

Premium Home Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This inspection took place on 26 October 2016 was announced. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be at the office.

Premium Home Care Services Limited is a domiciliary care service providing care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provides care and support to people living in Leicester and Leicestershire. At the time of our inspection there were nine people using the service. People's packages of care varied dependent upon their needs. The provider employed five caregivers.

This was our first inspection of the service since they registered with us on July 2016.

A registered manager was in post. 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.

People were supported in their own homes with their daily care needs and support to maintain their independence. The relatives of people who used the service told us that their family members were safe and were happy with the service being provided.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. The provider, registered manager and caregivers were trained in the safeguarding adults, understood their responsibility and were aware of the procedures to follow if they suspected that someone was at risk of harm.

People's care records showed people's needs had been assessed and measures were in place to manage risks. People were involved in the development of their care plan to ensure that caregivers knew how to meet people's needs that promoted their safety and independence.

People were supported to take their medicines safely. Caregivers supported people, where required, with their meals and drinks. Records showed people were supported to access healthcare services when required.

The provider's recruitment procedures ensured that caregivers were suitable to look after. People were supported by a consistent team of caregivers who supported them and whom they felt confident with.

Relatives we spoke with were complimentary about the caregivers' skills, knowledge, attitude and approach in how they supported their family members'. Caregivers undertook an induction and a range of training relevant to the needs of people using the service. Staff received regular support and supervision which

enabled them to provide people with effective care.

Caregivers understood the relevant requirements of the Mental Capacity Act (2005) and how it applied to people in their care. Caregivers sought consent from people before providing care and understood people's right to decline their care and support.

Relatives told us that they and their family member had developed positive relationships with the caregivers and the management team. People's privacy and dignity was respected and caregivers understood their role in enabling people to maintain their welling. Caregivers recognised that some people were at risk of loneliness and isolation and therefore, ensured the time spent with people was meaningful.

Caregivers were knowledgeable about people's preferences and how they wished to be supported, which promoted their wellbeing. The registered manager updated people's care plans to ensure caregivers had clear guidance to follow, which helped to ensure people's needs could be monitored effectively.

The provider had a complaints policy which provided people and their relatives with clear information about how to raise any concerns and how they would be managed. Relatives were confident that any concerns raised would be responded listened to and addressed.

The provider and registered manager were passionate and committed to providing a quality care and companionship to enable people to remain in their own home. Caregivers and the relatives of people using the service spoke positively about management and leadership of the service.

The provider monitored the quality of service provided through regular checks on how the caregivers delivered care and through reviews of people's needs. The views and opinions of the people who used the service, their relatives and caregivers were sought in order to improve people's quality of care and to develop the service.

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.

People were protected from abuse. Caregivers had received training and had a good understanding of protecting people from the risk of abuse.

People's needs had been assessed and risks to their safety were identified and managed effectively by caregivers. People were supported to receive their medicines in a safe way.

Recruitment procedures included checks on caregiver's suitability to work with people. There were enough caregivers to meet people's assessed needs and keep them safe.

Is the service effective?

Good ●

The service was effective.

People received care and support from trained caregivers who understood their needs. The management team and caregivers understood and worked to the principles of the Mental Capacity Act 2005.

People were supported, where required, with their dietary and healthcare needs. Caregivers liaised with health care professionals in order to maintain people's health and welfare.

Is the service caring?

Good ●

The service was caring.

People were supported by a consistent group of caring caregivers who they had developed positive and professional relationships with. People's care plans reflected their individual needs and preferences. Caregivers promoted people's rights, dignity and respected their wishes.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed, planned and met in line with

their preferences and needs. People and their relatives were involved in the regular review of their care needs.

People knew how to complain and were confident that their concerns would be addressed.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager. The provider, registered manager and caregivers had a clear view as to the service they wished to provide which focused on enabling people to remain in their own home.

The provider and registered manager had direct oversight of the service to ensure the service was well-led. A system was in place to assess and monitor the quality of service provided.

Premium Home Care Services Limited

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 was planned to check 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 26 October 2016 was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

The inspection was carried out by one inspector.

