

Premium Home Care Services Limited

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## 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

Premium Home Care Services Limited is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection the provider confirmed the service was providing personal care to 32 older adults.

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 went through a recruitment process so that the provider only employed suitable staff, though this process needed to be made more robust. Risks to people safety in premises had been assessed though there were no individual evacuation plans.

People felt safe with staff from the service. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. People were involved in assessments of potential risks to their safety and in identifying measures to keep them safe. Care plans provided guidance for staff to follow.

People received their medicines as prescribed and they were protected from the risk of infections through staff working practices. People had enough staff to meet their needs. Staff undertook induction training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff knew people well, though there was some lack of personal history information in care plans. People had developed positive relationships with staff which helped to ensure good communication and support. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People were fully involved and consulted when making changes to how their support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received timely intervention to maintain their health and well-being.

People and relatives knew how to raise any concerns or make a complaint. The provider responded to complaints by detailed investigation and solutions to put things right. The complaints policy provided information about how these would be managed and responded to.

Systems were in place to monitor the quality of care and support people experienced through quality assurance systems and processes to drive improvements within the service.

People, relatives and staff spoke positively about the management and leadership of the service. People said staff were very friendly and caring, and they had built good relationships with them.

The provider listened to feedback and acted immediately to make improvements to the service. The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection:

The last inspection on 26 October 2016 rated the service as good.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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** ●

# Premium Home Care Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager who had applied to be registered with the Care Quality Commission. This means that when a manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We also spoke with two members of staff, the provider and the manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found, training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has reduced to 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

- Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. There was a risk assessment process in place for staff members with a past history of relevant issues. The risk assessment did not include details of the history, which made it difficult to see whether it was robust. The provider said these details would be recorded in the future.
- There were enough staff to meet people's needs. People and relatives said that staff had always been available to support them.
- Staff said there were enough staff attending calls to keep people safe.

### Assessing risk, safety monitoring and management.

- An assessment of health and safety of premises had been carried out for people's homes. This was largely comprehensive though had not included a plan to evacuate safely in the event of fire. The provider said this would be put in place.
- The manager had assessed individual risks to people's safety. Information was in place for staff of action that needed to be taken to reduce these risks.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, how to assist people to eat to prevent the risk of choking and how to take steps to prevent people having falls.

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

- People and relatives confirmed that people felt safe and secure with staff from the service.
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

### Using medicines safely

- People and relatives said their family members had been prompted by staff to take their medicines when prescribed. Records showed that people had received their medicines.
- The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines so that medicines could be supplied safely to people.

- A medicine audit checked that medicine had been supplied to people as prescribed.

#### Preventing and controlling infection

- Staff used protective equipment when providing people with personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases.
- Staff were aware of the need to wash their hands thoroughly after completing a task to prevent infections being passed to people.

#### Learning lessons when things go wrong

- The provider and manager said that they were aware of the need to learn if situations had gone wrong. Evidence of these situations were supplied to us. For example, when a person had fallen. The risk assessment had been amended so that there was much closer staff supervision when the person was using the bathroom. This showed action to try to ensure this accident was prevented from happening again.



# Is the service effective?

## Our findings

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

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support. Staff said that care and support plans helped them to provide care that met people's needs.
- People and relatives said needs were fully met by staff.
- Staff received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience

- People and relatives said staff had been well trained to do their jobs. A person said, "Staff know what they are doing when they help me."
- People were supported by staff who had received ongoing relevant training. If staff requested more training, management would arrange this for them. More training was to be provided to staff on common health conditions, such as Parkinson's and stroke care.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people. They were shadowed by experienced staff to give them an understanding of how to provide personal care to people. Staff were given opportunities to review their individual work and development needs in supervision sessions.

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

- People and relatives told us that staff provided food of people's choice, which was well prepared. Staff always left a drink at the end of the call to prevent people suffering from dehydration.
- Where staff supplied food and drinks, they had information about people's needs to ensure that the food was safe for people to eat and drink.
- Staff were aware of people's dietary requirements. People had food provided that respected their cultural choices.

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

- People's care plans included information on meeting their health and social needs.
- If people had an accident staff had called the emergency services to obtain healthcare.

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

- People said that if they needed to see a doctor, this was reported to their relative.

- People's health and wellbeing was supported by staff. Records of people's care showed this happened.

#### 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA and found that they were.

- People were able to consent to their care. People told us that staff asked their consent to personal care.
- Mental capacity assessments had been completed to determine people's capacity to independently make decisions about their lives.
- Staff were trained to understand the MCA and provided with a pendant that they wore which contained information about the principles of this legislation.

