

Premier Care (Dorset) Limited

Premier Care Dorset Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 and 25 October 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Premier Care Dorset provides personal care to people living in Ferndown, Wimborne and surrounding areas. At the time of this inspection they were providing personal care for 105 people, and a respite sitting service for 69 people. They also provided a domestic service to people living in their own homes.

The last inspection of the service was carried out in September 2013. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse. People said they felt safe when being cared for; we observed people were happy and relaxed with care workers during our home visits.

The service had a complaints policy and procedure that was included in people's care plans in large print. People said they were aware of the procedure and had numbers they could ring. People and staff spoken with said they felt confident they could raise concerns with the registered manager and senior staff. Records showed the service responded to concerns and complaints and learnt from the issues raised.

People who received personal care and support from Premier Care Dorset told us they were happy with the service provided. They said the registered manager and staff were open and approachable, cared about their personal preferences and kept them involved in decision making around their care. One relative said, "I am always informed of anything which might crop up out of the ordinary, or if [the person] needs to be seen by a medical person. They are right on it and get in touch with the doctor if needed. This means a lot to me since I am not there all the time."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed staff took time to talk with people during our home visits. However people had mixed opinions about the consistency of the staff team visiting them. Most people said they had a regular team of staff who they knew and had built relationships with, whilst others said they had met a number of different staff members; however they were happy with this as they said they liked different

people to talk to. The registered manager confirmed a successful staff recruitment programme meant they were now able to provide people with a more consistent team of staff.

People's care needs were recorded and reviewed regularly, with, senior care workers and the person receiving the care or a relevant representative. All care plans included written consent to the care provided. Care workers had comprehensive information and guidance in care plans to enable them to deliver consistent care the way people preferred. One person's care plan clearly showed how they liked their care provided and the exact routine they liked to follow.

Staff monitored people's health with their consent and could refer and direct to healthcare professionals as appropriate. Support was provided for people to attend hospital and doctor appointments.

There were systems in place to monitor the care provided and people's views and opinions were sought through care reviews and an annual survey. Suggestions for change were listened to and actions taken where possible to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

The registered manager had a clear vision for the service. Their statement of purpose said, "The agency aims to provide our clients with a comprehensive service of care, promoting independence and ensuring them the highest quality of life within their home environment." The registered manager explained that they respected and supported their staff as well, "as happier staff work well." Staff could be seen supporting this philosophy and approach whilst providing care and support to people living in their own homes.

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.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a training programme which included areas specific to people's care needs.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and made sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive

People received care that was responsive to their needs because staff had an excellent knowledge of the people they provided care and support for.

Most people were able to make choices about who supported them and build relationships with regular staff.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well-led

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

There were systems in place to identify shortfalls and drive improvement through regular assessment and monitoring of the quality of service provided.

Staff were motivated, they worked as a team and were dedicated to supporting in a person centred way.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 25 October 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

The last inspection of the service was carried out in September 2013. No concerns were identified with the care being provided to people at that inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

This inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses or has used this type of care service.

Premier Care Dorset provides personal care to people living in Ferndown, Wimborne and surrounding areas. At the time of this inspection they were providing personal care for 105 people, and a respite sitting service for 69 people. They also provided a domestic service to people living in their own homes.

We visited four people in their homes and spoke with eleven people and three relatives over the telephone. We also spoke with five staff members as well as the registered manager and company director. Following the inspection we were also contacted by three relatives via email.

We looked at records which related to people's individual care and the running of the service. Records seen included six care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

Everybody we spoke with said, they or their relative felt safe with the staff who supported them. One person said, "Yes, I always feel safe they [staff] are lovely." Another person said, "They always check I have taken my medication, had my breakfast and that I have my life line before they leave. I trust them, they trust me" One relative said, "We feel [person's name] is very safe with Premier Care."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Premier Care Dorset until their DBS check had been received.

To further minimise the risks of abuse to people, staff received training in how to recognise and report abuse. Documentation held by the service showed all staff had completed this training during their induction and before they worked with people alone. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff confirmed they had all received training in how to recognise and report abuse. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One care worker said, "I have no problem believing [the registered manager] would act on any concerns, They are brilliant with looking out for people including their staff."

