Premium Care Solutions Limited

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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

This announced inspection took place over two days on 14 and 16 September 2016.

At the time of our inspection the service supported 16 people who required care for complex health needs, including care of tracheostomies and the use of ventilators for some people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

The provider was closely involved in the day to day running of the service and routinely monitored people's care. This meant that they were able to address any concerns regarding the quality of the service provided as they arose.

Recruitment procedures were sufficiently robust to protect people from receiving unsafe care from support staff that were unsuitable to work at the service. Staff were employed specifically to meet individual people's needs.

There were systems in place to manage medicines safely and people had specific risk assessments and care plans relating to the provision of their medicines.

People were protected from harm arising from poor practice or abuse as there were clear safeguarding procedures in place for care staff to follow if they were concerned about people's safety. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

People were actively involved in decisions about their care and support needs as much as they were able. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA2005) and applied their knowledge appropriately. There was a Mental Capacity policy and procedure for staff to follow to assess whether people had the capacity to make decisions for themselves.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible. Robust emergency procedures were in place to deal with environmental and medical emergencies.

Care plans were written in a person centred approach and detailed how people wished to be supported and where possible people were involved in making decisions about their care. People participated in a wide range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People received care from staff who had the appropriate skills and knowledge to meet their needs. All staff had undergone a comprehensive induction and thorough practical and theoretical training.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

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.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse and staff understood their responsibilities.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

People were supported to have sufficient to eat and drink to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's needs and preferences and worked with people to enable them to

communicate these.

People were encouraged to make decisions about how their care was provided.

People's privacy and dignity were protected and promoted.

Is the service responsive?

Good

This service was responsive.

People's needs were assessed and reviewed regularly.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or
make a complaint and a system for managing complaints was in place.

Is the service well-led?

Good

The service was well-led.

The provider effectively monitored the quality and safety of the service.

A registered manager was in post and they provided staff with support and guidance. They were responsible for the day to day running of the service and responded to any concerns or areas for improvement.

Systems were in place to seek feedback from people and their relatives and appropriate action had been taken in response to these.

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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 14 and 16 September 2016. The provider was given 48 hours' notice because the location provides care for people in their own homes; we needed to be sure that someone would be in.

Before the inspection the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed information sent to us by other agencies, including the local authority safeguarding team.

During this inspection we spoke with two people who used the service and one relative. We also looked at care records relating to five people. In total we spoke with ten members of staff, including support workers, a team leader, the human resources manager and the registered manager. We also spoke with the provider, who was the clinical lead for the service. We looked at the quality monitoring arrangements for the service, five records in relation to staff recruitment, as well as records related to staff training and competency, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were supported by staff teams who worked hard to maintain their safety. One person said "The company is run very professionally, all the procedures are in place and I feel very safe". Staff were knowledgeable about safeguarding and had a clear understanding of the signs of harm they would look for. Safeguarding policies and procedures were in place and were accessible to staff. Staff were aware of these procedures and had received training in safeguarding. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described to us how they would report concerns if they suspected or witnessed abuse. One member staff said "If I thought someone was at risk, I would report it to the manager immediately, if they did not respond I would report it outside the company". The provider had responded promptly and appropriately to any allegations and worked with the safeguarding authorities in providing information for their investigations.

Recruitment systems ensured that people were protected from the risks associated with the recruitment of new staff. Staff told us that they had undergone interviews and references had been acquired. Staff we spoke with confirmed that criminal record checks were carried out before they commenced their employment.

There were systems in place to ensure that people received their prescribed medicines safely. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration. Medicines administration records (MAR) were clear and individual medicines care plans were in place for people.

People had an allocated team of staff in order to provide them with safe, continuation of care. There was an on call system in place to deal with any unplanned staff absences and care managers were on hand to cover shifts if no other cover was available. The Registered Manager said that it was very rare that shifts could not be covered by staff from the service, who knew the person, but there were contingency plans in place and alternative cover arrangements available if this situation arose.

People's potential risks were assessed and reviewed regularly by the provider. Each person's care was overseen by a care manager, who referred all clinical concerns to the provider, who was also the clinical lead, or outside health professionals. The service had recently recruited another nurse to support in this area and lead on staff training and competencies.

People had individual risk assessments, which minimised the risk of harm and where possible they had been involved in the development of these. People using the service had complex medical conditions and detailed risk assessments were in place for areas such as moving and handling, skin care, nutrition and travelling to mitigate the risks to people. Staff demonstrated an understanding of people's individual risk assessments and the need to adapt the level of support they provided depending on the person's support needs and circumstances. For example a member of staff described how they supported a person who was unable to regulate their body temperature due to a spinal injury and the risks that they needed to be aware of. The provider had a positive approach to risk that enabled people to access to new experiences and gain

independence. Risk assessments guided staff how to support people to take part in the activities they enjoyed in a safe way and covered all aspects of their lives. For example one person had recently been supported by staff to go on holiday and a thorough risk assessment had been undertaken before this trip took place.

