

Premier Care Limited

# Premier Care Limited - Salford Homecare Branch

## 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?

Requires improvement 

Is the service well-led?

Good 

## Overall summary

This was an announced inspection carried out on the 04 and 05 August 2015.

Premier Care Limited - Salford Homecare Branch is registered to provide personal care to people living in their own homes. The agency provides a service to people living in the Salford area.

There was a registered manager in place. 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.

# Summary of findings

At the last inspection carried out in July 2013, we did not identify any concerns with the care and support provided to people by the service.

People who used the service and relatives we spoke with, told us they or their loved ones felt safe when care staff were in their homes and that their possessions were safe. People told us they trusted the care staff who visited their homes.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. All staff we spoke to were able to describe the different types of abuse and the action they would take if they had any concerns.

We found the service had robust recruitment procedures in place, which protected people against the risks of abuse. We reviewed a sample of ten recruitment records, which demonstrated that staff had been safely and effectively recruited.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service administered medicines safely. People we spoke with who needed help with their medications told us that they thought their medications were administered or supervised appropriately and at the correct times.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. On the whole, people we spoke with told us care staff usually stayed the allotted time for their call.

People who used the service and their relatives told us they thought there were enough staff to meet their care needs and that the care workers were well trained and good at their jobs.

We looked at the service's organisational training and workforce development plan, which emphasised the services commitment to training and continual professional development of staff. We found all new members of staff underwent a comprehensive 12 week induction programme. We found that training requirements for each member of staff was effectively managed by way of an electronic training matrix.

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received

from senior care staff and managers. We found that staff received regular supervision, which enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner.

We looked at how the service supported people with their diet. Care plans detailed guidance on the support each person required in respect of food, drink and nutrition. Some people we spoke with told us they had help from care workers with shopping and that they received food they enjoyed, because the care workers knew what they liked.

People who used the service and relatives we spoke with were very complimentary about the care staff and their caring attitude, particularly their regular care workers. One person who used the service told us; "They are always happy to do anything for you, they are very good."

Other comments from people who used the service included; "I feel very fortunate to have such good carers." "They're ever so kind. Such lovely people." "My care worker is an absolute diamond. I couldn't do without her." "I've not met one that isn't kind and patient with me." "They're all fabulous and so friendly. You can have a laugh with most of them and that's great."

People who used the service told us they were treated with respect and their dignity was upheld. One person said service said "The carers are very friendly and chatty, but they're very polite too. They do show you respect."

People told us that staff helped them retain their independence and only provided support with tasks that were agreed. One person who used the service said "I can do a lot of things for myself, so I don't need help with everything. The carers just help me with the things I can't do, like getting my stockings on and off."

A number of people who used the service or their relatives told us that calls were occasionally late or not at the agreed times and were either late or early. Weekend arrangements were highlighted as a particular concern. Comments from people who used the service included; "It's a problem when my morning call is late because I need help getting to the toilet and that can't wait."

# Summary of findings

The service used a call monitoring system called Road Runner. All care staff were provided with a smart phone, which enabled them to scan an installed bar-code when they arrived at a property and scan the code when they left the property.

We looked at a sample of 15 care files to understand how the service delivered personalised care that was responsive to people's needs. Before people started using the service, an assessment of need was carried out by the service. This involved the person who used the service, their family and other social health care professionals.

People who had contacted the office told us that they were listened to and that staff were generally helpful and assisted them with their queries. Some people who used the service or their relatives we spoke with could name people they liaised with in the office, including people who came to their homes to do spot checks or review their needs.

We found that the management promoted an open and transparent culture amongst staff. Staff felt valued and supported in their role. Staff told us that the service was well run and that people could be open and honest.

We found that regular reviews of care plans and risk assessments were undertaken. Regular supervision of staff and appraisals were undertaken by the service. We found the service undertook a comprehensive range of checks to monitor the quality service delivery, these include medication audits and 'spot checks.'

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found the service was safe. People who used the service and relatives we spoke with told us they or their loved ones felt safe when care staff were in their homes and that their possessions were safe.

As part of the inspection we looked at the way the service protected people from abuse. We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service administered medicines safely.