The service's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package, staff kept a record and receipts for all monies handled. Records showed staff had followed the procedure and had obtained receipts and signatures from people when they returned their change.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Everybody said they received care and support within the time agreed. One person said, "I get my rota for the week and they stick to it no problems there." However one person spoken with over the telephone did feel on occasions the service had been short of staff. They told us, "There have been some changes of staff lately; a new person is coming with my regular carer tomorrow." The registered manager confirmed they had sufficient staff to meet the needs of the people receiving personal care. They told us they would only take on new referrals if they were able to meet the care package with the staff they had. An on-going recruitment programme was in place to ensure staffing levels remained consistent. This meant people could be reassured they would receive the care package agreed.

Everybody we spoke with said they did not have any problems with late or missed calls, one person said, "They are very punctual, when they are occasionally late due to traffic, they ring and let me know" The registered manager confirmed they would call people and explain why a care worker may be late. Senior

staff also confirmed they would cover if a care worker went sick and they did not have a replacement. The registered manager explained how they monitored calls had been carried out on time. They told us they used a system which was connected to an application on the care workers phone. Care workers put their phones onto the care plans when they arrived and left. This sent an electronic alert to the office which was displayed on a screen for all office staff to see. Office staff monitored these through the day so they could be alerted to any calls that had been missed immediately.

An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. Care plans contained written information about how risks were reduced. For example, One person was at risk of choking. There were clear instructions for staff in the safe preparation of food in line with the recommendations from a health care professional. There were clear guidelines on checking equipment for staff to follow. One person required the use of a specific hoist; clear guidance was in place for the safe use of the equipment as well as the type and positioning of the sling.

Staff informed the registered manager if people's abilities or needs changed so risks could be re-assessed. An immediate visit to reassess any change in needs and risk would then be carried out by a care coordinator or senior care worker. This meant people could be reassured that any risk to their safety was assessed and dealt with in a timely manner.

Some people required assistance with their medication. Clear risk assessments and guidelines and agreements were in place to show how and when assistance was required. There were clear protocols to show the level of assistance required. For example, if the person needed full administration of medicines or just prompting or reminding a person to administer prescribed medication from a blister pack. Staff administering medication had all received training in the correct procedures to follow. Staff competency was assessed during spot check meetings.

There were systems in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager or care coordinators so appropriate action could be taken. The time and place of any accident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made.

People confirmed staff used personal protective clothing to ensure they were protected from infection. One person said, "They [staff] are all very good, they wear gloves and aprons and wash their hands all the time." We observed staff used gloves and aprons appropriately and washed their hands before preparing food.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "I do think they [staff] are well trained, I am impressed with all of them." Another person said, "They do everything by the book, they wouldn't try anything they are not trained to do." One person explained how the care workers had been trained by their physiotherapist to help them do their exercises.

All staff confirmed they had plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. One staff member said, "I think I had plenty of training, if there is anything you are not sure of you only need to ask they [senior staff] are really good."

The registered manager confirmed their induction programme followed the Care Certificate which is a nationally recognised training programme. This was a fairly new process for staff and we saw some workbooks had been completed and others were being worked through. All new staff received basic training in the service's essential subjects, before working with people in their homes. New staff worked alongside an experienced member of staff until they were competent to provide care on their own. One staff member explained how they had worked shadow shifts with an experienced staff member before working alone. They explained they had asked for an extra week to ensure they knew the correct way to support people in their homes. The registered manager confirmed they asked people if they were happy for new staff to shadow their regular care worker and would ask them for feedback on how they had got on.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks.

Some people needed support to eat and drink as part of their care package. Care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not there. One person explained how they liked cheese sandwiches at lunch time they said, "The carers make sandwiches at lunch time, and they ask what I would like. I like cheese. They offer grated or sliced cheese; we laugh as I also like brown sauce not red." One care plan identified the type of food the person liked so staff could support them to eat a well-balanced diet and maintain their weight. Care plans ensured staff were reminded to make sure adequate fluids were in reach when they completed their call. During our visits staff offered to make people a cup of tea or coffee and get them a snack if they required one.

