

Premier Nursing Agency Limited

Premier care

Inspection report

148
Bath Street
Ilkeston
DE7 8FF

Tel: 01623810100
Website: www.premiercarefamily.co.uk

Date of inspection visit:
20 June 2019
21 June 2019
27 June 2019

Date of publication:
22 July 2019

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 providing personal care to younger adults and older people in and around Ilkeston. The service currently provides a service for 252 people.

Not everyone who used the service received 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

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. Staff knew how to support people safely, including using equipment to assist them to move. Staff were supported and trained to ensure that they had the skills to support people effectively. They understood how to protect people from harm and were confident that any concerns would be reported and investigated by the management team.

Where people received assistance to take medicines, records were kept in order that this was done safely. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need.

Support was now planned in local teams and the provider had made improvements in staffing to ensure people received their care from a small team of staff who they knew well. Care was planned and reviewed, and the provider ensured that people and their relative's choices were followed. People's privacy and dignity were respected and upheld by the staff who supported them.

People had caring relationships with the staff who supported them. The provider had built relationships with other health and social care professionals to ensure that people were supported to maintain good health.

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 felt able to make choices about their care and how they were supported.

There was a complaints procedure in place and any received were investigated and responded to. There were other systems in place to monitor and drive improvement such as audits. People were asked for their feedback on the quality of the service and their contribution supported the development of the service.

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

Rating at last inspection.

This service was registered with us in November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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. 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 carried out this inspection with 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission, however, they were not working in the service at the time of our inspection. 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 seven days' notice of the inspection because some of the people using it could not consent to a home visit or a phone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with five people and nine relatives on the telephone and visited three people with two relatives in their home. At the registered office we spoke with four staff, the Head of Community Innovation, the Business Services Manager and Quality Service Manager. We received feedback from three social care professionals.

We reviewed a range of records which included people's care records and risk assessments. Medicine records and daily log sheets. We also reviewed the records which detailed when people had their support visits, quality monitoring visits and records relation to the management of the service.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse

- Staff knew people well and described how they may recognise possible abuse or neglect and knew what to do if they had any concerns. One member of staff told us, "We had safeguarding training on our induction and have updates each year. We covered the different types of abuse and what to do if we were worried. Our new care plan system has details of how to raise a safeguarding alert and the number to call if we need to report anything."
- Where concerns had been identified the staff had informed the local authority to make sure people were protected and informed us of incidents that had taken place.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and the staff ensured people's safety was maintained when they supported them.
- Checks were carried out on any equipment to ensure it was maintained and safe to use. Where new equipment was needed, the staff received further training to ensure they knew how to use this correctly before supporting people.
- Environmental risks assessments were undertaken within people's homes to ensure people and staff were safe. This considered the effects of narrow corridors, the flooring and any hazards including pets.
- People felt safe when they received care and were satisfied with the security arrangements for their home.
- Some people had an entry code so staff could enter their home as they were unable to move to the door to open it. Where codes and information were recorded, this was stored within the electronic care system and secure arrangements, including password protection was in place to access this information. Staff knew the importance of keeping this information safe.

Staffing and recruitment

- The staffing was organised into small teams to cover different geographical areas. People told us that they were sometimes visited by staff from different teams when covering for sickness or annual leave. The provider had recognised where consistency for people could be improved and had reviewed the staffing structure to ensure they were not visited by a large number of different staff. We saw the numbers of staff who now visited people had reduced which meant people would benefit from greater consistency of care.
- Safe and effective recruitment practices were followed to help ensure staff were of good character and able to do their job. Necessary checks were completed which included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- People were responsible for ordering their own medicines. The provider employed designated staff whose role was to complete medicines audits, check the storage arrangements and review any risk. This meant

that how medicines were stored and managed was reviewed to ensure safe systems were in place.

- The provider had introduced a new electronic care planning system which included medicines management. This meant staff recorded when medicines had been administered on the electronic system and office staff could monitor people received their medicines as prescribed. One member of staff told us, "This means we can see in real time if people have had their medicines. If anything goes wrong or is missed, we don't have to wait to take any action."
- Staff had received medicines training and competency assessments were completed following training to confirm staff had a good understanding of medicines.
- Where people needed time sensitive medicines, we saw this was given with an agreed timeframe to ensure these were administered on time.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was available for all staff to use. Infection control practices were assessed during competency checks carried out in people's homes.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The provider took suitable actions following incidents and learning was shared with staff.
- Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

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 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

- People needs were assessed prior to receiving a service. This information was used to develop a care plan and risk assessments which were agreed with people and their relatives.
- A copy of people's support plans was kept in their home. A new electronic support plan system was being introduced for all people. Staff explained they had received training and understood how to use the new system, which detailed all the specific care tasks that were required on each visit. One member of staff told us, "With the new system we can record what we have done more easily and if there are any changes, these can be done instantly so all the staff team know what needs to be done."
- Staff explained the new system would enable them to monitor care and reviews more closely and make prompt changes. The staff explained that people would be able to retain a paper copy of their records or they could choose to access their records electronically. With consent, the new system could be accessed by relatives to provide the necessary evidence that people were receiving their agreed support.

