

Mrs Judith Gayne

Premier Care At Home

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

About the service

Premier Care at Home is a Domiciliary Care Agency based in Rochdale which provides care and support to people living in their own homes. There were 23 people who currently used the service.

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

Recommendations made at the last inspection for the administration of medicines had been adhered to and met the required standard. Safeguarding policies, procedures and staff training helped protect people from harm. Risk assessments helped protect the health and welfare of people who used the service. There were sufficient staff numbers to meet people's needs.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and a choice of a nutritious diet. The service worked with other organisations to provide effective and consistent care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated as individuals which helped protect their dignity. Staff were trained in equality and diversity. People's equality and diversity was respected by a caring staff team and where they wished they were supported to continue with their religious needs.

People told us they felt able to raise any concerns. Activities were provided as part of people's care package. Plans of care provided staff with necessary information to meet people's needs. Arrangements were made to care for people at the end of their lives, when required.

The provider knew people well. People, family members and staff said managers were available and approachable. People and staff were able to air their views about how the service was run. The provider regularly audited key aspects of running the service such as plans of care and went out on visits to check staff competency.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (final report published 14 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 At Home

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

One inspector completed this inspection.

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 provider is in day to day control of the service and is registered with the Care Quality Commission. This means that they 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 would be in the office to support the inspection. Inspection activity started on 22 January 2020 and ended on 24 January 2020. We visited the office on the 23 January 2020.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We asked the local authority and Healthwatch Rochdale for their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. Neither organisations had any concerns. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and a family member in their own homes. We spoke with four people and two family members over the telephone. We spoke with them about the experience of care provided. We spoke with four care staff and the provider.

We reviewed a range of records including quality assurance questionnaires, care records and other documents related to the management 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- We made recommendations to improve the recording of medicines at the last inspection. We found the provider had responded accordingly and the administration of medicines was safe.
- 'As required' medicines contained more details for staff to follow safe administration. There was a system for two staff to check and sign for hand written entries on the medicines administration records.
- There were no omissions or errors on the records we looked at.

Systems and processes to safeguard people from the risk of abuse

- The systems and processes for protecting people from abuse remained safe.
- All the people we spoke with told us staff were trustworthy and they felt safe being supported in their own homes.
- Staff were trained in safeguarding people. All the staff we spoke with were aware of the whistle blowing policy and would report any poor practice.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and managed effectively.
- Staff assessed the safety of each person's home and any risks to visits such as lone working.
- Staff also assessed any personal risks people may have, for example, moving and handling and fire safety.

Staffing and recruitment

- The recruitment of staff was safe. This was because all the required checks were undertaken prior to a person commencing employment.
- There were sufficient staff to meet people's needs. People told us, "The staff are reliable. They turn up on time and I know them all", "The staff are always on time and will stay longer than needed" and "The staff come early and stay on if I need them."

Preventing and controlling infection

- There were systems in place for the prevention and control of infection. Staff had policies and procedures for the control of infection they could refer to for good practice. This enabled staff to offer advice to people about infection control.
- Staff were trained in the prevent and control of infection. Where required staff had protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning.

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 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

- People's needs, and choices were delivered in line with standards, guidance and the law.
- There was an assessment of need for each person prior to using the service. Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.
- People told us staff treated them according to their needs and they had a regular staff team who knew them well.

Staff support: induction, training, skills and experience

- People received support from a well-trained and skilled staff team. Staff received an annual appraisal and supervision/observation of care regularly. Staff said they could discuss their careers when they met with the provider.
- Staff received an induction (including the Care Certificate which is a nationally recommended induction) and were well trained to ensure they had the skills to meet the needs of the people they looked after. Staff we spoke with confirmed they had undertaken an induction and were supported by an experienced member of staff until they were competent.
- People who used the service said they thought staff were well trained and made comments such as, "The staff know what they are doing."
- Staff confirmed they had undertaken all mandatory training and knew when they were due to take refresher courses.

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

- People were supported to eat and drink in line with their care plan.
- People living in their own homes are usually responsible for their own diet. People's dietary needs were assessed and if any needs arose this was incorporated into the plans of care. Staff supported some people by making meals, drinks and snacks. Other people told us they prepared meals without support.
- Staff were trained in the safe handling of food and nutrition, so were able to offer advice on a good diet. Staff reported any dietary issues to the provider or other professionals to get the advice and treatment they required.

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

- The provider worked well with other agencies, including the local memory clinic to provide effective care in a timely manner.

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

- People were supported to access healthcare service to ensure they lived healthier lives. All healthcare needs were recorded in the plans of care.
- People were supported, if it was a part of their care package, to attend appointments with specialists or professionals such as occupational therapists.

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.

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.

