

Premier Care Limited

Premier Care Limited - Cumbria Branch

Inspection report

123 Highgate
Kendal
Cumbria
LA9 4EN

Tel: 01539736353
Website: www.prem-care.co.uk

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10 February 2020

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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 Limited - Cumbria Branch provides personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity. 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 our inspection 40 people were receiving personal care.

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

People were protected from abuse and harm. There were enough staff to support people. The staff supported people to take their medicines as their doctors had prescribed. The staff protected people from the risk of infection. The provider had systems in place to ensure lessons were learnt from any incidents to maintain the safety of the service.

The registered manager assessed people's needs and people received the support they required. The staff were trained, skilled and competent to provide people's care. The staff supported people as they needed with preparing their meals and drinks. The staff identified if people required medical assistance and supported them to access appropriate healthcare services. People made decisions about their care and their rights were protected. 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.

The staff treated people with respect and were kind and caring towards them. People valued the service and it enhanced their lives. The staff and registered manager asked people for their views about their care and respected the decisions they made. The staff respected people's privacy and promoted their dignity and independence.

People received person-centred care that met their needs and took account of their wishes. The registered provider had an effective procedure for receiving and managing complaints about the service. People received the support they needed at the end of their lives.

People knew the registered manager and said the service was well-run. The registered manager had developed a positive culture and was committed to providing people with high-quality care. The provider and registered manager understood their responsibilities under the duty of candour. They had been open and honest with people when incidents occurred. People were asked for their views and said they would recommend the service.

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 (published 21 July 2017).

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 Limited - Cumbria Branch

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 and an Expert 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 24 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 21 January 2020 and ended on 10 February 2020. We visited the office location on 21 January 2020 and contacted people and care staff by telephone and email to gather their views between 23 January 2020 and 10 February 2020.

What we did before the inspection

We reviewed the information we held about the service including feedback from the local authority and

notifications of significant events the registered manager had sent to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the provider's area manager. We reviewed a range of records including the care records for three people and four staff files in relation to recruitment, training and supervision. We also looked at a range of records relating to the management of the service.

After the inspection

We contacted ten people who used the service and two relatives to gather their views. We also contacted two care staff to gather 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.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and harm. The staff were trained to identify and report abuse and to provide people's care safely.
- People told us they felt safe with the staff who visited their homes. One person said, "I feel perfectly safe." Another person said, "I feel very safe."
- The staff said they would be confident raising any concerns about a person's safety with the registered manager.

Assessing risk, safety monitoring and management

- The registered manager had identified and managed risks to people's safety. People's care records included guidance for staff about how to provide their care in a safe way.

Staffing and recruitment

- There were enough staff to support people. People told us they received care from a small team of staff who they knew and who knew them well. One person told us, "I have a very reliable carer. They are always here regularly."
- The provider carried out thorough checks on new staff to ensure they were suitable to work in people's homes. People told us any new staff worked with an experienced care worker as part of their training. They said new staff were introduced to them before they visited their homes to provide their care.

Using medicines safely

- The staff supported people, as they needed, to take their medicines. People were supported to take their medicines as their doctors had prescribed.
- The staff were trained in how to support people with their medicines. They completed thorough records of the support they had given to people.
- The registered manager checked medication records to ensure people had received their medicines safely.

Preventing and controlling infection

- The staff protected people from the risk of infection. They were trained in preventing infection and handling food safely. The staff told us they were provided with appropriate protective equipment, such as disposable gloves and aprons, to reduce the risk of infection.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. This included sharing the outcome of incidents with the staff team to further improve the safety of the service.

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 has 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; Staff support: induction, training, skills and experience

- The registered manager carried out a thorough assessment of people's needs before agreeing to provide their care. People were included in developing their needs assessment. The registered manager used the needs assessments to develop individual care plans which guided staff on how to support people.
- The staff had been trained and were skilled and competent to provide people's care. People told us they were happy with the care they received. One person told us, "They [staff] are very well trained." Another person said, "I do think they [staff] are well trained."
- The staff told us they completed a range of training to give them the skills and knowledge to provide people's support. They said this included induction training and training to meet people's specific needs. The staff said they felt well supported by the service management team.

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

- The staff provided the support people needed with preparing their meals and drinks. They gave people choices and respected the decisions they made. One person told us, "They [staff] always ask what I want." Another person told us, "They [staff] are very good at making my meals."
- The staff ensured people were provided with enough to drink to maintain their health. People told us the staff made sure they had a drink of their choice within their reach before they left their homes.

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

- The staff identified if people required medical assistance and gave them the support they needed to access appropriate healthcare services. If people needed, the staff contacted their doctors for them. One person told us, "I have had them get the doctor for me." Another person said, "My carer once picked up that I was not well and called the doctor."
- People's care records included details of the healthcare services which supported them. They also included guidance for staff to monitor people's health, where people required this support.