# 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.

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

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 said that staff were kind and caring. A person said, "The staff are wonderful." A relative described one staff member as, "Absolutely amazing who had common sense by the bucket load."
- People and relatives said that staff listened to what they said, and that people's wishes were respected.
- The service user handbook stated that staff should treat people equally whatever their backgrounds. There was a statement about non-tolerance for any discrimination against people whatever their race, religion or sexual orientation.

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

- People and relatives told us that they had been involved in care planning at the beginning of their involvement with the service. This was also shown in people's care records.
- People and relatives said that management staff kept in touch with them and asked them about the quality of care provided by the service.
- Reviews of people's care had taken place. There was evidence that people and their representatives had been consulted about whether care provided still met people's needs.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected people's privacy and dignity. A person told us, "Staff take real care in maintaining my dignity."
- People and relatives said staff ensured people always choose their lifestyles, such as for food, drink and clothes choices. Care plans had information about people's preferences such as what food they chose to eat and how they liked their drinks to be made.
- People and relatives said staff supported people's independence to be able to do the things that they could do.
- A staff member described how people were encouraged to do things they were able to continue do for themselves, when washing and dressing.

# Is the service responsive?

## Our findings

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

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

This meant people's needs were met through good organisation and delivery.

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

- People said there were enough staff to provide people with care when they needed it and calls were punctual. One person said, "I always get the help I need." People said staff supplied good support to them and they said they had continuity of staff which helped to build relationships between them. A relative said they were able to get staff that spoke their first language, which was of real benefit to their family member.
- Care plans had some information about people's preferences, though this did not fully cover their life histories and likes and dislikes. This meant staff did not have comprehensive information to assist them to provide people with all their individual needs. The manager said this information would be sought from people or their relatives.
- Staff members were aware of people's important routines.

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.

- The manager understood their responsibility to comply with the Accessible Information Standard (AIS). The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs.
- Large print documents were available for people with reading difficulties and other literature was available in different languages on request.

Improving care quality in response to complaints or concerns

- A small number of complaints had been received since the last inspection. These had been investigated and a response provided to the complainant.
- People and relatives told us they had no complaints about the service. They were all confident that management would sort any issues out if they had any. A relative told us that the provider had advised to contact the office if they had any concerns. One relative had raised minor concerns and said that management had immediately tried to find a solution. This gave reassurance that swift action would be taken as needed.
- There was a complaint policy and procedure in the service user's guide. The procedure implied that complainants could go to CQC to have their complaint investigated. CQC does not have the legal power to

do this. The provider submitted an amended policy after the inspection visit which stated the correct agencies for complainants to contact.

#### End of life care and support

- End of life care and support had been supplied to a person needing this support recently. A care plan contained support details of physical care that were needed but not wishes and preferences. Staff were aware of the person's individual wishes and preferences. The provider said that these would be sought and recorded in future.
- Staff training had been carried out or was being planned for end-of-life care.

# Is the service well-led?

## Our findings

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

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

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

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

- People told us they received individual care based around their needs and preferences.
- The service has achieved external recognition including five star best employer in care award 2018 and recipients of the top 20 care providers of the year in the region for the past two years by homecare.co.uk. It also achieved the maximum score of 10 on homecare.co.uk reviews.
- The manager worked closely with healthcare professionals as needed to improve people's health.
- The provider and manager were clear about their legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service. The current CQC rating was displayed.

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

- People and relatives had opportunities to share their views about the service through reviews and telephone calls to them.
- Staff were supported to share their views about people's care directly with management and in staff meetings. They told us they felt encouraged to share ideas to further improve the service.
- The manager and provider promoted positive team working. Staff were thanked for their work. One staff member told us, "I haven't found any fault with this company. They are so friendly and supportive." There was effective communication and consistency in the care and support people received.

Continuous learning and improving care

- The manager and provider were always looking to make improvements to the care and support provided, to achieve the best possible quality of life for people.
- Regular reviews of people's needs took place to ensure the care provided was appropriate, and reviews of all aspects of the service to ensure people had the best care possible.

Working in partnership with others

- The service worked with a range of health and social care professionals.
- People were supported to use local services if this is what they wanted.

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

- The manager was in the process of registering with CQC.
- Quality audits were carried out to drive continuous improvement of the service though this had not identified some safety issues or whether people's wishes and preferences were included in care plans. The manager and provider recognised that action needed to be taken on these issues.
- People and staff were positive about the management and leadership of the service. There was a reliable staff team who said they took pride in providing care and support for the people using the service.