

Premier Care Partners Limited

Premier Care

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 large domiciliary care agency providing personal care to people living in their own houses and flats. At the time of the inspection 393 people were using the service.

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

Staff did not always have sufficient guidance in place to ensure they knew how to manage the risks relating to people's health needs safely.

The provider had not always followed appropriate recruitment processes to ensure staff were safely employed.

We have made a recommendation about the provider's recruitment processes.

People told us they felt safe. Staff had received safeguarding training and knew how to raise concerns; however, they told us they did not always feel their concerns were listened to.

People's end of life wishes had not been assessed or recorded. The provider responded promptly following the inspection to adapt their documentation relating to people's end of life care wishes.

People received their medicines as prescribed and people's care plans detailed how they liked to be supported with their medicines. Staff received an induction and training relevant to their role and the registered manager monitored staff training to ensure it remained up to date.

Staff followed safe infection prevention and control processes and the provider had implemented policies and guidance to support staff practices during the COVID-19 pandemic.

People and relatives told us staff were kind and caring. People told us they felt listened to and able to make choices. 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 were supported by a consistent staff team who knew them well and their care was personalised. The provider had systems in place to monitor the quality and safety of the service and worked effectively alongside other health professionals to meet people's needs. People and relatives spoke positively about the culture and management 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 on 16 August 2019 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 1 September 2017.

Why we inspected

This was a planned inspection as the service had not been rated.

The inspection was also prompted in part by notification of a specific incident following which a person using the service sustained a serious injury. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of risk. This inspection examined those risks.

We have found evidence that the provider needs to make improvements in this area. Please see the Safe section of this full report.

Following the inspection, the provider took action to mitigate the risks identified.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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

The inspection was carried out by an inspector, an assistant inspector and three Experts by Experience who conducted telephone calls to obtain feedback from people who used the service and their relatives. 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. 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we held about the service and we sought feedback from the local authority. 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 24 people who used the service and 19 relatives about their experience of the care provided. We spoke with 21 members of staff including the registered manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 10 people's care records, six staff files and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and quality assurance documentation and we spoke with one professional who has contact with 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 is the first inspection for this newly registered service. This key question has been rated as Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had not always ensured robust recruitment processes were in place to check staff were safely employed. For example, some applicants did not have a full employment history recorded and gaps in their employment history had not always been explained. Not all applicants had references in place which were in line with the provider's own recruitment policy.

We recommend the provider considers current guidance for the safe recruitment of staff

- People told us they were generally supported by consistent staff who knew them well. One person said, "I get regular carers, so they have got to know me and my likes and dislikes." Another said, "I have regular carers that come and if it's someone new, they are always introduced first."

Assessing risk, safety monitoring and management

- Staff did not always have sufficient guidance in place to ensure they knew how to manage the risks relating to people's health needs safely.
- People with epilepsy did not have epilepsy guidelines or risk assessments in place for staff to follow. This meant staff may not know how to recognise when a person was having a seizure or what to do in response to support the person safely. One person being supported had diabetes but there was no information in their care plan about how this may affect them or how staff should respond if they had concerns.
- Daily care notes did not always reflect the guidance in risk assessments. One person's risk assessment stated they needed to be repositioned and have their pressure areas checked at each visit. However, no repositioning or checks were recorded in their daily notes.
- Despite the gaps in recording, people told us they felt staff supported them safely. One person said, "They help me sit safely up in bed and make sure they stay with me when I use my walking aid" Another person told us, "They always check my skin for pressure sores."
- Following the inspection the provider told us they would review people's care records to ensure appropriate information about people's health needs was documented.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and knew how to report concerns. However, we received mixed feedback about how comfortable staff felt raising concerns. One member of staff said, "I find it difficult to report concerns, I sometimes don't think I am listened to or taken seriously." Another told us, "I have raised concerns but not much has been done about it."
- People told us they felt safe. One person said, "I feel very safe when the carers are here" and a relative told

us, "[Person] enjoys the company of the carers and it makes them feel safe living at home still."

- The provider kept a log of safeguarding notifications raised with the local authority. The log recorded the outcomes and any agreed actions.

