

Premier Nursing Agency Limited

Premier Care

Inspection report

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15 April 2019

16 April 2019

18 April 2019

23 April 2019

24 April 2019

25 April 2019

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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 is a domiciliary care service which provides support with personal care, shopping, domestic tasks and companionship to people living in their own homes. At the time of this inspection 558 people were using the service.

People's experience of using this service: People and staff told us they felt safe at the service. People received support to take their medicines safely. Risks to people's well-being were recorded and updated when their circumstances changed. Staffing was provided at safe levels and people told us at the times they preferred.

People's rights to make their own decisions were respected. People were supported to access healthcare services. Staff were skilled and knowledgeable in the care and support people required.

People received caring and compassionate support from the staff. Staff referred to people in a respectful way. People were complimentary about staff and the positive relationships they had with them. Staff respected people's privacy and dignity and people were supported to be as independent as possible.

People knew how to complain.

The service had recently experienced change in relation to the management team and implementing new electronic systems. Work to continuously improve was noted and the management team were keen to make changes that would impact positively on people's lives. Quality checking systems were in place and the service had a robust plan to address any areas for improvement. The service worked well with other community partners.

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

Rating at last inspection: Good (report published November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector and two business support officers. The business support officers made phone calls to people who used the service and their relatives.

Service and service type: Premier Care is a domiciliary care agency which provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. The registered manager was present during the course of our inspection visit. 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: This was an announced visit. We gave the provider 48 hours notice of our inspection.

What we did: Before the inspection we reviewed the information, we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority and their safeguarding team and the local Healthwatch to gain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The inspection site visit activity took place on 15 and 16 April 2019. We visited the office location to see the registered manager and office staff; and to review care records, policies and procedures.

During the inspection site we spoke with the registered manager and the regional director. We also spoke with seven members of staff. We looked at care records for six people, medicine records for six people, recruitment records for six staff and other records relating to the management and quality monitoring of the service. We spoke with nine people who used the service and 11 family members.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with the staff that supported them. One person said, "I do feel safe, they're very trustworthy."
- Effective safeguarding processes in place. Staff had a good understanding of safeguarding understood their responsibilities and the processes for reporting any concerns.. One staff member told us, "The one time I had to report abuse I felt what I told management was taken on board straightaway and dealt with immediately, I was asked to forward an email in regard to what I was told by the service user as soon as I could."

Assessing risk, safety monitoring and management.

- Risks to people were assessed, recorded and updated when people's needs changed.
- People's risk assessments covered care needs such as mobility, as well as environmental risks in the person's home.

Staffing and recruitment.

- Safe recruitment procedures were followed. Applicants' suitability was assessed thoroughly before being offered a job.
- People received care and support from the right amount of suitably skilled and experienced staff.
- Most people told us that the right amount of staff attended their homes at the right times and stayed for the right amount of time.
- Some staff we spoke with said they felt they did not have enough travel time between calls. We discussed this with the management team who told us they had recently reviewed staff runs to ensure staff travelled less. The management team also told us they had problems with sickness levels recently and were addressing this with support from their human resources department.

Using medicines safely.

- People who required help to take medicines received support from trained staff.
- Medicines arrangements were safe and regularly reviewed by the management team.
- People were happy with how their medicines were managed. One person told us, "I have no problems at all with staff supporting me with my medicines."

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment (PPE). One staff member told us, "There is always supplies in the office and managers also carry supplies and will meet you at the person's house if you are running low."

Learning lessons when things go wrong.

- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of recurrence. For example, a recent safeguarding event had led the service to deliver additional training and develop a new form and system for recording equipment used in people's homes to ensure it was safe.
- Accidents and incidents were recorded and investigated thoroughly.

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.

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.

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- People's needs were fully assessed before they began to use the service.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate.

Staff support: induction, training, skills and experience.

- People and relatives said they felt staff had the right skills to provide the care and support they needed.
- Staff training in key areas was up to date and a training programme was in place for 2019.
- Staff told us they had received enough training for their role. The provider had recently increased training relating to dementia in response to feedback from staff and people using the service. One staff member said, "My most recent training was a refresher course on moving and handling. I learned how to operate equipment safely, how to reassure and talk through the procedure with the individual."
- Staff practice was assessed through regular spot checks or direct observations of the care they provided.
- Staff received regular supervisions and an annual appraisal. One staff member told us, "I have recently started a new role in the company and have received much support from the newly appointed registered manager, she has been there to answer questions and queries, boost my morale and I have received feedback on how I am doing from praising me to constructive criticism."

