

## Premier Care Partners Limited

# Premier Care

### Inspection report

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13 March 2023  
21 March 2023  
28 March 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Premier Care is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, the service was providing personal care to 291 people. This includes 44 people being supported through the enablement service. This service provides time limited support to assist people coming out of hospital to regain as much of their independence as possible.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Feedback about the culture of the service and care provided from people and their representatives was largely positive.

The provider had resolved concerns raised at our last inspection. They were committed to developing flexible care which met the needs of the local community. They worked well with other organisations to achieve this aim, in particular in enabling people to return home safely from hospital.

Recruitment processes had improved. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff were largely positive about the service. The provider had introduced a new role of care coordinator to support staff wellbeing.

The provider had a range of quality checks which helped senior staff ensure care was safe and met people's needs. The registered manager took prompt action when concerns were raised.

The registered manager minimised risk across the service. Risk assessments were personalised, and care plans had been improved to provide staff with detailed guidance on how to support people safely.

Safeguarding practices protected people from the risk of abuse. Senior staff were working to ensure staff felt able to speak out when they had concerns. Staff supported people to take their medicines safely, and as prescribed. Staff minimised the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make

assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The provider demonstrated an understanding of Right support, right care, right culture. Although very few people with a learning disability and autistic people were supported by the service, the provider had systems in place to ensure their needs were met in a person-centred manner.

#### Right Support:

Staff focused on people's strengths and promoted what they could do.

#### Right Care:

People's care and support plans reflected their range of needs.

#### Right Culture:

People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was overall good, with requires improvement in safe (published 8 July 2021).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Premier Care

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience who made phone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 13 March 2023 and ended on 28 March 2023. We visited the location's office on 21 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and other professionals who worked with the service and received feedback from 1 professional. 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 of this information to plan our inspection.

#### The inspection

During our office visit we spoke with the registered manager, the registered provider, the deputy manager, and other office staff. We reviewed a range of records relating to the management of the service, including 6 people's care records, 4 staff files, and training and quality assurance records. We met or had email contact with 26 staff.

The Expert by Experience spoke with 11 people who use the service and 10 relatives to gather their feedback on the quality of care provided. During the inspection, the provider sent us additional information by email, as requested.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection we found staff did not always have sufficient guidance in place to ensure they knew how to manage the risks to people's health. At this inspection we found the provider had taken effective action to address our concerns.
- The provider had improved training for staff on specific health conditions, this included investing in a training 'dummy' to promote learning through practice in courses such as first aid and moving and handling.
- Guidance to staff had improved. A member of staff showed us on their hand-held device where key information was flagged which they could refer to when supporting people. For example, information on diabetes or what to do if a person had a seizure. A relative told us, "[Person] has a [specific condition] and staff know what to do for that as it has been updated in the care plan."
- Senior staff carried out needs and risk assessment for each person. The registered manager told us these had become more personalised since our last inspection. A senior member of staff told us, "I now spend at least 1.5 to 2 hours with people and their families when I am doing the assessment, just to make sure the care staff have all the information they need."
- There was a system for recording accidents and incidents which enabled the provider to ensure prompt action taken where required. Senior staff completed detailed investigations to ensure they understood when things had gone wrong.

Staffing and recruitment

- At our last inspection we had found the recruitment process required improvement. On our return we found the provider had made the necessary changes to ensure people were supported by safely recruited staff. Office staff had audited all staff files and addressed any gaps and missing information.
- There was a new system to check new staff had been recruited safely. A new member of staff said, "I know they check for gaps in employment because I left one on my application form and they reminded me."
- The service had started to recruit care staff from overseas. The provider was using specialist immigration solicitors to support them with their overseas recruitment. The new staff were being introduced gradually, with a focus on safety and maintaining quality, which enabled the whole staff team to adjust to the new changes.
- There were enough staff to meet people's needs. People and staff told us visit times often changed. The registered manager explained the service did not guarantee set visit times when care was set up. Each staff member had a recommended rota based on people's preferences and any specific needs. We spoke with a group of staff who described how they safely juggled visit times, where required, for example, to accommodate a person's health appointment.
- We discussed the feedback with the provider and registered manager who agreed to review how they

communicated and supported people and staff who had concerns about the way the rotas were managed.

- We analysed visit times and feedback from people and their families. We found people's needs were being met safely and missed visits were rare. A relative told us, "It just depends on what [Person's] needs are really on how long they stay. We are happy with that. We have regular staff and have never had a missed visit."
- There were effective systems to monitor staff visit times, and action was taken where there were concerns people's needs were not being met. A member of staff told us, "They will pull staff up on the percentage of time they stay. Not me as I'm too busy chatting and dancing around with people, so I stay all my time."