Using medicines safely

- People received their medicines as prescribed. People's care plans contained information about how to support them safely and staff recorded when medicines had been given.
- Staff received medicines training and their competency to administer medicines had been assessed.
- The registered manager completed medicines audits to check the accuracy of recording and highlight any errors.

Preventing and controlling infection

- People told us staff wore appropriate personal protective equipment (PPE) when supporting them. One person said, "The carers arrive with their PPE on and dispose of it properly when they go." A relative told us, "They all wear their PPE, I think they realise it keeps everyone safe, including themselves."
- Staff had received updated infection prevention and control training and the provider had ensured COVID-19 policies and guidance were in place to support staff and promote safe working practices throughout the pandemic.

Learning lessons when things go wrong

- The provider had documented lessons learnt from accidents and incidents. Information was shared with staff to drive improvements and actions were put in place to prevent a reoccurrence.
- The provider kept a record of accidents and completed a monthly tracker to monitor any trends and themes.

Is the service effective?

Our findings

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

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

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

- People's needs had been assessed prior to them receiving care. People and relatives told us they had been involved in the assessment process and were able to explain how they liked to be supported.
- The provider supported people receiving short term reablement care, supporting them to regain their independence. People's reablement care plans highlighted the aims of the care being provided and how this should be supported by staff.
- The provider had up to date policies and guidance in place to support staff knowledge and reflect best practice. During the pandemic the provider had regularly updated guidance and sourced learning and support sessions for staff to ensure they were kept up to date about any changes.

Staff support: induction, training, skills and experience

- Staff received regular training relevant to their role and the registered manager monitored this to ensure it remained up to date.
- The provider had invested in a new training area which enabled staff to complete in person practical training whilst safely maintaining social distancing.
- Staff received a comprehensive induction when starting in their role and completed the Care Certificate where they were new to care. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff.
- Staff received regular supervisions and an annual appraisal. The registered manager monitored these to ensure they were completed for all staff.

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

- People's care plans contained information about how to support them with eating and drinking.
- Relatives told us staff knew how to support people with their dietary needs. One relative said, "When [person] came out of hospital, they were on a soft diet. [Person] really hated it, but the carers stuck rigidly to the doctor's orders and over a period of time they were eating properly again."
- People told us staff offered them a choice about what they would like to eat and drink. One person said, "The carers cook me breakfast - usually porridge - my waistline wouldn't handle a full English, but I am sure they would do it for me if I asked."

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

- People were supported to access healthcare services where appropriate. Whilst care plans lacked sufficient guidance about people's health conditions, people were supported to achieve good healthcare

outcomes. Care records evidenced referrals to occupational therapy, speech and language therapy and input from district nurses.

- The provider had introduced oral health assessments to support and promote people's oral hygiene.
- The provider worked alongside other healthcare professionals to support people through reablement care and to look at their future care needs once their reablement programme had ended.

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.

- People's capacity to consent had been assessed and people's care plans contained information about the support they may need to make decisions.
- People's care plans contained consent to care forms, however these were not always signed, and it was not clear if the person was able to sign themselves. Following our inspection, the registered manager updated the consent forms to make it clear if a person was unable to sign and the reason for this.

Is the service caring?

Our findings

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

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

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

- People and relatives told us staff were kind and caring in their support. One relative said, "The carers have got to know [person] well and they understand that they sometimes get confused or anxious. They just chat away to them until [person] feels calmer." Another relative told us, "[Person] was feeling a bit low the other day. When I arrived, I found the carer sitting with them going through some photos, I was touched by that."
- People's care plans contained information about what support they needed at each care visit. This information reflected their individual preferences. For example, one person's personal care guidance also included information about how to engage them in conversation during support and noted 'I am very social and positive, please chat with me'.
- People's religious and cultural preferences were considered during the initial assessment. Information was recorded in people's care plans; however, this was brief and did not provide staff with any detailed guidance.