We looked at the information we held about the service, which included the provider's statement of purpose and 'statutory notifications'. A statement of purpose is a document which includes a standard required set of information about a service. A statutory notification is information about important events which the service is required to send us by law. We contacted commissioners from the local authority involved in the care of some people who used the service and asked for their views about the service. We used this information to help us plan this inspection.

To assist us in understanding of the quality of care and support people received we spoke via the telephone with three relatives whose family members used the service to seek their views.

We spoke with the registered manager, the nominated individual (provider) and three caregivers who are the staff that support people. We looked at the care records of three people who used the service, which included their care plans, risk assessments and records detailing the care provided. We also looked at the recruitment and training files for three caregivers, a range of policies and procedures and the provider's quality assurance records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

We spoke with the relatives of people who used the service. They told us that they felt their family members were safe with the caregiver that supported them.

We asked relatives how caregivers supported their family member to stay safe. Their comments included, "[Registered manager] checked that the living environment was safe. [Person's name] was introduced to the caregiver so she knew who would be coming to help her" "[Person's name] neglected themselves but now accepts care, so has regular showers, eats well and lives in a clean place. They've built a trusting relationship with the carers, which gives a sense of security" and "I've observed caregivers move and transfer [person's name] and they've [caregivers] done it correctly."

The provider had policies and procedures for safeguarding (protecting adults from harm) and whistleblowing. Caregivers were trained in safeguarding procedures as part of their induction training and provided with a copy so they knew how to protect people.

Caregivers were confident that any concerns reported to the registered manager would be addressed and reported to the external agencies when required. This meant people using the service could be confident that the welfare and safety of people was understood and protected by the registered manager and caregivers.

Records confirmed caregivers had received training on a range of topics linked to the promotion of health and safety of people they cared for and themselves. Caregivers were aware of their responsibilities to check equipment before it was used, thus promoting safety. Records showed that caregivers reported incidents and any concerns about people's safety or health. That meant people were assured that their safety and wellbeing would be maintained.

There were policies and procedures in place to ensure risks associated to people's care needs were managed. Assessments of potential risks were carried out as part of the assessment of people's needs.

People's care records showed that their needs had and risks had been assessed. These centred on the support people needed including their physical health and safety within the home environment where the person would be supported. Care plans provided caregivers with information about the support required in order to maintain people's wellbeing and safety. For example, a care plan for someone at risk of falling stated that caregivers were to remind the person to use the grab rails to pull themselves up and that the type of walker they used to move around the home. Caregivers were able to describe how they supported people to stay safe when supporting them with their personal care and with daily living, which was consistent with the care plan. This showed the caregiver understood their responsibilities to provide safe care.

Records showed that people's care needs, risks and care plans were reviewed regularly. Where required care plans were updated to include new measures that were put in place to reduce the likelihood of further risks.

That meant people's ongoing safety and wellbeing was maintained whilst promoting their independence and control of their life.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for caregivers and found that the relevant checks had been completed before caregivers worked at the service. That meant people could be confident that caregivers had undergone a recruitment that ensured they were to be suitable to work with them.

Caregivers who used the provider's company vehicle were required to provide a copy of their driving licence and if using their own vehicles were required to have business car insurance cover.

We found there to be sufficient caregivers to meet people's needs and keep them safe. Relatives told us that their family members were supported by consistent caregivers. A relative said, "[Person's name] was introduced to [caregiver's name] who shadowed the manager so she knew what to do."

A caregiver member said, "This company only does calls that are one hour or over, which means there's enough time to support people to do things from helping them to have a shower to providing companionship, which is just as important."

The registered manager told us that they determined the number of caregivers required by the number of people using the service and their needs, which was detailed in the care plan. Care rotas were distributed to caregivers on a weekly basis in advance. The electronic call system used monitor that people received the care and support at agreed times. The registered manager also supported people by providing care and covered caregivers holidays and sickness. That meant people continued to receive consistent care and support.

We found people's medicine was managed safely where their assessment had identified the person required support to take their medicine. A relative told us that their family member's health had improved because the caregivers reminded them to take their medicines.

