

## Premier Homecare (East) Limited

# Premier Homecare

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Premier Homecare provides personal care to people who live in their own homes. There were 187 people using the service when we visited. The inspection took place on 24, 25 and 26 August 2016. We gave the provider 48 hours' notice of this inspection. This is because the registered manager is often out of the office supporting staff and we needed to be sure that they would be available.

Before the inspection we looked at all of the information that we held about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the registered manager was not available. There was a manager providing ongoing management of the service who was available on the day of inspection.

Staff received training to protect people from harm and they were knowledgeable about reporting any harm. There were a sufficient number of staff and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce identified risks.

The provider had procedures in place in relation to the application of the Mental Capacity Act 2005 (MCA). Staff we spoke with confirmed they had received training regarding MCA. The manager and the staff were knowledgeable about these. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed.

Staff were supported and received ongoing training to do their job. The staff were in contact with a range of health care professionals to ensure that care and support was well coordinated. Health professionals we spoke with were complimentary and positive about the service. Risk assessments were in place to ensure that care and support could be safely provided.

People's privacy and dignity were respected and their care and support was provided in a caring and a patient way.

A complaints procedure was in place. Complaints had been responded to, to the satisfaction of the complainant and in line with the provider's procedure. People felt able to raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care

provided.

## 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.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's needs.

People were supported with their medicines.

### Is the service effective?

Good ●

The service was effective.

The provider had procedures and training for staff in place regarding the Mental Capacity Act 2005 (MCA) so that people were not at risk of unlawful restrictions being placed on them.

Staff felt they were supported by the provider to carry out the expected care and support for people.

People's health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views about their needs.

### Is the service responsive?

Good ●

The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People's healthcare needs were responded to and care professionals were contacted where appropriate.

People were aware of the complaints procedure and felt confident that their complaints would be dealt with thoroughly.

**Is the service well-led?**

**Good** ●

The service was well-led.

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to raise concerns and issues with the manager and provider.

People and staffs views were sought about the quality of the service with arrangements in place to listen to what they had to say.

# Premier Homecare

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24, 25 and 26 August 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During the inspection we visited the agency's office and looked at four people's care records spoke with 30 people and six relatives by phone. We also spoke with the manager, the regional manager, a quality assurance manager, care coordinator, a team leader and five care staff. We saw records in relation to the management of the service; care planning, medication and staff recruitment and training. We also spoke with a care manager and a contracts officer from the local authority that had regular contact with the agency.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "The care staff look after me very well and I feel safe when they are here." A second person said "I have felt safe with my carer from day one – [staff name] encourages me to help myself as long as I am safe" A relative said , "The care is wonderful and I cannot fault them at all ."

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and stated that they would not hesitate in raising any incidents or concerns with the manager. We saw that the contact details for reporting safeguarding incidents to the local authority were available in the agency's office. The members of staff we spoke with displayed knowledge of the safeguarding reporting procedures and one member of staff said "I would always report any incident of harm without hesitation to my manager and I would be confident that it would be properly dealt with". The manager was aware of the notifications they needed to send in to CQC in the event of people being placed at the risk of harm.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Risk identified included but were not limited to manual handling environmental risks and risk associated with the administration of medicines.

People told us that the staff always made sure that they administered or prompted them with their medication as outlined in their care plan. One person said, "They help me with my tablets and they stay with me whilst I take them." Another person said, "I get my medicines on time each day." We saw that there was a document in the care plans which detailed the level of support required and also whether the person or their family would be responsible for the ordering and /or administration of medicines.

Records and staff confirmed that medication training sessions were provided during induction and refresher training was given annually. We saw that staff had to successfully complete training to the providers required standard before they were able to administer medication to people using the service. The manager told us they regularly audited the medication administration records (MAR) to ensure accurate records were maintained. A member of office based staff also had the designated task to monitor and manage medicines administration and to check the competency of care staff by observing practice. We saw a sample of these in staff personnel files. Any errors or competency issues were followed up and the member of care staff would receive additional training to ensure that they were competent to administer medicines.

People we spoke with said that the required amount of staff came to provide care at each visit. Where two care workers were needed this had been recorded in the person's care plan documents to ensure that safe care was provided. This was especially regarding safe manual handling requirements.

People that we spoke with told us the agency had not missed any of their care calls. People we spoke with told us that staff were usually on time for their care visit. However, some people told us that the staff were usually on time but that there have been some occasions when staff had been late and I and that they had

not always been contacted by the office. Staff told us that they would contact the office based staff if they were running late to get them to inform the person of any lateness.

People we spoke with told us that they usually knew which staff would be visiting and received a rota each week showing the time of their visit and which staff would be providing their care. One person said, "I am very satisfied, and I get brilliant care all the time"

Effective recruitment procedures were in place to ensure that only staff who were suitable to work with people who used the service were employed. We looked at four staff records and they showed that checks had been made prior to staff commencing their employment. Recruitment documents included; a completed application form, satisfactory references, proof of identity, and a criminal record check. The manager told us that any gaps in employment were pursued during the person's interview. One member of staff said "I had to fill in an application form, give two references and have a criminal records check before I started work."