There were clear procedures and protocols in place for people's individual needs in an emergency, for example gastrostomy or tracheostomy tube displacement. One person said "I am confident my support workers know what to do in an emergency". The service also had emergency plans in place specific to the individual and environmental risks. For example, the provider had arranged for the fire service to visit the home of one person to carry out a risk assessment, as the person had very specific needs that the fire service would need to be aware of in the event of a fire at the property.

Good

Is the service effective?

Our findings

People received support from staff that had undergone a period of induction which enabled them to acquire the skills and knowledge they required to provide appropriate care. One person told us "The staff are well trained by the company, they have training before they start, senior staff train the new staff and the new staff shadow; this works well for us". Another person said "Everyone learns the same way, it is consistent".

Staff did not work with people on their own until they had completed all of the provider's mandatory training and had completed sufficient shadow shifts to ensure that they felt confident to undertake the role. Newly recruited staff also undertook the Care Certificate, which includes mandatory training such as infection control and health and safety. The Care Certificate is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The induction for new staff included individualised, practical training on bowel care, percutaneous endoscopic gastroscopy (PEG) assisted feeding and tracheostomy care. This training was delivered by nursing staff who used life sized models for demonstration and practice purposes and judged staff as competent before they worked with people. One member of staff said "I was trained before I started, I was taught everything about [Name], about their condition and practically what to do".

There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed and training requirements were regularly discussed as part of supervision. Staff competencies were checked on a regular basis by nursing staff and when the needs of the person changed. We saw that if staff raised concerns about any activities that they were required to carry out to support a person, the provider arranged training to address these concerns.

People's needs were met by staff who were effectively supported and supervised. All staff had access to regular formal supervision and were able to gain support and advice from the clinical lead, care managers and team leaders when necessary. Supervision sessions were used to assess staff performance and identify on-going support and training needs. They also took place when any concerns had been raised by people or staff. One member of care staff said "Regular supervision is helpful; we look at what we've done well and ways to improve and set objectives for the next meeting". Another member of staff said "We talk about development, training, any challenges and how we could improve".

People received care and support from staff that had received the training they needed to ensure that support provided was in people's best interest. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied this knowledge appropriately. The MCA 2005 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 were involved in decisions about the way their support was delivered and staff asked people for their

consent when supporting them. One person said "Staff involve me in everything, they always speak to me and ask my consent". People's care plans contained detailed assessments of their capacity to make decisions for themselves and staff were aware of their responsibilities when caring for people who may lack capacity to make some of their decisions.

People's needs with regards to eating and drinking were regularly assessed and plans of care were in place to mitigate identified risks. Staff followed the advice of health care professionals when supporting people with eating and drinking. Where people received their nutrition by a PEG tube, staff followed the advice of appropriate health professionals. With the support and advice of the community nutrition team, one person who was receiving their nutrition via a PEG feed had been supported over time to increase their oral intake. Staff received training in the care of PEG tubes and the procedures and protocols to be followed to ensure safe administration of food and fluid.

People's healthcare needs were monitored and care plans ensured that staff had information on how care should be delivered effectively. We saw instances recorded in people's care records when staff had promptly contacted health professionals in response to any deterioration or sudden changes in people's health and acted on instructions. Regular multidisciplinary review meetings took place and people were supported to access a range of healthcare professionals such as speech and language therapy, physiotherapy and occupational health. Written feedback from healthcare professionals was very positive, for example "Staff were extremely knowledgeable and helpful" and "Carers are showing good skills in positioning and care."

Good

Is the service caring?

Our findings

People were cared for by a team of staff who knew them well and who had an in-depth understanding of their care and support needs. People described how the relationships with their staff team were therapeutic and provided them with the confidence to reach their goals. One person said "I have a good relationship with the staff who support me, they are flexible and have adapted the way they work to me". One person described how staff support had enabled them to fly abroad to speak at a conference. Another person had nominated their care team for the Spinal Injuries Association Outstanding Team Award at the Rebuilding Lives Ceremony. They described how their team of staff had worked with them creatively to learn strategies that enabled them to cope with their anxieties and take on new challenges that enhanced their life.

Staff were employed specifically to meet individual people's needs. The provider had a system to match people with care staff to ensure compatibility, for example through shared interests and personality. People and their families were involved in the recruitment process by interviewing potential candidates. One person told us "I have been interviewing for a new person for my team and will decide who is suitable".

People told us that the staff were very caring and supportive and said that staff worked hard to look after them in an individualised way. One person said "Everything we've asked for from the staff, we've got". Relatives described staff as "Very kind, all of them, very respectful and understanding". Staff supported people in a positive; person centred way and involved them as much as possible in day to day choices and arrangements. Where people were able, they had full autonomy with regards to what they did, and told us that staff supported them effectively in this. People said that staff were always kind and provided caring support. One person said "I absolutely feel that the staff genuinely care about me".

