

Premier Care (Dorset) Limited

Premier Care Dorset Limited

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

Premier Care Dorset Limited is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection the service was providing a total of 540 hours of care and support per week to people.

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

We saw, and people told us, they received care from staff who knew their needs well, arrived on time and ensured that they felt safe and well cared for.

People were supported by staff who provided flexible, responsive care.

Staff recruitment checks ensured staff were suitable to work with people in a care setting. Staff induction, on-going training and support enabled them to carry out their roles effectively.

We have made a recommendation about how references from previous employers are requested and recorded.

People told us they felt listened to and consulted when planning and agreeing what care and support they needed.

People were supported to access appropriate healthcare where necessary to maintain their health and wellbeing. Where needed, people received their medication as prescribed.

We have made a recommendation about some of the records that are kept regarding the management of medicines.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infections.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns.

People and staff felt the service was well led. Satisfactory systems for oversight of the service were in place.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Premier Care Dorset Limited

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

The inspection team consisted of 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. Their area of expertise was with older people.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in 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 the service 48 hours' notice of the inspection. This was 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 3 July 2019 and ended on 15 July 2019. We visited the office location on 3 and 7 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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

During the inspection we spoke with 11 people and four relatives or friends. We also spoke with the registered manager and five staff.

We reviewed a range of records including three care plans and medicines records, four staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and obtained feedback about the service from one health and social care professional.

Is the service safe?

Our findings

Our findings - Is the service safe? = Good

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults.
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary.

Assessing risk, safety monitoring and management

- People and relatives said they felt safe with staff. One person told us, "I feel safe with them, they are always there for me."
- Assessments were carried out to identify any risks to people and to the staff providing their care. This included any environmental risks in people's homes and risks associated with people's care needs. Risks were managed in consultation with people and their relatives
- Staff understood the actions they needed to take to minimise the risk of avoidable harm.
- There was a contingency plan in place in case of events that effected the service running safely such as staff sickness, problems with the building or adverse weather.

Staffing and recruitment

- Recruitment practices were safe. The relevant checks had been completed before staff worked with people in their homes.
- Two staff had been appointed without references from previous employers. The registered manager explained that they had requested references from the previous employers but had not received replies. The registered manager had sought other references to demonstrate their suitability.

We recommend that records are kept of all reference requests and efforts to procure references from most recent employers.

- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. A member of staff told us that the rota was flexible, and staff worked well as a team to cover any urgent changes such as when a person was unwell and needed more time from the staff.
- People consistently described the staff as reliable at arriving on time and having enough time to meet their needs. One person told us, "I get different carers, but I get a rota, so I know who is coming"

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- Body maps were not always used to ensure staff had guidance about where topical medicines should be applied. The registered manager took immediate action to rectify this.
- Handwritten entries on one Medicines Administration Record (MAR) had not been counter signed by a second member of staff to ensure the correct information had been recorded. The registered manager immediately contacted all staff to remind them of the importance of this and advised that this would be closely monitored.
- Some people had medicines prescribed that they could take as and when they were needed (PRN). One of the care files we checked did not contain instructions for staff about when such a medicine could be administered and the total amount that could be taken in one day. The registered manager confirmed that these should be provided and agreed to ensure they were present for all people who were prescribed PRN medicines.

We recommend that an overview of medicines administration is undertaken to ensure that systems and documents are used to ensure people receive their medicines as prescribed.

- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly. One relative told us, "They give [family member] medication in the mornings and they always give him some water to take it with. "

Preventing and controlling infection

- People were protected from the risk of infection because staff were trained in infection control. Everyone we spoke with said the staff put their training into practice.
- Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded. The registered manager checked each individually to ensure necessary action had been taken for people's safety and welfare. They also reviewed them for themes that might suggest further action was required.
- Lessons learned were shared with staff through supervision or team meetings as appropriate.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Before care was provided by the service, people's physical, mental health needs, social needs and choices were assessed in order to ensure the service could meet their needs and create a comprehensive care plan for staff to follow.
- There were regular reviews of people's care to ensure it was meeting their needs. Assessments and care plans were updated as necessary.
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person centred care and support plans. A member of staff told us, "[Registered manager] sets standards and these follow through to the care that we give. I would be happy for my parents to be cared for by the company."
- Assessments included gathering information about people's cultural, religious and lifestyle choices and any equipment that was needed such as special beds, hoists and key safes. One person told us, "They are my friends. They understand and sympathise. They make me feel a lot better."

Staff support: induction, training, skills and experience

- People told us they felt their needs were met by staff with the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours for their roles.
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles.
- Staff were knowledgeable about their roles and how to provide the correct support to meet people's needs.
- All new staff completed an induction. Those without qualifications or experience in care work were expected to attain the Care Certificate. The Care Certificate represents a nationally accepted set of standards for workers in health and social care. Staff did not work unsupervised until they and the management team were confident they could do so.
- The registered manager had an ongoing programme for updates and refresher training in place. All of the people, relatives and staff we spoke with said they felt confident in the training that was provided.
- The frequencies for update and refresher training at Premier Care Dorset Limited were not in accordance with the recommended timescales issued by Skills for Care. Immediately following the inspection, the registered manager confirmed that they would amend their schedules to reflect the Skills for Care recommendations.
- Skills for Care is a national organisation that sets the standards and the minimum learning and development areas adult social care workers should be competent in before they can safely work unsupervised and the frequency they should undertake refresher training in these areas.

- Staff said they were well supported through training, supervision and conversations with the registered manager and office team. They confirmed they had no trouble getting refresher training, and felt they had the necessary skills despite the longer times between updates.
- Some staff refresher training was slightly overdue. The registered manager demonstrated that they had a plan in place to address this.

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

- People were supported by staff who understood their food and drink needs and preferences. One person told us, "I cannot stand, and they have to microwave food for me. It is all how I like, nicely presented. Snacks are left for me if I want them"
- Care plans reflected the support the person needed.

Staff working with other agencies to provide consistent, effective, timely care

- Records showed collaborative working with other agencies, such as GP's and district nurses, had ensured effective care and improved people's quality of life.
- Staff spoke knowledgeably about people's health needs and recognised the importance of being proactive in seeking guidance and support from health professionals.
- A health professional told us, "Premier Care's senior carers are all proficient and trustworthy with moving and handling techniques and equipment and we work very well with them on cases. They are supportive of the assessments that we do with service users and support us to provide the care plan which best suits the service user.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed this. This included support from GP's, community nurses, opticians and chiropodists.
- People told us this was done in a timely way and records confirmed this. One person told us, "I get on with them all. One phoned up for an ambulance when I wasn't well – very prompt. The carer stayed with me until my step daughter came. "
- Records showed that instructions from healthcare professionals were carried out.

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 registered manager and staff had training about the MCA. They understood people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People had signed their care records to show that they consented to the care and support they were being provided with.

Is the service caring?

Our findings

Our findings - Is the service caring? = Good

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and relatives described staff as kind and caring and confirmed they were treated with respect. A relative told us, "They have a very good approach – kindness and humour. They assess the needs each time and react accordingly. One person told us, "When I had visitors yesterday I was exhausted. The carer noticed and said, 'you look tired, have a day when you do very little.' It was so nice to hear that."
- People's assessments and care plans contained information about what was important to them, including protected characteristics such as religion where these were relevant.
- Staff understood and respected people's lifestyle choices. When staff told us about the people they supported they demonstrated an open, non-judgemental attitude that respected people's diversity.

