

Premier Care (Midlands) Limited

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Inspection report

Suite 7, Regent Court
Regent Place
Rugby
CV21 2PN

Tel: 01788567681

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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

About the service

Premier Care (Midlands) Limited is a domiciliary care agency providing personal care to adults in their own homes. This includes people with dementia, learning disabilities including autistic spectrum disorder, mental health, sensory impairments and physical disabilities. 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. At the time of inspection, the service was providing personal care to 60 people.

People's experience of using this service and what we found

People felt safe using the service. Staff managed the risks to people's health, safety and well-being and understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People received support from staff when needed. People were supported to have enough to eat and drink to maintain their well-being. People were supported to obtain advice from healthcare professionals when required and were supported with their medicines.

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 spoke positively about the staff and the care they provided. One person told us, "They (staff) are jolly and make me feel relaxed". Staff treated people with dignity and their independence was promoted wherever possible.

People were involved in planning their care with support. People and their families understood how to complain if they wanted to.

Senior staff worked in partnership with outside agencies to improve people's support when required. There were checks in place to ensure good standards of care were maintained.

The provider and registered manager created an open culture which valued continuous learning and had an open-door policy. Staff felt valued and supported by senior staff.

Staff had training to meet people's needs and senior staff shared guidance with care staff about how to support people effectively.

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 13 June 2019 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Premier Care (Midlands) 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 who visited the service and an Expert by Experience who made telephone calls to people who used the service. 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. Inspection activity started on 6 December 2021 and ended on 14 December 2021. We visited the office location on 8 December 2021.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC and sought feedback from commissioners of the service including the local authority. 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 this information to plan our inspection.

During the inspection

We reviewed a range of records. This included four people's care records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided. We spoke with the Nominated Individual, Registered Manager and the Quality Compliance Manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. The Expert by Experience contacted 10 people and their relatives by telephone to gather feedback of their experiences of the service. The inspector telephoned five members of care staff to obtain their views of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's care needs were assessed when they joined the service. Their assessment identified any potential risks to providing their care and support, including a risk assessment of the person's home environment.
- Some risk assessments required more detail. For example, one person had a specialist diet to minimise the risk of them choking. However, guidance from health professionals for staff about how to support the person, had not been clearly integrated into the risk assessment. We discussed this with the registered manager who acted straight away and provided us with updated risk assessments following our visit.
- Senior staff in the care office operated an out of hour's system when the office was closed so staff could seek guidance and support to manage any emerging risks.
- The provider had a contingency plan in place to manage unexpected events and emergencies such as the outbreak of a transmittable disease. People's needs had been assessed so they could be supported in accordance with risk to their safety, in the event of an emergency.

Staffing and recruitment

- People told us there were enough staff to provide support when it was needed and on the whole staff arrived on time to care calls. Some people told us calls had been missed. This was discussed with the registered manager who was able to demonstrate they had taken appropriate action at the time of the event to ensure people were not placed at risk.
- People told us they received a copy of the rota in advance so they knew which staff would be supporting them. One person told us, "They (staff) do everything I ask and I know who they are and when they are coming."
- People generally received their care from regular staff, so their care was consistent and was provided by staff who knew them and understood their care needs. One relative said, "Yes there are enough staff. (Name of person) has one regular lady, who is exceptionally good."
- Recruitment processes ensured relevant safety measures including references and Disclosure and Barring Service (DBS) checks were in place before staff provided care to people. The DBS helps employers make safer recruitment decisions so only suitable people are employed to work with those who are vulnerable.
- The registered manager explained staffing levels were analysed in advance and were dependant on the needs of the people who used the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. One person told us, "I have two carers because I have a hoist and I feel safe with them."
- Staff were trained in safeguarding to enable them to identify and report safeguarding concerns when they

arose. Staff understood they needed to report their concerns to senior staff and felt assured that any concerns would be acted on.

- The registered manager understood their legal responsibilities to protect people and report concerns to the relevant authorities and send us statutory notifications to inform us of any events that placed people at risk.