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care, or a relative if they had the relevant authority. The registered manager confirmed they asked to see Lasting Power of Attorney certificates to ensure the right person was giving consent on the person's behalf. Everybody spoken with confirmed staff always asked them first before they carried out any care.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. The registered manager had a clear knowledge of the process to follow and people they could contact to ensure best interest decisions were discussed and put in place for people using the service.

People were supported to see health care professionals according to their individual needs if they informed the service they required assistance. Some people did not have families living close enough to provide this support. The service would provide staff to help people attend doctors' appointments and hospital outpatient follow ups if needed. Some people said they received support from their relatives to attend appointments.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. All of the people spoken to over the telephone were happy with the service and people said staff were, "Caring, helpful and kind." One person said, "They are very helpful, it means a lot. Some of them I feel I have known for years and years. They feel like they are friends" Another person said, "They are 100% the carers I have had are excellent." One relative said, "They clearly have [person's name] welfare at heart at all times, and we [the family] feel lucky that they have them to keep an eye on them" Whilst another relative said, "I have been extremely impressed with the care [person's name] receives, and I do rely on all these ladies. They are especially thoughtful and attentive."

During our home visits we observed staff were very caring and compassionate. We did not observe personal care being carried out, however we did observe the staff offer the person a drink and ask if there was anything they could do whilst they were there, even when it was not a scheduled visit.

People commented on the consistency of the staff team. Eleven out of the fourteen people consulted over the telephone commented that they had regular carers and two out the three who stated different carers visited them were explicit in stating they were happy with a variety of carers. One person said they felt there had been a high turnover of staff which meant new people were often being introduced. However, they confirmed new carers accompanied experienced staff before visiting on their own. The registered manager confirmed they advertised regularly for staff and had employed a number of new staff to ensure a better continuity of care. One person said, "The same one in the mornings and eight carers at other times, we have no problems with this. We quite like having different people as it is quite nice to catch up with them and have a chat"

People said the carers who visited them were all polite and respectful of their privacy. Everybody spoken with confirmed personal care was provided in private and in a room of their choice. People said staff treated them with respect. One person said they felt "valued and respected," another person said, "I am always treated with dignity and respect." A relative said, "They treat [person's name] with dignity and respect no problem in that department"

The service kept a record of all the compliments they received. If compliments were specific to an individual member of staff the person's message was shared with them. All staff were informed of general compliments received.

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. The registered manager, a care coordinator or senior care worker visited people to carry out a review of their care plan. People confirmed they were involved in reviewing the care they received. One person said they had recently had a review meeting. They told us "Five weeks ago, we are always involved." One relative said, "I must also mention the wonderful way in which they keep in touch with me, and help me to help [person's name] from a distance. They keep me informed and have made many helpful suggestions for things which will help [the person]. All of which allow him to stay in his own home without my interference, as he wishes." An initial

contact was made with people by telephone following the first week of care to discuss any changes that might be needed. People were involved in reviews which included questions about how happy they were with the care and support or if there were any changes they would like made. People told us they felt they maintained control over their lives and the care and support they received.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences.

Staff had a good knowledge of the needs and preferences of people they cared for. All Staff spoken with were able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after.

People said they could express a preference for the care worker who supported them, for example one person had stated they did not want a male care worker. This was clearly recorded and records showed the service respected the person's request. Another person explained how they had asked the service not to send a specific care worker. They said they were listened to them and the work rota changed. This meant people could maintain some control over the staff who supported them.

People's care needs were assessed on their first meeting with the registered manager. All needs were discussed and the initial package agreed with the person or their representative, if they were unable to take part. The registered manager confirmed they would discuss with the person the support they were able to provide. If they felt the service could not meet the persons' needs they would signpost them to another service who may be able to provide a package of care. This was to make sure the service could meet the person's needs and expectations. People were able to make choices about how the service supported aspects of their day to day lives. They were able to choose how much support they required and when it was delivered. The registered manager explained how they would be honest with people about the times they could provide care at the initial assessment. Following the initial visit care plans were developed outlining how their needs were to be met. Everybody spoken with knew about their care plans and people confirmed they had been involved and had agreed the plan before they were finalised.