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

- Everyone we spoke with felt included in how their care and support was planned and delivered and had opportunities to have their opinions heard. One person said, "They even do little extras for me over and above what they need to do, and they listen."
- If people needed independent support with making decisions, the registered manager had information available about advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they had regular staff who knew and understood them. One person said, "They are all wonderful. I like to have the same carers and the agency complies with that."
- People confirmed that staff were respectful of their privacy, dignity and independence. One person said, "I have trouble walking and breathing but they don't let me do too much. When they shower me, they are very sensitive to my needs." Another told us, "When I get personal care my door is discretely closed."
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this. One person told us, "I drag my leg badly when I walk, and they encourage and remind me to lift it up."
- Assessments asked people whether they had preferences regarding staff of the opposite sex providing their personal care. Where people had such preferences, these were respected.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us that staff provided them with all the care and support they required; they said they felt very well cared for and were always consulted about what they needed and how they wanted this to be done for them. One person told us, "I like my clothes put in particular place and they do that. I have a system and they use it."
- The staff team were knowledgeable about people's personal history which enabled them to have meaningful conversations. Staff confirmed that care plans and other records contained good detail to enable them to meet people's care needs. They also told us that they were always able to contact the registered manager or other senior staff if they had any queries.
- Care plans were personalised and detailed how the person wanted their needs and preferences to be met. Each person's plan was regularly reviewed and updated to reflect their changing needs. One person said, "My personal care needs were discussed properly with the manager".

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.

- People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.
- The registered manager confirmed they could provide large scale print of any documents if required for people with sight difficulties and could change documents to suit most needs.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.
- People told us they knew how complain if they needed to and felt confident that they would be listened to. People told us, "I did have a complaint once and it was dealt with promptly." and, "I would feel confident about ringing if I had a problem."
- The complaints procedure explained how to make a complaint and set out how people could expect any concerns or complaints to be dealt with.
- Records showed that complaints were acknowledged, investigated and resolved in line with this policy.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.
- Some staff had been trained to support people with end of life care needs and this included the registered manager.
- People had been given the opportunity to discuss their end of life wishes and these were documented where they had chosen to do so. One person told us, "The carers were so sympathetic when my [family member] died."

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The registered manager and staff were motivated to provide the best possible person-centred care and support for people. A relative told us, "The agency is very professional – a pleasure to deal with. I would score them very highly"
- People and staff told us that the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions. A member of staff said, "The best thing here is the team work. Nobody is just a number and they are very friendly and supportive. [registered manager] is a team player. The phone is always answered, and I never feel out on a limb."
- Staff told us there was good communication amongst their colleagues and the office team.

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

- The registered manager promoted openness and learning from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- People, relatives and staff expressed confidence that the service was well run. One person said, "I have had several conversations [with a senior staff member] who has been extremely caring and compassionate with me. If I phone the office and they can't help, they will phone back, usually within the hour."
- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider.
- People and staff said there was a clear management structure in place and that they were always responsive to any issues raised. A member of staff told us, "[registered manager] sets the standards. They are very particular about everything; our uniform, no trainers and smart trousers. It follows through to the care you give".
- The registered manager monitored the quality of the service provided through a range of audits. They acted on any areas identified as needing improvement.
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents, were met.

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

- There had been a quality assurance survey in 2018. The results had been positive, people and their relatives complimenting their care and the staff who provided it.
- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys or reviews. This information was used to improve the service and to highlight good practice or care.
- Staff felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- Staff meetings were held on an ad hoc basis. Staff explained that the registered managers door was, "always open" and therefore most issues were dealt with as they occurred. If information needed to be shared with all staff this was done through the electronic records and telephone system as things happened to ensure all staff were immediately aware. Minutes of previous meetings showed that a range of topics were discussed including, safeguarding, training and care planning.

Continuous learning and improving care

- There were a variety of audits completed to ensure the quality of the provision was maintained. Where issues were identified, appropriate actions were taken.
- There was evidence that learning from incidents; investigations took place and appropriate changes were implemented

Working in partnership with others

- The registered manager told us, and records supported that, the service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.