Care staff told us they received an induction and training programme prior to commencing work. Staff also told us that they had 'shadowed' more experienced staff before working confidently on their own to ensure people's safety. The manager told us that feedback was sought from the experienced staff member following each shift with the new member of staff.

Staff we spoke with told us that there were always supplies of personal protective equipment (PPE) available to them. One member of staff said, "I call in to the office and collect supplies of my PPE equipment such as disposable aprons and gloves that I will need to have when carrying out personal care." This showed that staff ensured, as much as possible, that infection control procedures were followed to keep people safe.



# Is the service effective?

## Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, "The carers are good to me and help me with whatever I need." Another person told us that, "The carers are cheerful and they make sure everything has been done before they leave". A third person said, "I am never left without everything that I need before my carer leaves"

We saw that a programme was in place to monitor overall training that had been achieved including dates of sessions. The manager coordinated and monitored training on an ongoing basis to ensure that the care staff were booked on appropriate courses throughout the year. Examples included; safeguarding, manual handling, MCA, infection control, health and safety, dementia awareness and administration of medicines.

Staff spoke with told us they had received regular supervision and an annual appraisal. Staff also said that they were able to contact members of the management team at any time if they had any concerns or queries. This included out of hours via the on-call procedure. This showed that there was an effective system of training and support for staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The manager, staff and people using the service, confirmed that no one receiving the service was subject to any restrictions on their liberty.

The provider had procedures in place in relation to the application of the MCA.

Staff we spoke with and training records confirmed that they had received MCA training. The manager and staff were knowledgeable about the situations where an assessment of people's mental capacity could be required. At the time of our inspection all of the people who were using the service had the mental capacity to make informed decisions for themselves either with, or without, support from staff. Staff were aware of the process they needed to follow if people's mental capacity to make certain decisions about their care changed. The manager was also aware of the relevant contact details and reporting procedures regarding this area.

We found that assessments for people's nutrition and any dietary needs and food preferences had been completed as part of their assessment of their care needs. People told us that where meals were provided, the staff had always asked them about their individual preferences and choices. One person said, "At breakfast time I choose what to have for lunch and my carer does it for me then - my carer really knows me well "

We saw that the service was in contact with a range of healthcare professionals including district nurses and

people's GPs so that any health issues were reported and advice taken where appropriate. We spoke with a care manager from the local authority who had contact with the agency and they said that they found the service was responsive to requests and they had received positive feedback from people and their relatives about the care that was being provided. A contracts officer from the local authority that we contacted also spoke positively about the care and support provided.

## Is the service caring?

### Our findings

People who used the service and relatives we spoke with on the phone confirmed that the staff were very kind and caring. For example, one person said, "They are respectful and very kind and we have a laugh together" Another person said, "She [care staff] is a ray of sunshine and I look forward to them coming." Another person said, "They are very respectful and are extremely nice girls and they do care for me very well. I cannot speak too highly of them." Another person said, "I get absolute respect at all times." Another person said, "The care is absolutely great – the carers are really good and I get on well with them – the care is fantastic and I am very happy with them [the agency]." A relative of one person using the service said, "The care is brilliant and they never rush [family member] and the carers talk to [family member] in a kind and caring way."

All of the people we spoke with told us that care staff respected people's privacy and dignity. People also told us that new staff were introduced to them so that they knew who would be providing care. People told us that they usually had the same care workers providing care and support and usually knew which staff would be visiting them. However, some people did say that they were not always sure when new carers would be coming to provide care instead of their usual care staff which they found confusing at times. However, people did not raise any concerns about the care they received and one person said, "The carers are very helpful and nothing is too much trouble at all."

The manager had taken steps to ensure that people's preferences were being met regarding whether they wished to be supported by male or female staff. People's preferred names were recorded in their care plan. This showed us that people's equality and diversity was considered and acted upon. One person said, "They [care staff] are always cheerful when they come in and get my breakfast and make a cup of tea." We observed phone calls being made by staff (office based) with people using the service and they demonstrated a cheerful, positive and caring attitude towards people.

Records showed that staff received training during their induction about how to promote and maintain respect and dignity for people. It also included how to meet their needs in a caring way including support for people living with dementia. One person said, "My [family member] has dementia and can be challenging but the carer knows exactly what to do." Care and support plans reflected people's wishes and preferences and how staff should support them. Another person said, "I do as much as I can for myself and the carers encourage me to be independent but they [care staff] always help me with anything that I have difficulty in doing."

A brief life history of each person had been included in their initial assessment so that care staff had some background information about the person. More detail in this area would give a better picture of the person's life to aid the care staff's understanding of the person. The manager said that they would look at ways to improve people's life history by providing relatives with an information sheet to complete.

The staff we spoke with were passionate about their work and the care they provided for people. One member of staff said, "I really enjoy my job and I try hard to provide the best possible care." One person told

us that, "They [care staff] are lovely people and I can't fault them."

