

Premium Homecare Limited

# Premium Homecare Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Premium homecare is a domiciliary care agency providing personal care to four people at the time of the inspection. Not everyone who uses type of service receives 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

People received personalised care that met their needs. Staff were aware of the risks to people's safety and provided support that minimised those risks. When needed, staff supported people with their medicines, nutritional needs and access to healthcare services.

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. People and/or their relatives were involved in their care and the care planning process. Detailed individualised care plans were in place which included information about the level of support people required and how this was to be provided by staff.

There were sufficient staff to meet people's needs and thorough recruitment checks were undertaken to ensure people were supported by suitable staff. Staff completed regularly training courses and had frequent supervision sessions to ensure they had the knowledge and skills to undertake their role.

The registered manager was aware of their CQC registration requirements and the duty of candour. They undertook regular telephone monitoring calls and spot checks to ensure people received high quality care that enabled positive outcomes. The registered manager stayed up to date with best practice guidance and encouraged continuous learning and improvement. They followed recommended advice and guidance, including in response to the COVID-19 pandemic to ensure they were doing all that was possible to keep people and care staff safe.

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

This service was registered with us on 4 July 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the length of time since the service registered with the CQC.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Premium Homecare Ltd

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector undertook this inspection

#### Service and service type

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

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

#### Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 July 2021 and ended on 15 July 2021. We visited the office location on 14 July 2021.

#### What we did before the inspection

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

#### During the inspection

We spoke with two people/or their relatives that used the service, two care workers and the registered

manager. We reviewed two people's care records and three staff records. We also reviewed records related to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received feedback from an additional relative about the service their family member received.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse and discrimination.
- There were safeguarding policies and procedures in place, and staff had received training in safeguarding adults.
- Staff knew how to recognise signs of abuse and would report any concerns to their manager and the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and management plans were in place to mitigate those risks as much as possible.
- Staff were aware of the risks to people's safety and provided them with support in line with their individual needs to ensure their welfare. Particularly when supporting them with personal care and any risks associated with falling.

Staffing and recruitment

- Safe recruitment practices were in place to ensure people were supported by staff who were experienced and of good character.
- Recruitment checks were undertaken prior to a person starting employment including, completion of criminal record checks, checking staff's identity and their eligibility to work in the UK.
- There were sufficient numbers of staff to meet people's needs. There had not been any missed visits and people confirmed staff turned up on time and stayed the required length of time.

Using medicines safely

- When required, staff supported people to manage their medicines safely.
- Staff had received training in medicines administration and we saw medicines management processes were checked by the registered manager through their quality assurance processes.
- People's care records included information about the medicines they received and we saw for those that required support with their medicines, their medicine administration records were completed correctly.

Preventing and controlling infection

- People were protected from the risk of infection and additional measures had been introduced to further protect people from the COVID-19 virus. One person's relative said, "I would like to thank Premium Homecare for their continued great work, as I am in no doubt that their rigorous and comprehensive approach to COVID control has played a great part in keeping my [family member] safe and sound."

- Staff had access to personal protective equipment (PPE) and were aware of what PPE they were required to wear when supporting people.
- Staff were regularly tested for the virus and had received the COVID-19 vaccine.
- The registered manager had introduced additional measures during the pandemic to ensure people's and staff's safety. This included arranging transport for staff so they did not have to use public transport and supported staff and people with food shopping if they were required to self-isolate.
- Policies were in place regarding infection prevention and control, and the registered manager checked staff were adhering to the correct procedures during their quality assurance visits.

#### Learning lessons when things go wrong

- There had not been any incidents or accidents since the service began operating, however, there were systems in place to record and learn from incidents if they occurred.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people receiving a service the registered manager met with them and/or their relatives to assess their needs and identify the level of support they required. Needs assessments were undertaken in line with national good practice guidance.

Staff support: induction, training, skills and experience

- People received support from experience, skilled staff.
- Staff completed a range of training courses and were required to undertake mandatory refresher training on key topics. Competency checks were also in place to ensure staff had retained the information they learnt.
- Staff told us they felt well supported and they received regular formal supervision. This gave them the opportunity to discuss their roles and the support they provided people.

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

- Where required, staff supported people with their nutritional needs. This included supporting with meal preparation, in line with people's wishes and choices.