Staff support: induction, training, skills and experience

- New staff completed an induction at the start of their employment which included how to support people effectively and necessary health and safety training. New staff shadowed experienced staff until they, and the management team were satisfied they were sufficiently competent to work alone.
- The management team assessed the competence of new staff once the shadowing period was completed and at regular intervals thereafter, to ensure staff continued to meet people's needs. One member of staff told us, "We have spot checks too, to make sure we are doing our job properly. They check our uniform, whether we are supporting people to move in the right way and giving people their medicines. If anything needs improving, then it's talked about as part of our supervision."
- Staff were satisfied with the opportunities to develop their skills and knowledge and received supervision from managers where they discussed their training needs. One member of staff told us, "We are always having our training updated. You can never get enough training and it is better here than anywhere I worked before. I have had training for stoma care and catheter care, so I can support people. We never stop challenging ourselves here and learning new things."

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

- Where it had been agreed within the care plan, staff prepared meals for people as needed and encouraged them to have drinks to maintain their health and wellbeing.
- A record of food and drink served and left in people's home was recorded to ensure all members of the team supporting them, could monitor this.
- Some people needed food and drink through a tube directly into their stomach and only staff who had received training, were responsible for supporting these people. Staff explained that the training was tailored to each individual person to ensure they understood how to provide their care and identify

concerns.

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

- People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. Where people received support from community health care professionals, the staff received training to recognise changes in the condition of people's skin or to recognise where people may be unwell. One member of staff told us, "Where people have a specific condition, we work in two's, so we can learn from each other. This works really well and allows us to gain the confidence we need."
- Where changes were identified, the staff raised any concern with health professionals and the staff and management team worked in partnership with them to help ensure each person's needs were identified and met.
- Where people needed to use new equipment, the staff worked closely with the occupational therapist to ensure they had been assessed to use this equipment and staff had received the necessary training.

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.

- People using the service generally had the capacity to make decisions about their care and told us that staff asked for their consent with care planning and before delivering their care.
- Where concerns were raised about people's capacity, the management team knew capacity assessments needed to be carried out to establish if people had capacity and what was in their best interests.
- Checks were made through the Court of Protection to establish whether any person had the legal authority to make any decision on people's behalf. One member of staff told us, "Unless we had evidence about any legal arrangements we would not accept that they could make a decision for someone else."

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 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 had mixed views about how caring the service was. They told us when they were visited by staff they knew well, they were happy with the service provided. However, when unfamiliar staff provided their support, this had an impact on how they felt about their care as this meant they were not always comfortable with people and the staff did not know how they preferred to have their care delivered.
- This had been identified as a concern by the provider and we saw how they had reduced the number of staff providing care. One member of staff told us, "We have worked hard to reduce the number of staff who visit people as we recognise how important it is for them to feel comfortable and trust the staff."
- People were supported by staff who were kind and caring. One person told us, "They do exactly what we want, and we always look forward to them coming. The staff will let you know when they are coming back. It's always better if I know the staff as I feel more comfortable around them, but all the staff try and get to know you. I can't fault any of them." Another person told us, "They are all polite and respectful"

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

- People were encouraged and supported to be as independent as they wanted to be.
- When organising support, the provider considered people's preferences. The provider had an equality policy and staff understood that people's support was based on their individual needs. One person told us, "They are very courteous and respectful. We were asked about the gender of staff, but we don't care." Another person told us, "I am very happy, and I would definitely recommend it. They are very professional and know what they are doing."
- The management team told us they would signpost people to relevant organisations to access advocates if they needed support with making decisions. (An advocate helps a person to express their views and wishes and to stand up for their rights.)

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and people were complimentary about how staff provided their support and care. One person told us, "We don't call the staff carers, they are like our friends."
- People's privacy and dignity was respected. Where personal care was delivered, people told us the staff took time to ensure they were covered.
- People were encouraged and supported to be as independent as they wanted to be. One person told us, "I never feel rushed to do anything; the staff take their time and so do I. They know how important it is to me that I do things for myself."
- People's records were held securely in a locked cabinet within a locked office or through a secure internet based system with password security.
- Staff understood the importance of ensuring confidentiality.

Is the service responsive?

Our findings

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

- People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home.

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.

