

Premier Homecare (East) Limited

Premier Homecare

Inspection report

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Date of inspection visit:
29 April 2019
30 April 2019
02 May 2019
03 May 2019

Date of publication:
30 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Premier homecare is a domiciliary care service providing support to people in their own homes. At the time of the inspection the service was supporting 164 people. However, not everyone was in receipt of support of the regulated activity personal care.

People's experience of using this service:

People were not supported to have maximum choice and control of their lives in line with the principles of the Mental Capacity Act. Assessments had not been completed to ensure people were supported in the least restrictive way possible. The policies and systems in place at the time of the inspection did not support this practice. However, we saw improved templates and procedures were developed and ready to be rolled out across the service.

Environmental risk assessments identified concerns and issues which were not addressed. Individual risk assessments were not updated when people's needs changed to ensure risks were mitigated and managed.

Records held by the provider on the support people needed and the support the service provided were not complete. The new reporting paperwork should address this. However, at the time of the inspection there were gaps which could result in key elements of people's support needs being missed.

Staff were well supported to meet people's needs and received training as required and requested.

People told us they were well cared for by staff who visited them and felt safe when being supported. One person told us, " They [staff] are all very friendly and chatty, I have no problems with them at all. It's everything they do, they have a lovely caring attitude, they ask me about myself, my family and my life."

People were actively encouraged to access the community and the service organised events to engage people in activity.

Quality sense checks were completed monthly by office staff who visited each home to ensure people were receiving the service they needed. An annual questionnaire was also completed.

The provider monitored the service provided and developed action plans to drive improvement.

Rating at last inspection: The last inspection report was published on 21 September 2016 and was rated good overall and good for all key questions.

Why we inspected: This inspection took place as part of planned programme of comprehensive inspections in line with our methodology.

Follow up: This inspection identified three breaches to the regulations in relation to identifying and managing risk, adhering to the principles of the Mental Capacity Act and the lack of contemporaneous

notes. The provider will be required to submit an action plan to show how they intend to address the concerns and ensure they meet the requirements of the regulations moving forward. We will continue to monitor the service in line with our ongoing monitoring of all services we regulate.

For more details, please see the full report which is on the CQC website at 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 not always effective

Details are in our Effective findings below.

Requires Improvement ●

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.

Requires Improvement ●

Premier Homecare

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one adult social care inspector, an assistant inspector and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service. In this instance they had experience of supporting an older person living with dementia.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service primarily to older adults.

Not everyone using Premier Home care receives support with a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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 as it is a domiciliary care office and staff may not have been available at the office to support us with the inspection.

Inspection site visit activity started on 2 May 2019 and ended on 3 May 2019. We visited the office location on 2 May 2019 to see the manager and office staff; and to review care records and policies and procedures. On 3 May 2019 we visited people in their own homes and then returned to the office to give feedback.

What we did: Prior to the inspection we gathered the information we held about the provider and used information the provider sent us in the Provider Information Return. This is information we require providers

to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this and information from professionals and other available information to develop the plan for the inspection. The provider had completed a more recent PIR which was given to the inspection team during the inspection.

During the inspection we reviewed records held at the office including seven people's care files, medicines records, meeting minutes and other information used to deliver the regulated activity. We spoke with 13 staff, six of those over the phone and others in the office or supporting people in their homes. We spoke with the registered manager and other managers, team leaders and care staff. We received information from professionals working with the service and spoke with 14 people receiving a service and two relatives of people receiving a service.

After the inspection we had conversations with professionals. Both during and after the inspection we requested additional information from the provider which was received as requested.

Is the service safe?

Our findings

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

Requires Improvement: 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.

Assessing risk, safety monitoring and management

- There were records kept on all accidents and incidents. However, these did not always inform updates to people's risk assessments when changes in support were required. We also found an accident record in someone's home which had not been reviewed or actioned to ensure the person remained safe. Risks were identified in care plans and environmental risk assessments including inadequate home insurance, inadequate lighting and faulty equipment but no action had been taken or recorded to address or mitigate any associated risks.
- There were scenarios where information on how to mitigate risks for people, was not available to new or agency staff who did not know them. This included certain characteristics which could be deemed aggressive to those who did not know otherwise.

