made by the clients were overall positive. The managers told us that where they found suggestions by some people in certain areas of the survey, they had acted upon them appropriately to improve the level of service delivery. These were confirmed by some of the people we spoke with and they told us that they felt free to comment without the fear of any repercussion. This meant that the agency was making sure that people who

use the service felt safe in voicing their views as well as confident that their suggestions would be acted upon.

We looked at the format for the staff questionnaire issued by the agency. We found that the batch of questions dealt with the support, training, work patterns, pay roll and operational issues. These were scored from 1 to 5 with 1 being very poor and 5 very good. In addition to those questions there were four additional questions for staff to answer as 'yes' or 'no' with the opportunity for comments. These questions dealt with supervision, appraisal, skills set and monitoring. We read through some of the completed surveys available and found good responses from staffs. The managers told us that where areas of development or improvement were identified these were acted upon accordingly.

Staff we spoke with told us about the risk assessments in place at people's residence. They said that they were aware of the risks involved at various places. They confirmed that they would inform the manager accordingly if there were any changes that would require a review of the current risk assessment. This meant that staff would ensure that neither people who use the service nor members of staff would be exposed to unnecessary risks.

People we spoke with felt confident that there were good systems in place to monitor the level of service delivery as agreed in their individual care package.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We found that Premier Care Services (EG) Ltd had a complaint procedure in place and every person was supplied with a copy of the complaint procedure. Staff we spoken with were aware of the complaint procedure in place and the importance of people raising any concern that they may have.

During our visit at people's residence we found a copy of the complaint procedure incorporated in their support plan. People we spoke with were aware of the complaint procedure and told us that they had no reason to complain so far. One person said that, "If I am not happy with something I will just tell the girls and sort it out". Another person said that, "I always discuss things with my carer but if I was not happy I would call X at the office". People said that 'staff were always willing to listen and even if they were late at times because of traffic, they would give you the full time that you had been allocated for'.

We read through some of the contracts the agency had with the West Sussex County Council Commissioning Team and found no evidence of complaints raised by the team. This indicated that the agency was in compliance with the framework agreement that they had with the commissioners.

In the office of Premier Care Services (EG) Ltd, we found a folder full of compliments and thank you letters from previous and existing clients. There were comments such as: "Thank you for all your help and support", "thanks for all help you have given to dad", "X staff and others have been very good and patient with us", "thank you all for the good care you gave to my mum".

We asked the managers if they had received any formal complaints from people who use the service and they said none. They told us that they tended to deal with issues as and when it happened, so it never got to the stage of a formal complaint. People who use the service confirmed the same and told us that 'if a misunderstanding had happened they would happily deal with it there and then'. This meant that people who use the service were confident of raising any concern or complaint and were sure that they would be acted upon effectively.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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