Good



### Is the service effective?

We found the service was effective. Staff were introduced to a 12 month journey of development within the organisation, which covered induction followed by 'on the job development', starting national vocational training and updated training at the end of the period.

We found that staff received regular supervision, which enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner.

Care plans detailed guidance on the support each person required in respect of food, drink and nutrition.

Good



### Is the service caring?

We found the service was caring. People who used the service and relatives we spoke with were very complimentary about the care staff and their caring attitude, particularly their regular care workers.

People who used the service told us they were treated with respect and their dignity was upheld.

People told us that staff helped them retain their independence and only provided support with tasks that were agreed.

Good



### Is the service responsive?

Not all aspects of the service were responsive. A number of people who used the service or their relatives told us that calls were occasionally late or not at the agreed times and were either late or early. Weekend arrangements were highlighted as a particular concern.

We found the service sent out annual surveys to people who used the service and a quality assurance questionnaires to support staff in order to improve service provision.

Requires improvement



# Summary of findings

Support plans provided clear guidance to staff on the support individual's required and had been signed and agreed by the person who used the service.

## Is the service well-led?

The service was well-led. We found that the management promoted an open and transparent culture amongst staff.

We found the service undertook a comprehensive range of checks to monitor the quality service delivery, these include medication audits and 'spot checks.'

We looked at minutes from staff meetings that had taken place, which covered areas such as rotas, missed calls, training, medication and sickness procedures.

**Good**



# Premier Care Limited - Salford Homecare Branch

## 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 checked 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 04 and 05 August 2015 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their Salford office to facilitate our inspection. The inspection was carried out by one adult social care inspector from the Care Quality Commission and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred. We also liaised with external providers including Salford County Council

At the time of our inspection there were 482 people living in the Salford area who used the service. The service employed also 116 members of care staff, consisting of full and part-time positions. During the inspection, we spent time at the office and looked at various documentation including care plans and staff personnel files.

We spent time visiting five people who used the service in their own homes to ask them about the service they received and to review records kept at the home. In total we spoke to 38 people who used the service and five relatives of people who used the service. Our experts by experience spoke to 33 people who used the service and five relatives via telephone interviews.

We spoke with 16 members of staff, which included two Directors of the company, the Registered Manager, two senior members of care staff and 11 care staff.

# Is the service safe?

## Our findings

People who used the service and relatives we spoke with told us they or their loved ones felt safe when care staff were in their homes and that their possessions were safe. People told us they trusted the care staff who visited their homes. One person who used the service said “I’ve got no problems with the carers coming into my home. They treat me and my home very well.” Another person who used the service said “When my evening carer leaves he always tells me to lock my door, so he knows I’m safe.”

Other comments from people who used the service included; “No complaints and I have no concerns. It’s a thankless job, but they are all very civil, polite and kind.” “I think they are very good. They are very caring and spend time chatting with me.” “They are all brilliant you couldn’t ask for better.” “My daughter deals with everything, she does the telephoning, they are very kind, I feel safe with them.” “My problem is I don’t do well with new people, sometimes they send someone new and don’t tell me, I wish they would. But I feel safe with all of them.” “I feel safe with them, they do seem to know what they are doing.” Most people we spoke with told us that if they had a concern about safety they would tell a care worker they trusted or would contact the office.

As part of the inspection we looked at the way the service protected people from abuse. We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. All staff we spoke to were able to describe the different types of abuse and the action they would take if they had any concerns. Both staff we spoke to and records we looked at confirmed that staff received safeguarding training as part of their induction programme and as part of their annual training. We also looked at the service safeguarding adult’s policy and saw how the service managed safeguarding concerns.

Staff told us they would not hesitate to report any concerns to management and were confident that the service would always take the appropriate action. One member of staff told us; “I have reported safeguarding in the past. My initial responsibility is to report to the office. I would also speak with social services or the police if required.” Another

member of staff said “I have reported concerns to the manager in the past. They were investigated, but not taken further and I was happy with that, but I was glad I had done my bit.”

All new staff received a copy of the service ‘whistleblowing policy,’ which detailed procedures to be followed where an alleged matter of serious concern had been perpetrated by a member of staff. Staff were encouraged to report such concerns freely and without fear of reprisals or intimidation.