- A new electronic system had been introduced into the service and the provider recognised that people may not always be confident to access their records electronically and confirmed paper copy of records would always be available for people. The new system meant that where people needed their care records in a different format, this could be produced for them.

- We saw the care records included relevant information about how people wanted to be supported, their likes and dislikes and any particular preferences.

- The new care planning system meant that where reviews or changes were made, this could be changed instantly on the electronic system so staff were aware of people's changes to their care.

- We saw, due to the recent changes in staff teams and care planning, people now usually received their care at the times expected and staff stayed long enough to complete all the tasks required. Where support visits were organised, the staff aimed to visit at the recorded time, however, due to traffic conditions and issues with other support visits, people understood that visits may be within half an hour of the agreed time. Where calls would be later than this, the staff contacted people to inform them of the delay.

- There was a team of senior staff who were on 'stand-by' each day to cover any calls where needed. One member of staff explained, "We have a live monitoring system, so we can see that staff have arrived on their first call, if there are any problems, we will cover that shift and also make checks with the staff member to ensure they are safe. If people's support visit is going to be delayed because of an incident, then we are available to cover that call and as we work in the local area, we can visit people at short notice."

- People were asked whether they would like to receive a copy of the rota of support visits. One person told us, "I'm not really fussed about having a rota, when the staff leave they tell me who is coming on my next visit and I'm happy with that."

- People were supported to pursue activities and interests that were important to them. The provider arranged services for people to be supported with their interests or to support people when out, for example when shopping. During these support visits, personal care was not provided and therefore this support is not regulated by us.

Improving care quality in response to complaints or concerns

- People knew the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person confirmed, "The complaints information is in the folder." Another

person told us, "If there was anything serious I would call them. I've called the office about the times the staff visit, and they do try and resolve things as quick as possible."

- We saw where complaints had been received the provider had investigated these and responded to people, identifying any outcome or improvement to be made. One member of staff told us, "We are very open about complaints and see them as a way of making improvements."

End of life care and support

- The provider was not supporting anyone with end of life care at the time of this inspection. However, staff told us they knew who to involve at this important time of people's lives such as palliative care teams or GPs.

- Where people had expressed their views regarding their care towards the end of their life, this was recorded.

- Where people did not want to receive any treatment or to be resuscitated a copy of this information was within the care plan to ensure their wishes were acted upon.

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 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; 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 management team and people had identified that improvements could be made within the service. As a result, the provider had reviewed how people were receiving their care and the number of staff providing their support. We saw that people were now receiving a more consistent approach to care and was delivered by staff who knew people and the people were now generally receiving their support calls within the agreed period of time. One member of staff told us, "We know we can make further improvements and we are working together with staff to ensure that people have the care they expect at each visit."
- We saw where people had been dissatisfied with their care, the staff had spoken with them and reviewed how their care was provided to ensure improvements could be made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was no longer working in the service; however, the provider was recruiting to this position. There was a management team who were overseeing the service and staff told us they were aware of the current management arrangements and continued to feel supported. One member of staff told us, "They listen to us and make any changes they need to. I definitely made the right decision coming to work for this organisation as they really listen and support you."
- There was an on call system for people and for staff. One member of staff told us, "Any issues are always sorted straight away. The on call staff also answers quickly and it's nice that they answer cheerily so you feel able to talk to them."
- Systems were in place to monitor and identify whether people received their support on time and ensured that people received the agreed support time. The electronic system used by the provider identified when staff arrived and left each visit and the length of support people received to ensure it matched the care they had agreed to.
- Staff kept records of the care provided during each visit. The new electronic system recorded the support and care staff provided, food and drink that had been prepared or eaten and medicines that had been administered. One member of staff explained, "This means we can see in real time what has been completed or if anything has been missed so we can act on this straight away."
- The new electronic care plan system meant daily records and medicine could be reviewed on a daily basis and office staff did not have to wait for paper records to be sent to the office.
- People were asked for their views and opinions about the service during care reviews and through spot checks of staff performance. A quality assurance survey was also completed, and people were provided with

an opportunity to comment about the quality of the service. This was the first inspection of this service and we will review how improvements are made in line with any review on our next inspection.

- Staff were provided with opportunities to meet with senior carers and the management team through staff supervision and within staff meetings.
- Staff meetings were held with local teams and one member of staff told us, "It's better when we have meeting with our local team as it means we know all the people we support, and we can talk about any issues which our in our local area."

Working in partnership with others

- Staff knew how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.
- The management team were developing links with local organisations. One member of staff told us, "We are developing local links so if people need further information we can point them in the right direction. It's not just about supporting them on the visit, we want to develop the service further, so they receive the support they need in all areas of their life."