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

- People told us they were involved in making decisions about their daily care. One person said, "The carers never assume what I am going to wear, sometimes they make a suggestion, but they will always ask me."
- People and relatives told us they were involved in making changes to care plans. One relative said, "We don't have a written care plan as they do it all on an App on their phones, but we have access to that and talk with the office about any changes we need."
- People told us they had not always been asked if they had a specific preference for male or female carers; however, they felt comfortable speaking to the provider about any changes they wanted to make to their care. One person said, "I wasn't asked if I had a preference for male or female carers at the outset, but they are all professional and the office seem very approachable if it became an issue for me."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain as much independence as possible. One relative told us, "The carers encourage [person] to walk a bit with their walking aid." Another relative said, "The carers have really got to know [person] and they encourage them to do more for themselves and it is paying off."
- People's care plans provided information for staff about what people could do for themselves and considered how a person's independence could change depending on how they were feeling. For example, one person's personal care guidance stated, 'I need to be assessed at each call to ascertain whether I am alert enough to sit on the side of the bed.'
- People told us staff were respectful in their support. One person said, "The staff treat me with respect. They call me by my first name now, having asked first."

Is the service responsive?

Our findings

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

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

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

- People's care was personalised. People's care plans contained information about their likes and dislikes, their life history and the relationships which were important to them.
- People told us they felt listened to. One person said, "The carers will ask what I want them to do and enquire as to whether I would like anything else to be done."
- People and relatives told us the provider tried to adapt flexibly to changes in people's needs. One person said, "I get regular carers and we have just agreed they will start to come four times a day as I really have trouble walking now and need more support." A relative told us, "Sometimes I have called the office and they have organised for a carer to come a bit earlier; I can't fault them."

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection.
- People's future end of life wishes had not been considered by the provider during their assessment and care planning process. Following the inspection, the provider told us they were amending their assessment process to include consideration of people's end of life care wishes and had sourced additional training for staff.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable raising concerns and action had been taken by the provider in response to complaints raised. One relative said, "We did have a few teething problems in the beginning but after we complained, it was dealt with quickly." Another relative told us, "When I did make a complaint, the office apologised and told me that the carers would be spoken to and that it would be dealt with properly on the next call that day."
- The provider kept a record of complaints made and documented the actions taken as a result.

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 care plans contained information about their sensory and communication needs. Where people used assistive technology to support their communication, this was documented so staff were aware how this was used.
- The provider had introduced an accessible information audit to review the information in people's care

plans and ensure it remained up to date and fully reflected their communication needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the management and culture of the service. Despite the concerns we found in the assessment of risk; people consistently told us they received good quality care. One person said, "I would most definitely recommend the service as I get such good care and they are so helpful." Another person told us, "The management are very helpful and have accommodated us at short notice."
- The provider had responded flexibly to the difficulties faced by staff during the COVID-19 pandemic, adapting job roles and working hours and making adjustments for home working.
- The registered manager had allocated designated staff the role of mental health first aiders. The designated staff had received specialised training and were available to support their peers or people using the service with any worries or concerns caused by the pandemic.
- Staff generally told us they felt supported in their roles. One member of staff said, "Our manager has a good supportive and approachable manner. Their door is always open."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had systems in place to monitor the quality and safety of the service. The registered manager completed regular audits and checks in a number of key areas including staff training, medicines management and monitoring visit times. Following our feedback, the provider promptly implemented improvements to their monitoring systems based on the concerns found at inspection.
- The provider was responsible for supporting people across a large area and staff had clearly defined supervisory roles and responsibilities in each geographical location. People told us they were aware of the appropriate staff member to contact within the organisation and said they were prompt in responding to queries.
- The provider had submitted the appropriate notifications to CQC as required following incidents. The registered manager completed investigations and communicated with those involved.

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

- People and relatives told us they were involved in giving feedback on the service. One relative said, "I have completed a feedback form in the post before now and am happy to do so as I would recommend them." Another person told us, "Last year they rang for feedback and also came to see me to check all was okay."

- The provider had used different communication methods to gather feedback from people depending on their preferences including in person visits, regular phone calls and postal surveys.
- Staff meetings and supervisions took place to enable staff to discuss any issues in the service.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other healthcare professionals to ensure people's needs were being met. One healthcare professional told us, "We were completing video calls due to the pandemic and they coordinated this well. The carers were very good with the client."
- Relatives told us the provider was good at updating them and other professionals involved in people's care. One relative said, "I feel the service act on behalf of the client. Their communication is very good; they keep social services informed and respond to any queries."
- The provider had analysed the feedback received from people, relatives and staff through their annual satisfaction survey to look at how to make improvements to the service.