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.

- People made decisions about their care and their rights were protected. The registered manager understood her responsibilities under the MCA. The staff were trained to ask people what support they wanted and to respect the decisions people made.
- The staff told us they would respect a person's right to refuse aspects of their planned care. They said they would inform the registered manager if someone refused an important aspect of their care. This meant the registered manager could take action if refusing care placed a person at risk.
- There was no one being supported by the service who required restrictions on their liberty to receive the care they required.

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 has 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;

- The staff treated people with respect and were kind and caring towards them. People were very complimentary about the staff who supported them. One person said, "They are very kind, caring and considerate." Another person said, "There is not one I cannot have fun with."
- People valued the service they received and told us it enhanced their lives. One person said, "I find them very helpful and they are very important in my life." Another person told us, "I am so pleased with what they do. I don't know what I would do without them."

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

- The staff and registered manager asked people for their views about their care and respected the decisions they made. One person told us, "They [staff] always take notice of what I have to say."
- We saw people had been asked for their views at meetings to review their care. The registered manager and staff in the service office also asked people for their views if they spoke to them on the telephone.

Respecting and promoting people's privacy, dignity and independence

- The staff respected people's privacy and promoted their dignity and independence. People told us the staff always provided their personal care in private and knew how to respect their dignity.
- The staff understood the importance of supporting people to maintain their independence. They gave people the time and guidance they needed to carry out tasks themselves. One person told us, "They [staff] know how far I can go and let me do it before they take over." Another person said, "I try to do what I can." Everyone told us the staff supported them to do as much as they could for themselves.

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 has 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

- The staff provided people with person-centred care that met their needs and took account of their wishes. One person said, "I asked for a female carer, and I always have a female carer."
- People told us, if they asked for any changes to the planned care, the registered manager and staff agreed to these where possible. One person told us, "If I ask to have anything changed, I just ring the office and they send a text to all the carers with those changes and it is done."
- The registered manager developed people's care plans with them. The care plans guided the staff on how people wanted their care to be provided. The care staff said they knew how to support people because this was detailed in their care plans. People's care plans were reviewed regularly, and if their needs changed, to ensure they gave the staff up-to-date information.

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 registered manager assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.

Improving care quality in response to complaints or concerns

- The registered provider had an effective procedure for receiving and managing complaints about the service. People told us they knew how they could make a formal complaint if they needed to. One person said they had raised a concern with the management team in the service and told us, "They sorted it out straight away. I am more than satisfied."
- The staff knew how people could complain about the service. They said they would be confident supporting someone to complain if they required assistance to raise any concerns.

End of life care and support

- People were supported, where possible, to remain in their homes as they reach the end of their lives. The staff had received training in supporting people who required end of life care.
- The registered manager had asked people if they wanted to share their wishes regarding how they wanted to be cared for as they reached the end of their lives. Where people did not wish to discuss their wishes the registered manager respected their choice.

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 has 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 registered manager had developed a positive culture and was committed to providing people with high-quality care.
- People knew the members of the service management team and said they would be confident speaking to them. One person told us, "The manager [registered manager]... is very caring."
- Everyone told us they valued the service they received and would recommend it to other people. One person told us, "They provide a very good service and I have recommended them." Another person said, "I have already recommended them to a friend of mine."

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 and registered manager understood their responsibilities under the duty of candour. The registered manager had informed us of significant events, such as the death of a person using the service, as required. The notifications showed the provider and registered manager had been open and honest and shared information about incidents with relevant people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider, registered manager and staff were clear about their roles and responsibilities. The staff felt well supported and were confident they provided good care to people. They told us they would recommend the service.
- People told us they knew the registered manager and said the service was well-run. One person told us, "I do think the service is well managed." Another person said, "They [registered manager] are doing an excellent job."
- The provider and registered manager were committed to the continuous improvement of the service. The provider had taken learning from inspections at other services to implement improvements at the Kendal branch. The registered manager assessed the quality of the service to identify any areas which could be further improved.

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

- The provider had systems to gather people's views about the service. They had asked people to complete

a quality survey to share their views of the service they received. People were also asked for their views by telephone and at meetings to review their care. One person told us, "Someone from the office comes out to see me and asks questions." Another person said, "The [registered] manager visits."

- The staff told us the registered manager listened to them and said they could share their views about how the service could be further improved.

Working in partnership with others

- The staff worked with other appropriate services to ensure people consistently received care that met their needs. Some people required staff to monitor aspects of their health and report any concerns to healthcare services which supported them. Records showed the staff had reported concerns about people's health to appropriate services. The staff knew the other services which supported people and worked cooperatively with them.