We found the service had robust recruitment procedures in place, which protected people against the risks of abuse. We reviewed a sample of 10 recruitment records, which demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history and suitable means of identification. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service. CRB and DBS checks help employers make safer recruiting decisions and prevents unsuitable people from working vulnerable adults. We found that the service also undertook three yearly DBS checks on staff to ensure that vulnerable people who used the service remained safe.

We looked at how the service managed people’s medicines and found that suitable arrangements were in place to ensure the service administered medicines safely. As part of our inspection we looked at 15 care files of people who used the service. We found care files contained risk assessments, which detailed who was responsible for ordering medicines, where medication was stored in people’s homes and guidance on applying creams. Before the service administered medication or provided any care and support, written consent was obtained from the person who used the service or their representative. We looked at signed agreements, which demonstrated the involvement of the person who used the service in agreeing to the contents of their care plans.

We looked at a medication monitoring sheets when we visited five people in their homes. These had been completed accurately with no omissions or errors. We looked at training records, which verified that all staff had received training in administering medication. We looked at policies and procedures for medicine management, which provided guidance on the administration of

## Is the service safe?

medicines, training of care staff to safely administer medicines and clearly set out the expectations and responsibilities of staff. Staff received 'spot checks' every three months, which was managed by way of an electronic system, to ensure they remained competent in the administration of medication.

The service used mainly a 'Venalink' pack system for the people who used the service to store their medication. A 'Venalink' pack is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to people's home. The pack has a peel off plastic lid that lists the contents and the time the medication should be administered. We found that medication monitoring sheets did not record individually what medication had been administered from the 'Veralink' by staff and simply indicated that the contents of 'Veralink' had been administered on a particular date and time. Other medicines not part of the 'Veralink' had been individually recorded by staff. Therefore, when reviewing other than current medication monitoring sheets, it was not possible to tell what medication had been administered by staff at any particular time. We subsequently spoke to the Registered Manager about our concern, who assured us immediate steps would be taken to ensure records accurately reflected what medicines had been administered by staff.

People we spoke with who needed help with their medications told us that they thought their medications were administered or supervised appropriately and at the correct times. One relative told us; "They give the medications according to the care plan and we are very happy that our relative is safe with them." One person who used the service said "They give me my medication, I'm satisfied with them, I'm quite happy, they are alright."

We looked at how the service managed risk for people who used the service. We found a range of risk assessments had been undertaken, which were supported by an action plan to mitigate the level of risk. These included the environment and covered such issues as fire safety, personal security and pets. Other risk assessments included manual handling, medication, food management, continence and personal care. Risk assessments and action plans provided guidance to staff as to what action to take to address such risks and were regularly reviewed by the service.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. On the whole, people we spoke with told us care staff usually stayed the allotted time for their call. Some people who used the service told us they thought some care workers seemed rushed at times as they had a lot to do in the time allocated and had to get to their next call quickly. One person who used the service said "It doesn't happen all the time, but they (the care workers) do seem in a rush sometimes, because they're running late and they need to get off." Another person who used the service told us; "They are a bit pushed for time on visits sometimes. I feel sorry for the girls, but sometimes they have no time to do things. The girls are nice enough, just no time."

Other comments from people who used the service included; "They always ask what I want to do. they come in twice a day now, they always give me my full time, they turn up about on time, never really late, I feel quite safe when they are here." "They are on time, do what I want and stay the time they should, no problems." A relative also told us; "They are on time, manage really well, we were consulted about everything. I feel my relative is safe when they are here, it's been such a help to us."



# Is the service effective?

## Our findings

People who used the service and their relatives told us they thought there were enough staff to meet their care needs and that the care workers were well trained and good at their jobs. One person who used the service said “My regular carer has been doing the job for many years, so knows what she’s doing. When she’s off on holiday, you get some carers who aren’t so well up on things, but we manage between us.” Another person told us; “They all seem well trained, always polite.” Other comments included; “Kind girls, seem to be well trained.”

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We looked at the service’s organisational training and workforce development plan, which emphasised the services commitment to training and continual professional development of staff. We found all new members of staff underwent a comprehensive 12 week induction programme, which covered areas such as duty of care, work in a person centred way, privacy and dignity, safeguarding, basic life support and infection prevention and control. One member of staff told us; “It was very detailed and covered everything I would expect.” Staff were introduced to a 12 month journey of development within the organisation, which covered induction followed by ‘on the job development’, starting national vocational training and updated training at the end of the period. Throughout this period, staff received regular supervision, spot checks and appraisals.