When risks are not identified or when identified not managed and mitigated there is a risk people will not receive support safely and there is a risk their needs will not be met. This is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014

Staffing and recruitment

- The provider had a continuous recruitment procedure in place and there were enough staff who were prepared to work additional hours when required to ensure the rota was covered. Staff were safely recruited and appropriate checks on their safety and suitability were made.

Using medicines safely

- The provider had employed a dedicated medicine review office. They took responsibility to ensure medicines were managed safely and staff were trained and their competency tested. Where errors occurred, they were monitored and reflection was completed including retraining if required.
- We reviewed medicine records and saw they were completed correctly. Care plans and risk assessments included details of how people took their medicines and protocols were in place for those medicines which people took only when required.

Preventing and controlling infection

- Staff told us they had all the equipment they needed to reduce the risk and spread of infection.
- We saw staff wearing and using appropriate equipment when we visited people in their own homes.

Learning lessons when things go wrong

- The registered manager was a previous care coordinator for the service and discussed with us how they

had learnt whilst in this post how things could be improved. As a consequence, they had made policies and procedures more readily available for all staff to access via their care coordinator.

- There had been an issue in relation to staff not knowing when the rota had changed and this had led to some missed calls. The provider addressed this by ensuring whenever a new and updated rota was disseminated to staff it would be in a different colour. This allowed staff to ascertain if they needed to check their own rota had not changed. This had led to improve missed and late calls.

Systems and processes to safeguard people from the risk of abuse

- The provider had a comprehensive policy and procedure for managing safeguarding concerns. Staff were well trained in this area and knowledgeable in what constituted abuse including self neglect.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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.
- The service supported a number of people who either lacked capacity to make decisions or who had fluctuating capacity. At the time of the inspection there were not any procedures in place to support these people under the MCA.
- We discussed this with the registered manager who told us they would request GPs to undertake assessments if required. When we asked to see where this had taken place we were told none had been completed. We were assured the new care planning documentation considered capacity assessments and best interest decisions but this was not in place at the time of the inspection.

When people lack or have fluctuating capacity, assessments should be made to ascertain their ability to consent to the support they receive and that it is in their best interests. When this is not in place there is a risk people may not get the support they need and is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014

Staff support: induction, training, skills and experience

- We reviewed the records for staff supervision and support provided. We saw supervision had not been undertaken as regularly as the provider's expectations. The registered manager had developed a spreadsheet ensuring supervisions were scheduled and to assure themselves moving forward they knew when they were due.
- People told us they felt staff were well trained even in more complex cases.

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

- Each person in receipt of support had an initial support and care plan developed by the referring agency. This had been used to develop care plans for the provider.
- Each person had an up to date hospital passport to ensure services were aware of people's primary needs.

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

- Staff recorded in people's daily notes what they had been offered and prepared to eat and drink.

- New documentation developed would allow staff to record what had been eaten and drunk to reduce the risks associated with poor dietary and fluid intake.

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

- We saw referrals were made to external professionals when additional support was needed to meet people's needs.
- On the day of the inspection, calls were made to the single point of access for referrals onto the district nurse team following one person acquiring a skin tear.

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

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

Ensuring people are well treated and supported; equality and diversity

- We spoke with people who used the service and some of their relatives. Everyone told us they received a good quality of care and support. One relative told us, "They are marvellous and we could not ask for more. They are patient and understanding and very caring." One person using the service told us, "They are very caring, all of them. When they come, they look to see if there is anything else they can do to help me. They will do anything I ask for. I even got birthday cards off them all."

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

- Everyone we spoke with told us they were consulted in the support they needed and wanted and they got what they expected in relation to the support provided.
- When we visited people in their homes we saw they were able to accept or decline support and were given choices about what the carers did whilst in their homes. We also saw staff were prepared to do what people required to keep them happy. Staff were asked to "just do a "certain task" before you go" and staff were happy to oblige.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with people respectfully and we were told by people they went the extra mile.
- We were told of incidents where this had occurred. One person had ridden a Lambretta scooter in their younger years which had been left to age in their garage. Members of their support team had restored the bike to its former glory and got the engine running again. This had led to hours of reminiscing for the person concerned.
- Another person had always had their dog lie with them on their bed. As their health deteriorated they were using a hospital bed and the dog could not manage to jump up. The provider had built the dog a step to allow them access to the bed. Again, making the person very happy.