Using medicines safely

- Staff were given medicine training and their competency was assessed through observation and spot checks.
- Staff administered medicines for some people and some people managed their own medicines.

Preventing and controlling infection

- People told us care staff wore personal protective equipment (PPE) when they were supported. One person told us, "They (staff) usually have it (PPE) on already and they change the apron or gloves. They put them in the rubbish bin."
- Staff were provided with PPE and were trained in safe infection prevention and control.
- Staff generally understood and followed safe infection control guidelines and knew how to minimise risks of cross infection. However, one member of staff we spoke with was not able to explain how they would manage the disposal of PPE if they were supporting someone who was positive for COVID-19. We discussed this with the registered manager, who explained how they would strengthen staff's understanding by providing additional refresher training in this area.

Learning lessons when things go wrong

- Staff understood the importance of recording accidents and incidents and notifying the registered manager of any events.
- The registered manager reviewed information to identify if any changes were required to people's care needs to keep them safe. There was a system to learn lessons following incidents, although there had been a limited number. For example, following any missed calls, the registered manager had investigated and taken steps to reduce any future risks to people's safety.
- The registered manager displayed a commitment to learning where things had gone wrong. They acted straight away during and after our visit to make improvements to the service and to reduce any risks to people.

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 and choices were assessed before they began using the service. Initial assessments enabled the provider to determine if the service was suitable for people and whether the staff team had the necessary skills to meet people's individual needs.
- Protected characteristics under the Equality Act 2010 were considered in people's assessment of needs. For example, people were asked about any religious or cultural needs they had and who was important to them.

Staff support: induction, training, skills and experience

- The provider's induction procedures, ongoing training and spot checks provided staff with the skills and competencies to carry out their role effectively. Supervisions and annual appraisals ensured that training and development needs were monitored.
- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs. One member of staff told us, "They (senior staff) always tell us to ask if we need more support."
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they met with their manager on an individual basis and received feedback on their performance.
- Staff were encouraged to study for nationally recognised care qualifications. The provider supported staff to develop their skills and progress to more senior roles.

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

- Some people received food and drinks prepared by care staff. Staff prepared meals in line with people's choices and ensured they had enough to eat and drink to maintain their well-being.

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

- People had been referred to other healthcare professionals to promote their wellbeing, such as the GP and the local mental health team.
- Staff told us they reported any concerns or changes in people's health to the office. One member of staff told us, "If there is a deterioration (in someone's health), for example their mobility, we record this in their logbook and inform the office." Relatives we spoke with confirmed this was the case.

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

- Staff were working within the principles of the MCA.
- Staff obtained people's consent when they supported them. One member of staff explained how they obtained consent by talking with people in a way that suited them, so they could understand the support they were receiving and this improved their wellbeing.
- Where people needed assistance with making complex decisions, they had somebody who could support them to make those decisions in their best interests. Some people had legal representatives to support them to make decisions. However, some people's records did not include a copy of the legal document, so it was not clear who could support them to make important decisions. We discussed this with the registered manager and the quality compliance manager who explained they would take further steps to clarify how people were represented.

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 their relatives told us they felt staff cared about them. One person told us, "They (staff) are good nice people that are caring and do everything as I wish them to do and don't do anything inappropriate." A relative told us, "(Name of family member) has a great relationship with them (staff). They talk to her."
- Staff felt confident they could support people to maintain their individual beliefs. They understood some people might need particular support to make them feel equally confident to express themselves. One member of staff explained how they developed strong relationships with people and told us, "Trust is very important in this job."
- Staff felt well treated and valued by the provider and were motivated to provide people with high standards of care.

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

- People and their relatives had been involved with developing their care plans. One person told us they were supported to make decisions over the telephone, they said "They call me quite regularly."
- Staff spoke confidently about how they supported people to make everyday decisions about their care, according to their preferences. For example, staff knew how people preferred to be communicated with.

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their privacy and maintained their dignity when providing care.
- Staff explained how they encouraged people to be independent because it helped them to remain in their own homes and improved their wellbeing.
- The provider ensured people's personal information was treated confidentially. Records were kept securely and could only be accessed by authorised staff.