We found that training requirements for each member of staff was effectively managed by way of an electronic training matrix. One member of staff told us; “I’m very happy working here, the registered manager is brilliant and everyone is supportive. They support me with personal issues and we receive annual training in manual handling, health and safety, first aid, safeguarding, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), dementia awareness and medication.” Other comments from staff included; “They keep on top of all the courses. They are on the ball with training I will give them that. Training is spot on. I’ve done food hygiene, moving and handling, dementia, safeguarding and infection control.” “I

get enough training. Absolutely fine with it. I’ve done dementia, end of life, safeguarding, infection control and moving and handling.” “Training is good I enjoy it and we do lots of on going training.”

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received from senior care staff and managers. We found that staff received regular supervision, which enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. During the inspection, we were invited to observe a supervision session involving a care staff member with their senior. Discussions covered any safeguarding concerns and knowledge, the importance of promoting dignity and issues around rotas. Training and development needs were also discussed. We listened to the positive feed-back provided to the staff member in respect of their timeliness and feed-back from people who used the service.

The service undertook a number of unannounced spot checks on staff to monitor the quality of services provided. These were generated by way of an electronic system every three months. Staff told us they received regular supervision and spot checks and felt supported by the service. One member of staff told us; “I get regular supervision, appraisals and spot checks. I have had quite a few spot checks, which is a good thing.” Other comments from staff included; “I do have regular supervision and the seniors do spot checks. I think they are good idea as they keep you on the ball.” “Spot checks come around without us knowing, it keeps you on your toes.” “They are regular. Usually every two to three months. They are good at keeping on top of them.”

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person’s best interests and with the least restrictive option to the person’s rights and freedoms. We looked at service policy guidance on the Mental Capacity Act (MCA) and obtaining consent from people. We found that before any care was provided, they service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people who used the

## Is the service effective?

service, speaking to staff and by viewing care files, which contained signed agreements. One person who used the service said “They always ask for consent when doing things for me, they are all very nice.”

When we spoke to staff about their understanding of the MCA and DoLS, a number of staff were unable to explain the principals and either told us they had received no training or could not remember whether they had received training. We asked staff to explain how they obtained consent from people living with dementia who lacked capacity. Staff were able to explain to us how they obtained consent and respected people’s choices and if they were uncertain would speak to relatives. One member of staff told us; “I always speak to clients and check they are happy.

I always ask. I have supported people who can’t always communicate choices effectively. I have looked after people with hearing difficulties and people with dementia. I always present people with choices.”

We looked at how the service supported people with their diet. Care plans detailed guidance on the support each person required in respect of food, drink and nutrition. Some people we spoke with told us they had help from care workers with shopping and that they received food they enjoyed, because the care workers knew what they liked. One service user told us care workers assisted them to get out to the shops to choose their own food. One person who used the service told us; “They make all my meals, They always give me a drink and leave me a drink before they go, I have what I want, no bother, I decide.” Another person who used the service said “They prepare my food and I have no complaints.”

# Is the service caring?

## Our findings

People who used the service and relatives we spoke with were very complimentary about the care staff and their caring attitude, particularly their regular care workers. One person who used the service told us; “They are always happy to do anything for you, they are very good.” Another person who used the service said “I can’t praise them enough. They should be paid twice as much for all that they do. So kind to me, I can’t fault them. They are lovely, I cannot thank them enough, it is just something about them that is so nice.”

Other comments from people who used the service included; “I feel very fortunate to have such good carers.” “They’re ever so kind. Such lovely people.” “My care worker is an absolute diamond. I couldn’t do without her.” “I’ve not met one that isn’t kind and patient with me.” “They’re all fabulous and so friendly. You can have a laugh with most of them and that’s great.” “I’m very lucky to have such lovely carers looking after me.” “These carers are like having my own daughters looking after me.” “The carers are great, they go that extra mile.” “Ideal for me, no problems at all. The carers who come are very good, they meet my needs exactly.” “They are lovely, no complaints, I can’t fault them. They look after me, what more can I say.”