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

- The majority of people managed their own healthcare needs. However, staff knew people well and would support them to access healthcare services if they felt a person's health had declined.
- Contact details for people's GP and any other key healthcare professionals involved in their care were detailed in their care records.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their



liberty.

We checked whether the service was working within the principles of the MCA.

- The people using the service had capacity to make day to day decisions, and decisions about their care. We saw they had signed to agree receipt of a service and the level of support outlined in their care plan, indicating they consented to the support provided.
- If the registered manager had concerns a person's capacity was diminishing they told us they would seek support from the local authority and contact a person's GP to discuss their concerns.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- A relative said, "I feel very grateful that they are so caring and professional in caring for my [family member]." People told us they were supported by regular care workers and had built good working relationships with them. One person's relative told us, "[Their family member] feels comfortable with them. They are nice people."
- Staff respected people's protected characteristics as defined by the Equality Act 2010.
- People's preferences were respected, including their wishes about the gender of staff who supported them.
- Staff had received training in equality and diversity and were aware of people's individual needs. Staff were matched to people they supported taking account of their cultural backgrounds, their religion and their communication needs.

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

- People were involved in their care and staff did not provide support without a person's permission. They gave people a choice and respected their decision.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, particularly when supporting them with personal care.
- Staff supported people to be as independent as possible and supported people to work towards their goals, which included gaining more independence at home and in the community. One staff member said, "We encourage them to be as independent as possible. We let [the person] do their own thing, as much as they can."
- Staff kept people's personal information confidential and care records were stored securely.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- One person's relative told us, "They are doing a good job. [Their family member] is happy and I'm happy too." Another relative said, "For all the time they have been looking after my [family member], they have met and surpassed my expectations."
- People received personalised care that met their needs.
- Each person had a care plan which clearly detailed the level of support to be provided at each appointment and how the person wished to be supported. The care plans were regularly reviewed and updated, in line with any changes in people's support needs.
- People had signed their care plan to indicate they were in agreement with the information it contained.

Meeting people's communication needs

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

- Information was made accessible to people and took account of the Accessible Information Standard (AIS). Staff were aware of people's communication needs and provided support in line with those needs.

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

- Staff were aware of who was important to people and supported them to maintain relationships with those individuals. With people's permission, staff involved relatives in the care planning process.

Improving care quality in response to complaints or concerns

- A complaints process was in place and information about how to make a complaint was provided in the service user guide. There had not been any complaints received since the provider started operating.

End of life care and support

- At the time of our inspection no-one receiving support was receiving end of life care. We spoke with the registered manager who told us they would have discussions with people about how they would wish to be supported if they were nearing the end of their life and this would be incorporated into their care plans.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in their care and service delivery. People were asked for feedback about the support they received so the registered manager could be assured they were receiving care that met their needs and achieved good outcomes for people.
- Staff were also asked for feedback about the support they provided and service delivery. There were many opportunities for staff to have open and honest conversations with the registered manager, and the staff we spoke with told us they felt well supported in their roles. One staff member said, "I get on with the manager very well. She is a very nice person, very helpful. She seems to care about the service users and the care workers too."

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

- The registered manager was aware of their CQC registration requirements, including the submission of statutory notifications about key events if they occurred. The registered manager was also aware of the duty of candour and told us they would review and learn from any mistakes made.
- The registered manager reviewed the quality of service delivery and undertook various telephone monitoring calls, spot checks and practical supervision sessions to ensure high quality care was provided that met people's needs. This also included ensuring staff were providing care in line with the provider's policies and procedures, and the government's guidance relating to the COVID-19 pandemic.

Continuous learning and improving care

- The registered manager had a commitment to continuous learning and improving the quality of care at the service.
- Staff told us they were encouraged to continue with their professional development and supported to access health and social care courses. The registered manager told us "knowledge is power" and they kept up to date with best practice guidance and encouraged their staff to do so as well.

Working in partnership with others

- The registered manager was working with various local authorities during their tendering processes to try and expand their business. We were assured they had appropriate policies and systems in place to support

people with their personal care needs.

- The registered manager was aware of how to contact the local authority safeguarding team and worked with individual health and social care professionals relating to people's care needs.
- The registered manager had accessed support from the local authority during the COVID-19 pandemic to ensure they were doing all they could to keep the people using the service and their care staff safe.