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

- People received support with eating and drinking, where they had needs in this area.
- Eating and drinking care plans were personalised; They included details of people's preferred way of being supported, such as what food people liked and how they liked to eat it.

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

- Care plans noted any support people needed with their healthcare needs and relevant professionals' advice for staff to follow.
- Staff supported people to attend healthcare appointments when appropriate.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

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 with appropriate legal authority. Where a person is living in their own home, it is still possible to deprive the person of their liberty in their best interests. Application for authorisation must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- No one using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- Staff had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised and they understood the importance of gaining a person's consent before providing any care and support. One staff member told us, "It's there to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment."

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about staff being kind and caring. Comments included, "They are very kind," and "A few are better than others, they are all good but a couple of carers are outstanding and go the extra mile."
- Staff understood the importance of treating people as individuals and referred to people in a respectful way.
- People told us staff knew their preferences well and how people wanted and needed their care to be provided. One person told us, "Certain carers have become friends and treat me like a relative."
- People were assisted using different communication methods. One person whose first language wasn't English was supported by a communication board and support from a staff member who spoke their language.
- Each person had life history information recorded in care plans.

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

- People were asked their views and opinions about the care and support provided through meetings, telephone calls and surveys.
- Information about advocacy services was available; Staff supported people to access these services when needed.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity and respect.
- Staff members told us how they supported people to remain as independent as possible. One staff member said, "I encourage and support one person with house cleaning duties so they feel they still are in charge of their own home."
- Personal records about people were stored securely electronically and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information confidential.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People told us staff knew their needs well. One person said, "I find the care plan really easy to read."
- Staff were responsive when people's needs changed. One staff member told us, "Previously care plans took a lot of reading and time to update and rewrite when changes occurred. We are now in the process of moving over to a new electronic system. This system is live and can be updated immediately and all vital information and care plans are visible to the care staff via mobile phone."
- Care plans were person centred, up to date and reviewed regularly.
- Plans were well written and contained detailed information about people's daily routines and specific care and support needs. Plans guided staff to focus on the person's wellbeing and what outcomes they wanted to achieve from their care package.
- Where people required information in an alternative format this was available in line with the Accessible Information Standard (AIS) introduced by the government in 2016, to make sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- People knew how to complain. People told us if they had any concerns they would speak to staff or a member of the management team. One person said, "They gave me a number, I've had to call before, and they have been very good".
- Records showed complaints had been dealt with appropriately. The management planned to implement further monitoring of how they handled any complaints.

End of life care and support

- Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences. The care service manager told us, "We are working with Skills for Care to do a module on end of life for staff who choose to undertake this."

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The management team demonstrated a commitment to providing good quality care.
- Staff praised the support they received from the management and told us, "I am completely at ease to raise concerns if required and challenge if required."

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

- Management were clear about their roles and responsibilities and led the service well. Although a relatively new management team and new systems required further embedding, everyone knew their roles and supported each other.
- Staff performance was monitored during spot checks and discussed at supervisions. The registered manager understood they held staff to account for their performance where required.
- Managers and staff understood their responsibilities for ensuring risks were quickly identified and mitigated. Risks to people's health, safety and wellbeing were effectively managed through ongoing monitoring of the service.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

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

- People's feedback was sought regularly and acted upon.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service. One staff member said, "I absolutely love my job, the service users and the carers I work with."
- The provider had an effective community engagement plan.

Continuous learning and improving care.

- Effective systems were in place to check on the quality and safety of the service. All aspects of care were audited regularly.
- Actions arising from audits carried out by the provider and registered manager were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.

Working in partnership with others.

- Managers and staff worked well with external health and social care professionals. We received feedback from local authority commissioners, one of whom said, "I have found the provider to be responsive and more than willing to listen and put into practice any recommendations we put forward."
- Management attended local forums that kept them up to date with best practice and any areas for improvement.