People we spoke with told us that they had been involved in agreeing their, or their family member’s care plan and that the care plans were reviewed regularly, especially after hospital stays. One person who used the service said “I went into hospital recently and the office staff came to talk about what I needed now, because I needed more help. I’ve got more calls now, so that’s good, because I do need that bit of extra help.” Another person who used the service said “I was consulted about the care plan, they do what I want and they stay the full time.”

Most people and relatives told us they believed their care needs were being met by the service. One senior care staff member told us that once a package was set up it was reviewed after six weeks and then with a spot check after six months with the client. Formal reviews were undertaken every 12 months or when required and involved families and professionals who were invited to attend.

People who used the service told us they were treated with respect and their dignity was upheld. One person said service said “The carers are very friendly and chatty, but they’re very polite too. They do show you respect.” Another person told us “I need help getting to the toilet and they make sure I’m properly covered all the way.”

We spoke with staff about how they ensured people’s privacy and dignity was respected. One member of staff told us; “Sometime when delivering personal care, I will leave the door slightly ajar. This way people can do things privately, but I am there if they need me. I’ll close curtains and allow them to wash either their top or bottom half.” Another member of staff said “I always ensure curtains and doors are closed and ask if it is ok for certain people to be present. At the end of the day these people are human beings and I would treat them how I would like to be treated.” Other comments included; “I make sure people are communicated with every step of the way. Talk to them all the time about what I’m doing. I say tell me if you don’t want me to do anything. Some people do feel embarrassed.”

People told us that staff helped them retain their independence and only provided support with tasks that were agreed. One person who used the service said “I can do a lot of things for myself, so I don’t need help with everything. The carers just help me with the things I can’t do, like getting my stockings on and off.” One member of staff said “If they can do something for themselves then I will leave them to it. I try and encourage people to get out of their chairs. If only for some exercise more than anything else.” Another member of staff told us; “The more people can do for themselves the better. I’ll allow people to make food for themselves, but also be there to assist and offer choice. I would never force people to do anything, but I am there if they need me.”

Other comments from staff included; “You have to assess first, see what they are capable of, make sure they are safe, encourage them to have a shower and go out if they can.” “I offer constant encouragement and prompting. I encourage meal preparation, day to day life activities such as washing and dressing. Even if it is just encouraging someone to pick tea or coffee at least they have had some involvement.”

# Is the service responsive?

## Our findings

A number of people who used the service or their relatives told us that calls were occasionally late or not at the agreed times and were either late or early. Weekend arrangements were highlighted as a particular concern. Comments from people who used the service included; “It’s a problem when my morning call is late, because I need help getting to the toilet and that can’t wait.” “I have to have help with my surgical stockings and they need to be on for a certain length of time. If the evening carer is too early or late, it’s a problem.” “My morning call is supposed to be at 9am, but sometimes it’s 8am and I’m not even awake.” “My only problem is the weekends, they are supposed to come between 8 and 9am but sometimes it is 11am, they don’t ring to say they will be late, I think they must be short of carers on a weekend.” “I really like them, but it is just the weekends, it’s horrible to be kept waiting.” “I have a morning call sometime between 7am and 10am, but sometimes it can be 11am and that’s too late for breakfast.”

One person new to the service told us that they had an evening call around 7.30pm to 8pm to check their medications had been taken and that one evening recently, this call came at 9.30pm. They thought this was an unreasonable time to call. People we spoke with could not recall a missed call by the service. One relative, however, told us that a care worker had spotted that their family member was not on the staff rota list after they were discharged from hospital, despite the office being informed of the reinstatement of the service. The care worker had alerted the relative of the omission so they could contact the office and ensure the calls were covered.

We spoke to staff about the volume of calls they were allocated and whether they had any concerns. One member of staff told us; “The routes for each call could be better. Sometimes we are all over the place. I think that could be better.” Another member of staff said “I’m only late if they put extra calls on me, but in the main I have regular clients. I have increased numbers of calls at the weekend, which is making me anxious. I have no other concerns, but feel under pressure at weekends only.”