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs, and had information about what was important to the person. They were person centred and included what people liked and disliked. There was a clear life history which helped staff to understand the person and topics they could talk about. One care plan was very clear about how staff should support them to stand safely so they could maintain some control over how they transferred from the bed to their chair.

The service was responsive to people's changing needs. Staff would inform the registered manager of changes in people's health and mobility. The registered manager confirmed care coordinators or senior care workers would visit the person to assess the changes and discuss the need for any additional support or equipment. The registered manager explained care workers could be informed of changes immediately using the phone app which contained all the information they required at a glance. This meant people could be reassured that changes to things like medication could be acted on immediately.

People said they felt they could complain if they needed to and the service responded to their concerns. One person said, "I've got the numbers to ring if I have anything to discuss. Never had to complain though."

Another person explained how they had not been happy with a specific situation. They had rung the office and told them and it had been resolved. Records showed issues were responded to within the organisations policy timescale and additional training put in place for staff if necessary.

Is the service well-led?

Our findings

The registered manager was very open and approachable. There was an open door policy at the office and throughout the inspection staff came to the office to speak with the management team. People and their relatives considered the service was well-led and excellent standards of care were provided by a team of skilled and caring staff. One relative said, "I have found Premier Care to be excellent carers. They always keep me informed about unusual things which may emerge from time to time, or will offer a good suggestion." Whilst another relative told us, "Premier Care have planned and delivered a high quality care package with staff that understand and assess needs as they arise."

There was a staffing structure which provided clear lines of accountability and ensured the smooth running of the agency at all times. Care coordinators explained how they all knew each other's roles and if they were unable to provide a care worker for a person they would cover the shift themselves, this meant people were supported by staff they knew at all times.

The registered manager carried out annual satisfaction surveys of people, relatives and staff. The last surveys had been analysed and made available to people and their representatives. Overall the survey showed a high level of satisfaction with people saying they felt safe and were looked after by kind and caring staff. The registered manager explained how people had told her they did not want to do anymore surveys this year as they had received surveys from the local authority. They agreed to leave this year's survey so people did not feel pressurised to respond. Following the introduction of the phone app for staff to access care plans the registered manager had asked staff if they were happy with the new system or wanted to return to paperwork. This meant staff were consulted about ways to improve the service provided.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had a contingency plan in place to make sure people continued to receive a service if adverse weather was experienced during the winter. Each person had an assessment of how essential their visit would be in bad weather conditions. It included information about who could provide the care if staff were not able to reach them. From these assessments staff would be able to prioritise their workload. Appropriate four wheel drive vehicles were also available within the organisation in the case of an emergency.

People were supported by a service in which, the registered manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervision.

The registered manager had a clear vision for the service. Their statement of purpose said, "The agency aims to provide our clients with a comprehensive service of care, promoting independence and ensuring them the highest quality of life within their home environment." The registered manager explained that they respected and supported their staff, "as happier staff work well." Staff could be seen supporting this

philosophy and approach whilst providing care and support to people living in their own homes. Two staff members spoken with explained how the registered manager cared about them as well as the people they provided a service for. One staff member said, "The registered manger is brilliant, they have been my rock. If it wasn't for them I would not be where I am now."

There were effective quality assurance systems to monitor care and plan on-going improvements. All staff checked into a person's home using the app on their mobile phone. This was then relayed to the office which allowed times and durations of calls to be monitored throughout the day. The registered manager and office staff monitored these during the day to make sure staff were arriving at the correct time and staying for the allocated amount of time.

Other quality assurance audits included audits of medication practices and records and full audits of care plans. Where audits identified shortfalls an action plan with dates was put in place. One audit identified poor wording by some staff in daily records. Further training in writing person centred records was being planned for all care workers so they would complete records to the same standard.