Staff knew about people's life histories and the people and things that were important to them and listened to what people wanted. One person said "I can talk to the carers, it feels very comfortable". Relatives felt that staff worked sensitively with them to support people. One person's relative said "I think they work really well with us, they include us".

People were encouraged to express their views and to make choices. There was information in people's care plans about their preferences and choices regarding how they wanted to be supported by staff. It was clear that these had been produced with the person or their representative, if they were unable to do this. Staff understood the importance of respecting people's choices and described how they "adapted to the person's way of life" to ensure they were enabled to live in the way that they chose. Staff were supported by the provider to learn new skills to ensure that people could do the things that they wanted to. For example staff were learning to drive an adapted vehicle to enable one person to have more flexibility when they wanted to go out. Information was available regarding people who had a lasting power of attorney or an advocate in place.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. People's dignity and right to privacy was protected by staff. One person said "The staff always respect that this is my home". Staff were able to explain

how they upheld people's privacy and dignity by taking into account their personal situation and needs and attending to these in a person centred way.

Good

Is the service responsive?

Our findings

The provider met and assessed people's needs before they joined the service to understand their support needs and future goals. A key aspect of the assessment was talking to the person or their representative about their expectations of the service and any specific requirements, for example if they required staff with particular skills or interests. Detailed assessments and care plans were devised to assist staff to provide care and support that would meet people's needs and expectations.

Person centred care plans were up to date, reviewed as needed and contained information about people and their preferences. They covered areas such as personal care, eating and drinking, mental capacity and skin integrity. Care plans contained photographs to clearly show staff how specific activities should be carried out, for example how a person should be assisted with food and drink and how a person should be assisted to move. Risk assessments and care plans were linked together and cross referenced to give a full picture of people's needs and people received care that corresponded to their care plans. Where people were at risk of pressure ulcers, their care plans recorded the equipment and support they required to help prevent them. People were involved in planning their care as much as they were able and people or their representatives had signed their care plans to consent to their care and support.

The assessment and care planning process considered people's hobbies and past interests as well as their current support needs. Staff supported people to do the activities that they chose and were knowledgeable about people's preferences and choices. One person had recently been supported to go on holiday to spend time with their family and another was regularly supported to go sailing. People were supported to access training, volunteer and work opportunities, such as foreign language courses, voluntary work in a charity shop and paid employment as an administrator. One person said "I have lots of support to do all of the things I want to do; I never miss out on anything".

People and their relatives said that they knew who to speak to if they were unhappy with any aspect of the service. People's comments and feedback about the service had been listened to and acted on promptly by the provider. One person said "I speak to [care manager] and they always get back to me straight away and deal with any problems". A complaints procedure was available for people who used the service explaining how they could make a complaint. One person said "I have no complaints, but if I did I would know who to speak to". The provider said that they had close contact with people who used the service and responded promptly to any concerns that were raised so that they did not escalate. We saw evidence of communication between the provider and people who used the service that reflected this; for example communication from a relative saying "Thank you so much for stepping in and making sure that we moved things along quickly, it goes a long way to showing what a great team [Name] has working with him."

Good

Is the service well-led?

Our findings

The provider was actively involved in the service and routinely monitored the quality and safety of the service provided. As this was a small service they were able to address to issues as they arose and deal with them effectively. The provider is aware that as the service grows they will need to be proactive about the development of sufficiently robust quality assurance processes.

The provider and care managers regularly visited people in their homes and checked people's care records and the arrangements in place for people's medicines. These visits were recorded on the client contact sheet and appropriate action taken in response to any concerns identified.

The provider promoted an open and honest culture within the organisation. Staff told us that they were able to approach management about any issues and that they were listened to. One member of staff said "[Provider] is supportive and they listen, I've never felt that I couldn't contact them about anything". Regular staff meetings took place to inform staff of any changes and to provide a forum for staff to contribute their views on how the service was being run. One member of staff said "We have regular meetings which help with open lines of communication". We saw staff meeting minutes that demonstrated a positive person centred culture, with discussions about people's goals, care issues, communication and recruitment.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. One member of staff said "The service works to put the needs and expectations of all clients to the forefront and I 100% believe that is what we do". Staff were provided with up to date guidance on people's care and support needs and were focussed on ensuring each person's needs were met. The culture within the service focussed on supporting people's health and well being in a way that supported them to be as independent as possible. Staff were familiar with the philosophy of the service and the part they played in delivering the service to people.

The provider had a process in place to gather feedback from people and their relatives. The provider carried out regular surveys of people who used the service. People told us that they had been asked to complete a feedback questionnaire and we saw that questionnaires completed by people had been analysed and action taken in response to comments made. For example, the provider had adjusted the staffing rota for one person, so that they had more opportunity to take part in social activities.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people and mental capacity. Staff were aware of the whistleblowing policy and were able to explain the process that they would follow if they needed to raise concerns outside of the company.