The service used a call monitoring system called Road Runner. All care staff were provided with a smart phone, which enabled them to scan an installed bar-code when they arrived at a property and scan the code when they left the property. We were told the system was monitored by

staff who were able to respond to any incoming alerts if staff failed to turn up at an address after 15 minutes. Staff would be contacted to ascertain the delay and how long they were going to be. Contact would be made with the person who used the service to let them know what time to expect their support worker. Staff were able to access their rota, address details of scheduled visits, details of security and entry to premises and the required tasks when undertaking the visit. Staff spoke favourably about this system, but highlighted that telephone coverage was an issue. One of the company Directors told us that they were currently reviewing providers to ensure they received the best coverage for the system to work effectively.

We found the service sent out annual surveys to people who used the service and a quality assurance questionnaire to support staff in order to improve service provision. We looked at the service policy on compliments and complaints, which provided clear instructions on what action people needed to take if they had any concerns. Only one person we spoke with had made a complaint over the past year and they felt the complaint had been taken seriously and addressed. Most other people we spoke with told us they would speak to a trusted care worker or the office staff if they needed to make a complaint and felt their concern would be taken seriously and passed to the appropriate person.

One person who used the service said “We do get reviews from time to time, I would know who to complain to if needed but I have not had to.” Another person who used the service said “If I had an issue I know how to complain, only ever had two complaints and they were dealt with promptly and immediately.” Other comments from people who used the service included; “They do come from the office from time to time to check on things.” “I would soon tell them if there was anything wrong, but there isn’t. The manager has been out to check things.”

People who used the service or their relatives who had contacted the office, usually to query late calls, told us that the office staff were generally polite and helpful. One person told us that when they queried late calls, the office staff would always say that staff were on their way, but that the care workers could still be a long time coming, so did not feel that was helpful.

We looked at a sample of 15 care files to understand how the service delivered personalised care that was responsive to people’s needs. Before people started using the service,

## Is the service responsive?

an assessment of need was carried out by the service. This involved the person who used the service, their family and other social health care professionals. People who used the service or their representatives signed and agreed to a summary of their needs, which had been discussed with

them. Support plans provided clear guidance to staff on the support individual's required and had been signed and agreed by the person who used the service. We saw that care plans were regularly reviewed by the service and involved people who used the service or their relatives.

# Is the service well-led?

## Our findings

People who had contacted the office told us that they were listened to and that staff were generally helpful and assisted them with their queries. Some people who used the service or their relatives we spoke with could name people they liaised with in the office, including people who came to their homes to do spot checks or review their needs. Two people we spoke with, who had been receiving Premier Care services for over a year, told us that they had noticed improvements in the last few months around issues such as late calls. We found that most people we spoke told us that they would recommend the service to other people.

We found that the management promoted an open and transparent culture amongst staff. Staff felt valued and supported in their role. Staff told us that the service was well run and that people could be open and honest. Comments from staff included; “They do the best they can. It is not an easy job though as there is a lot to do.” “No concerns with the service, I’m very happy with management.” “I do feel valued and appreciated by the office and my clients. I feel we can be open about things with the office management team who are helpful and supportive.” “I’m happy and have no concerns with management. I feel we can be open and transparent about things. We have meetings where we are free to express our opinions.” “I do feel valued here and thought of by management. I feel we can be open and honest and speak my mind.”

There was a registered manager in place. 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. The staffing structure in place made sure there were clear lines of accountability and responsibility.

We found the service had a comprehensive range policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication, whistleblowing, infection control and staff training and development.

We found that regular reviews of care plans and risk assessments were undertaken. Regular supervision of staff and appraisals were undertaken by the service. We found the service undertook a comprehensive range of checks to monitor the quality service delivery these include medication audits and ‘spot checks’. Unannounced ‘spot checks’ were undertaken on staff to monitor the quality of care provided. ‘Spot checks’ on people who used the service were also undertaken to enable people to provided feed-back on the quality of care they received and allowed managers to ensure paperwork kept at people’s homes were up to date and accurate. The company also employed a compliance officer who undertook audits of each working office that the company owned.

We looked at minutes from staff meetings that had taken place, which covered areas such as rotas, missed calls, training, medication and sickness procedures.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people. Formed in 1991, Investors in People was established by the UK Government to help organisations get the best from their people. Organisations that demonstrate the Investors in People Standard achieve accreditation through a rigorous and objective assessment to determine their performance.