The manager told us that no one currently had a formal advocate in place but that local services were available as and when required. A relative that we spoke with said that they had regular contact with the agency and felt involved in the planning and reviewing of their family members care and support

## Is the service responsive?

### Our findings

All of the people we spoke with told us they were provided with information about their care and also if any changes were made. For example, one person said, "My care is reviewed and any changes to calls are made as necessary." Another person said, "They provide me with the care I need and I am very happy with it." Another person said, "They do everything they can to help if I need to change my times."

People said they were able to choose what was important to them and the care workers that provided them with support, including their preference for a male or female staff, the time of their calls. The manager told us that they provided care only where the staff could do this reliably and effectively to ensure people's needs were met following their initial assessment. This was confirmed by healthcare professionals who commissioned care from the agency.

People's care plans and guidance for staff to follow was developed from their initial assessments conducted before people started to use the service. We looked at four care plans during our inspection. They were written in a 'person centred' style with information about people's health, physical and support needs. The visit times and guidelines were in place for each visit. These enabled the care staff to be clear about the care and support that was to be provided for each person.

Examples of care and support that people received included assistance with personal care, mobility, preparation of meals and drinks, assistance with medication, household chores and social and welfare calls. We saw that agreements were in place, signed either by the person or their representative, regarding the care and support to be provided. Staff we spoke with were able to give examples about the varying types of care that they provided to people such as personal care, preparing meals and assisting people with their medicines. People told us that where meals were provided the staff had always asked them about their individual preferences.

We saw reviews had been conducted regarding the care and support that was being provided and additional information was included in care plans such as additional care visits where the person's needs had changed. This included when a person had recently been discharged from hospital or where there was a healthcare change. People told us that staff had been responsive where their needs had changed. People confirmed that they had been involved in reviews of the care provided.

A sample of daily notes showed these were completed by care staff detailing the care and support that they had provided during each care visit.

People and their relatives that we spoke with said that they felt able to raise and discuss their concerns with care staff and members of the management team at any time. One person said, "If I have any concerns the staff in the office are good at sorting it out for me." People that we spoke with told us that their concerns and complaints were dealt with in a timely and professional manner. One person said, "It's easy to get hold of the office staff." and another person said, "They [management staff] are so easy to talk to in the office." One person said, "I feel confident that when I raise any concerns or a problem it will be dealt with properly."

Another person said, "I phone the office and they are very pleasing and obliging and they talk me to me and sort out any worries" Another person commented, "I can speak to the managers and staff about any concerns I may have." Another person said "They [office staff] contact me to see if things are alright."

A copy of the agency's complaints procedure was included in people's care folder. The manager told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. All complaints were recorded and we saw samples of a recent correspondence which had been resolved in line with their policy.

## Is the service well-led?

### Our findings

People we spoke with and their relatives told us that they had regular contact with members of the service's management team and knew who to contact about the care and support being provided.

We saw that there was regular contact with people to gauge satisfaction with the service being provided. Surveys were sent to people who used the agency, families and other stakeholders to gain their opinions regarding the care provided. People we spoke with confirmed that they had completed surveys and received courtesy calls from members of the agency's management team. One person said "They [office based staff] have telephoned me to see if I am happy with my care." Another person said, "I get a call [from the management team] on a regular basis to check we are ok and I like that "

Comments received from the 2016 survey were positive about the care and support that was being provided. Some people had commented on lateness of some care calls. The manager stated they would be looking at taking action to improve this area of the service

The manager and office based management staff we spoke with demonstrated that they understood their roles and responsibilities well. All staff said they felt supported even during out of office hours with the on call arrangements. They all told us they were able to raise issues and concerns at any time with the registered/ manager. One member of staff told us, "The care staff work well together and I feel that I am supported." Another staff member told us that, "The staff who work in the office are always helpful, approachable and very supportive."

There was an open culture within the service. Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if they arose. One member of staff said, "I feel that I would be confident in reporting any concerns and that I would be protected if I did." Another member of staff told us that they had reported some poor practice they had witnessed and it had been dealt with swiftly by the management team and it had not occurred again. This showed us that staff were confident in raising concerns and people were kept safe as much as possible.

Audits were completed by members of the management team. These audits included unannounced competence observations of care staff to monitor the support being provided to people who use the service and records we saw confirmed this to be the case. One member of staff said, "They [members of the management team] will turn up to check how we are working and their visits are unannounced."

Other audits included; care records, discussions with people who used the service and their relatives, staffing allocations, medicines administration, training, complaints and compliments monitoring and health and safety arrangements.

Audits of the service were also carried out by the provider's quality and compliance officer on a six monthly basis to check areas such as; training, recruitment, care planning, safeguarding and complaints. The provider regularly considered the quality of care it provided and took appropriate action where required for

example regarding any complaints and errors regarding the administration of medicines.

The office based staff and care staff worked in partnership with other organisations and this was confirmed by comments from health care professionals we spoke with. Comments were positive and they felt that any concerns and issues were promptly dealt with and that communication with the service was responsive.