Is the service responsive?

Our findings

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

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

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

- In the care plans we looked in we saw plans had been developed to deliver person centred care. Updates to people's care needs were sent to staff with weekly rotas including any changes in medication or their mobility needs.
- People's preferences were recorded in some of the plans we reviewed and we were told others were soon to be updated.
- People told us they were involved in the development and updating of their care plans and some records were signed to show people's agreement to them.
- We found people received person centred care but the recording of how this was delivered would improve once the new paperwork was rolled out.

Improving care quality in response to complaints or concerns

- The service had not received any complaints in 2019. We saw those received in 2018 had been managed in line with the policy and procedures available.
- The complaints procedure was available in people's folders in their homes and people told us they knew how to complain if they ever needed to.

End of life care and support

- The provider had begun to pull together information on the wishes of people in the event of their death and had paperwork in development which was to be used to develop advanced care planning.
- Where appropriate, we saw people had Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) in place and these had been completed correctly and reviewed as necessary.

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
Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- New templates for all the care file information had been developed to roll out across the provider group. The new documentation included the required information to support the service in meeting the requirement of the regulations.
- At the time of the inspection records were not up to date with people's support needs and even when plans of care had been reviewed additions to the plans had not routinely been added as required. For example, one care record identified one person who liked to visit the community in their scooter. The same record identified the person as immobile and had lost confidence to leave their home and was now supported to mobilise with a hoist. There was no rationale available within the file information to understand the person's transition from accessing the community independently to becoming house bound.
- Another file did not contain the required information to keep staff and the person being supported safe. Staff had not received all the information to allow them to manage some associated risks.
- When we discussed these scenarios and others it was clear the office staff were aware of concerns and how they should be managed, of people's history and changes in their circumstances. But the records did not reflect this in a simple to follow format. We were assured that each person's record was about to be rewritten onto the new care planning documents and at this time they would be reviewed and completed correctly. During the inspection one person's care plan and risk assessments were updated but they still did not include all the required information.

When contemporaneous records are not held of the support needed and provided to people there is a risk it is not delivered. This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014

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

- Monthly team meetings took place and care coordinators supported staff in understanding their roles. Training was delivered and staff told us they were supported well.
- The ratings for the last inspection were on display.
- The provider had not sent the commission all notifications as required but assured us this would be completed moving forward.

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

characteristics

- The provider completed annual surveys with the people using the service and their families. Shortly before the inspection a survey had been distributed which 64 people had responded to. There was only one response which scored one aspect of the survey at 80% the rest of that survey and all of the other 63 scored each item and question with over 90% satisfaction.
- When survey responses were received the provider completed an action plan identifying areas they could improve upon. Three months after the actions were implemented a mini survey was completed to ensure the actions had the desired effect in improving satisfaction.
- The provider had a reward scheme in place to applaud the commitment staff showed to improve the quality of the lives of the people they supported.

Continuous learning and improving care

- The provider had a comprehensive suite of audits and monitoring which took place monthly and quarterly.
- The results of each audit were referred to within meetings and were placed on a service and provider wide improvement plan which was reviewed by quality managers across the provider group. It was acknowledged within audits that care plan documentation was being updated to address any identified concerns.
- Learning was shared with the staff team appropriately to allow them to make the required changes in how support was delivered or records were completed.

Working in partnership with others

- The provider was involved with a local project working with the Local Authority. The project definition was to determine if the development of any outcome-based initiative would improve people's quality of life. The step to the bed for the dog was part of this project.
- The provider worked with the local safeguarding and quality teams to ensure they were kept informed of changing procedures and reporting guidelines and submitted reports as required.
- The registered manager was involved in and was developing local forums for providers to share good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11 3 HSCA 2008 (Regulated Activities) Regulations 2014 need for consent.</p> <p>The principles of the Mental Capacity Act had not been introduced at the service. There were not any capacity assessments completed for those people living with dementia and no best interest decisions had been completed.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 1 2 a b HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p> <p>Risk assessments were not informed by the most current information and were not updated when changes occurred. Where risks were identified they were not always mitigated or managed to reduce any associated risks.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 1 2 c HSCA 2008 (Regulated Activities) Regulations 2014 Good governance</p> <p>The provider had not kept contemporaneous records of the care and support people required or had been delivered.</p>