Systems and processes to safeguard people from the risk of abuse

- The provider's own feedback had highlighted some staff did not feel comfortable whistleblowing; however, the systems did not record what actions had been taken to capture and act on this feedback. The provider explained they had introduced a new care coordinator role which provided staff with a named person to speak to.
- Most of the staff we had contact with told us there was an open culture and they felt able to speak out. Staff said, "There is never an issue with approaching the management, I know you can just go to them if you have any issues" and, "Our manager's door is always open for us to go and see them at any time."
- People were safeguarded from the risk of abuse. Safeguarding incidents had been fully investigated and demonstrated a commitment to work with external bodies to safeguard people.
- Staff had received safeguarding training and knew what to do if they were concerned a person was at risk of harm.

Using medicines safely

- Staff were trained in the safe administration of medicine and supported people to take their medicines safely and as prescribed. A relative told us, "They (staff) give [Person] their meds and it is all recorded on the app on their phones and also in the folder which is here." Despite flexibility in the rotas, staff told us they had fixed times where people required support with medicines at a specific time.
- Care plans provided the necessary guidance on the support people required with their medicines. A member of staff said, "There have recently been some changes with medication and the care plan was changed almost instantly."
- Staff confirmed senior staff checked they had supported people safely with their medicines. Checks were effective and improved safety. Two members of staff described how a senior member of staff had rung them to check about a gap in their medicine records.

Preventing and controlling infection

- The provider had practical and effective systems to manage risks from the spread of infection, including COVID-19.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. A person said, "They are very particular about wearing infection control masks and aprons and gloves which pleases us too."
- Spot checks and other audits helped ensure staff were supporting people to minimise the risk of infection.
- The provider had access to information from external bodies to help ensure they had good processes and practice around infection control.



# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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; Working in partnership with others

- People and their representatives told us they achieved positive outcomes. A relative told us, "Premier Care came in to support when [Person] came home from hospital and we have continued with them as we are so happy with them. They have built up a good rapport and it is lovely to hear [Person] laughing with staff."
- The provider had a clear vision for the future of the service. They were committed to providing high-quality, flexible care.
- A social care professional told us the provider engaged openly and positively with the local authority and other commissioners. The service worked well with external health and social care organisation to help manage scarce hospital resources. Since our last inspection the enablement arm of the service had grown significantly, in response to this joint approach. Enablement offers a vital service to support people to return home safely from hospital.

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

- There was a positive attitude to improving care. The provider had taken effective action to address the concerns raised at our last inspection. Changes such as improved training and guidance to staff promoted best practice and had enhanced quality of care and safety.
- Given the size of the service, there was scope to improve how well senior staff recorded key learning and themes over time. The provider assured us they would review their systems in response to our feedback so they would be able to use their systems to demonstrate ongoing learning.
- Senior staff checked and recorded the actions they had taken to address individual issues. For example, there was a system to track complaints and staff feedback which checked concerns had been resolved, such as communication over late visits.
- Roles were clearly defined at the service. Senior staff were well organised, to promote effective management locally. Some senior staff had developed specialist knowledge which helped improve guidance to staff and the quality of checks. A senior staff member focused on support with medicines. As well as daily checks, they used their systems to help resolve any issues. For instance, where a person's medicines were regularly running out, they had helped resolve issues with repeat prescriptions.
- Risk was well managed. Senior staff had introduced a flexible risk-based approach to assessing the quality of references for each applicant. This directly promoted safe recruitment. For instance, where references from new staff lacked detail, senior staff increased the number of spot checks.

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

- Feedback from people and relatives was largely positive. The main negative feedback was around visit timings, as discussed in the safe section of this report. The provider was aware of these concerns and had systems in place to monitor care and ensure it met people's needs.
- We had largely positive feedback about communication with the office. Relatives told us, "I have had a couple of verbal conversations with them, and any concerns were changed very promptly as a result of these calls" and, "I would say it is well managed. I know who 1 of the managers is and they are all approachable and easy to discuss things with."
- Staff understood people had different communication needs. A person described the positive way office staff had supported them with their specific circumstances.
- Feedback from staff was largely positive. 22 of the 26 staff we had contact with gave us positive feedback and 4 raised concerns. Where concerns were raised, this was primarily around staffing pressures, which was being addressed by the provider through increased recruitment.
- Positive feedback included, "We now have a Care Manager which I believe has helped as carers now have someone they can communicate with regularly" and, "As a company I feel we are all going in the right direction." Seven staff told us they had relatives who had used the service and achieved positive outcomes.
- Senior staff carried out telephone reviews with new staff whilst still they were in their probation. This promoted retention and safety by addressing early on any issues and concerns.