- The provider worked within the principles of the MCA and had attended best interest meetings with other organisations to care for people in the least restrictive way.
- Staff were trained in the MCA and deprivation of liberty safeguards (DoLS). They said they would report any possible restrictions to a person's liberty to a manager to raise a safeguarding.
- People signed their consent to their care and treatment in the plans of care where possible. All the people and family members we spoke with said the care they received was what they had agreed to.

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 remained the same. 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 were well treated and supported. All comments about the service were positive and included, "The service is excellent. They take great care in selecting staff. They are all kind and caring", "I settled with this service after trying others. They are brilliant" and "They look after me very well. They are more than friends. They are extended family."
- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person. Relatives said, "They do anything my relative wants. I am very satisfied with the care they give and what they do" and "I look forward to them coming and I can go out. They are a godsend, a kind and caring bunch."
- Each person had a section of their care plan which highlighted their equality and diversity characteristics, such as gender, ethnicity, religion, sexuality or physical disability. We saw that where a person wished they were supported to follow their religion of choice and specific needs were met by staff who were trained in equality and diversity.

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

- People were supported to make decisions and were able to express their views. All the people and family members we spoke with were involved in making decisions around their care and support. People were asked for their views in satisfaction surveys. The results of the survey were very positive with many compliments which included, "The care staff are efficient. On two occasions when I have not been well staff came to visit me when they were off duty" and "I have used other agencies but when I changed to this one it is the best thing I did."
- People told us the provider visited regularly and discussed their views of the service, including their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and independence to ensure they were treated in a dignified manner. A person we spoke with said, "The staff are kind and treat me with respect. They are polite, willing and do all I ask."
- People told us how they were encouraged to do what they could for themselves such as prepare meals, self-medicate and continue to engage socially with their family and friends.
- Staff received training about confidentiality topics and we saw all records were stored securely.

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 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

- Plans of care were personalised and ensured people had choices to meet their needs.
- Plans of care were developed with people and if appropriate a family member. People told us, "The care plan is accurate, and they write down what they do each day" and "They do what we want. We get the care we agreed to."
- The plans of care contained enough information for staff to deliver effective care and were reviewed regularly to keep care up to date. There was a system to record and pass on any changes to a person's care needs.
- Plans of care were person centred and contained details of people's likes and dislikes to meet their individual needs.

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 provider was aware of the AIS and we saw that support was provided to ensure people understood any communication. This included paperwork that was easy to read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where it was a part of their care package or arranged with Premier Care at Home people were able to attend activities such as shopping, going out for lunch or attending church. Family members told us they could attend social events because staff looked after their family members and this was very important to their well-being.
- Part of a person's care package may be entertaining people in their home with arts and crafts or reminiscing on their past lives.

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people to raise any concerns. All the people and family members thought staff and the provider would respond to any concerns. Nobody we spoke with had any concerns regarding their care and support.
- There had not been any concerns raised about the service to the CQC or other organisations. One minor issue had been responded to by the provider to reach a satisfactory conclusion.

End of life care and support

- The provider was able to provide end of life care and support. Past thank you cards showed people were satisfied with support they received when their condition deteriorated.
- Staff had been trained in end of life care with some completing the training at the local hospice which gave staff the skills to deliver effective care at the end of people's lives.
- Some people had completed a document which informed staff of what they wanted when their condition deteriorated. This enabled staff to ensure their last wishes were followed.

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 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.

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

- The provider promoted a positive culture to achieve good outcomes for people. People, relatives and staff all said they knew the provider and saw them often. Comments included, "the provider is efficient", "I know the provider. She is very good, and we see her every now and then" and "The provider is great."
- All the people we spoke with and family members said they had the numbers to contact out of office hours and the provider had responded very quickly when help was needed. Several people told us the provider and staff went above and beyond what was expected of them.
- The provider undertook observations around staff competencies to ensure care and support was delivered effectively and check care was what people needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibility regarding the duty of candour.

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

- There was a system for checking staff arrived on time and stayed the allotted time to ensure the service remained reliable. People confirmed staff stayed the allotted time and provided the care they had agreed to.
- The CQC had received notifications that providers must send to us in a timely manner and displayed their rating in the office and on their website.
- Staff were clear about their roles and told us the provider was always available to talk to for support and came to assist staff when required.

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

- Staff received training around equality, diversity and dignity. This helped staff support people around their diverse needs.
- The provider was committed to involving people who used the service by asking for their views in quality assurance surveys and when visiting people.
- Staff told us they were able to contribute to any meetings with the provider, which enabled them to have a say in how the service was run. This is a small service and staff can come to see the provider when they wish.

Continuous learning and improving care

- The provider was committed to learning and improving care.
- The manager attended meetings with other organisations to discuss best practice topics and both national and local issues.
- Staff were offered a wide variety of training to improve their skills.

Working in partnership with others

- The provider liaised with other organisations such as the local mental health and dementia team, occupational therapists and people's GP's to ensure people received the care and support they needed.