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 told us staff knew them well and were positive about how responsive staff were to their needs. One person said, "They (staff) will always help me. If I can't reach a shelf. If I drop something, they will clean it up."
- Care plans contained personalised information and gave direction to staff that was specific to each individual. Care staff told us they had time to read care plans and were happy they contained sufficient information to support people's individual needs.
- People were included in planning their care and were supported to review their care with senior staff. The registered manager explained staff kept in close contact with people and their representatives by telephone, as well as by visiting them in person, to ensure people's needs were being met. One person told us, "The office phones once a month and the manager comes out every six months to do a review."

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 communication needs were assessed and any aids they required to support communication such as hearing aids or spectacles was recorded in their care plans.
- The provider told us if people needed information in particular formats, they would ensure these were made available, including information translated into different languages.

Improving care quality in response to complaints or concerns

- People had information about how to raise a complaint available to them in their homes and told us they felt comfortable to raise any concerns they had with staff.
- The registered manager had investigated complaints in accordance with the provider's policy and responded appropriately to any concerns raised by people.
- There was evidence of compliments received about the standard of care provided.

End of life care and support

- Staff received awareness training in end of life care, however no one was currently receiving this type of support.
- People and their relatives were included in discussions about end of life care planning and advance care planning. This included information about whether people had a Do not attempt cardiopulmonary resuscitation (DNACPR) decision in place. This records a person's wishes regarding medical treatment in the

event of them becoming acutely unwell.

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

- We received positive feedback from people and relatives about their experiences of care. One person told us, "They (staff) are good and I am enjoying my life thanks to the staff that come to me." A relative said, "Honestly we have no complaints. It's been such a relief to me that (Name of person) is being looked after well."
- The provider recognised the importance of valuing their staff and how this can impact on the quality of care people receive. The registered manager explained they had regular competitions and awards for staff to help boost their morale. There were other schemes to support staff's wellbeing, including financial support.
- Staff felt supported by the management team. One member of staff told us, "I go to the office once a week. I can reach them easily. They are really understanding." Another member of staff told us, "I have regular supervisions, I have received fantastic support."
- The provider and registered manager explained how they supported staff to improve their skills and develop themselves professionally.

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

- There were processes to monitor the quality and safety of the service. This included checks on medicines, care competency and care records. We identified some risk assessments required more detail, for example, catheter care. The registered manager acted straight away and provided us with updated risk assessments following our visit.
- The provider made additional checks on quality assurance and we saw improvements were made following these checks. For example, improvements to people's care records.
- The registered manager understood their obligations for reporting important events or incidents to the CQC.
- There was a clear management structure and the senior management team and care office team had defined roles and responsibilities. The senior management team supported the registered manager who began their management role in January 2021. The registered manager was also supported by senior staff in the care office including the care co-ordinator, customer specialists and administrators.
- Care staff understood their roles and responsibilities and how to seek advice and guidance about people's care. A member of staff told us, "Information is shared by email, text messages and meetings. I feel up to

date with guidance. I would ask to make sure I'm doing things right."

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

- People felt senior staff were accessible and they could communicate any concerns to them. One person told us, "I have confidence in (Name of manager). When I call them, or they call me they are always very good."
- People and staff told us they were encouraged to share their experiences of the service by completing surveys. The most recent survey for people using the service was collated in August 2021. Approximately a third of customers had responded and most responses about the quality of care received were positive. The most recent staff survey was carried out in April 2021. We saw actions had been taken following analysis of responses. For example, some staff commented sufficient information was not always provided about new customers. Action was taken to improve the way information was shared between senior staff in the care office and care staff and staff we spoke to raised no similar concerns.

Working in partnership with others; Continuous learning and improving care

- The management team shared best practice and guidance with staff to help improve the service. They obtained advice and support from external agencies, for example, Skills for Care and local authority mutual aid meetings.
- Team meetings were utilised to communicate updates and required changes to staff. These included updates on individual's needs. Information and updates were also shared via emails and text messages to staff. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.
- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.