Caregivers told us they had received training on medicines awareness and how to support people to take their medicines. Information about people's medicines was included in the care plan. Medicines were prepared and dispensed by a pharmacy. Caregivers followed the pharmacist's instructions in order to support people to manage their medicines safely. Completed daily wellbeing records returned to the office each month showed that people were supported to take their medicines in a safe way.

Is the service effective?

Our findings

Relatives we spoke with were complimentary about the skills and knowledge of the caregivers and their ability to provide care. Their comments included, "[Person's name] really looked after well by her carers" "[Caregiver's names] all provide care and have a good understanding of how to look after people who have dementia and Parkinson's."

Caregivers told us they completed period of induction training which covered a range of subjects to enable them to provide effective and safe care to people. Caregivers spoke positively about the training and their comments included, "My induction was brilliant, as I've never worked in care before" "I was shown how to do things correctly and things were explained so I knew my responsibilities. If I'm ever in doubt I would call [registered manager]" and "I love what I do. My role is about helping and enabling people to do things sometimes with a little help from me so they can live independently."

Caregivers accompanied the registered manager on visits to people's homes to observe the care being provided. This helped to ensure that caregivers were aware of the high standards of care that was expected of them. They also had the opportunity to meet people and read their care plans so that they understood how the person wished to be supported.

The training matrix confirmed that caregivers had completed a range of training that covered health and safety and the needs of people who used the service. Caregivers were supported to work through the 'Care Certificate' as part of their ongoing training. This is a set of standards for care workers that upon completion should provide caregivers with the necessary skills, knowledge and behaviours to provide good quality care and support. Workbooks completed by caregivers were being assessed and showed that caregivers were working towards achieving the certificate.

Caregivers had individual supervision meetings, their practice observed and their work was appraised. This helped to ensure caregivers practices were safe, effective and that they supported people in line with the care plan. Caregivers told us they felt supported by the registered manager and the provider; by phone and in person. We saw this to be the case as a caregiver came to the office to speak with the registered manager about the new person they were supporting. The discussion helped to confirm that the care plan and caregiver in place was appropriate and provided effective care and support to maintain the person's wellbeing.

Caregivers had regular meetings where they received information about any changes to the service and provided an opportunity to share ideas or raise issues. The latest meeting minutes covered a range of topics such as health and safety, issues relating to people's support training planned and events in the community that may be of interest to people. That showed caregivers were supported in their role and their views about the service were valued.

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 and applications must be made to the Court of Protection. We found there to be no restrictions in place.

We checked whether the service was working within the principles of the MCA. The registered manager, provider and caregivers had undertaken training and were aware of their responsibilities. Caregivers understood people's right to consent and decline care. A caregiver said, "It's important to remember I'm a guest in their home. I'll always ask if they would like me to help and offer choices."

People's records showed they had the capacity to make decisions for themselves about all aspects of their care and had signed the care plans to confirm they agreed for the care and support to be provided. Caregivers recorded decisions made by people about their day to day lives, for example, one person declined to have a shower but had a flannel wash, which shows people's choices are respected.

Relatives we spoke with told us that the caregivers supported their family member's in the preparation of their meals. A relative said, "[Person's name] was not eating well before at all but the carers have helped him to prepare meals that he likes to eat. They [caregivers] log what he's had to eat and he looks healthier and happier." Another relative said, "He now cooks a full breakfast and it's helped him to feel in control of his life again to a degree." This showed that people were supported to maintain their health and independence.

Caregivers supported people to maintain their health and followed the guidance within people's care plans, with regards to their personal care and nutritional needs. Care plans had information about the role of caregivers supporting people and their preferences, likes and dislikes of food and drink. Where people were unable to independently access food and drink information was included in people's care plans for these to be left close to them so that they could serve themselves. Records completed by caregivers showed that people were supported to prepare and eat a balance meal in order to maintain their health.

We found that people were supported to access healthcare services when required. A relative said, "[Registered manager] has called the GP and the district nurse when [person's name] wasn't well" and another said, "When [person's name]'s health changed they told me. The manager came out to review his care and updated the care plan as he needs more help."

The registered manager told us that as part of the initial assessment the contact details of the people's relative and health care practitioners were recorded in the event of an emergency. The registered manager gave an example of when caregivers reported concerns about someone's health deteriorating; they contacted the relative and with consent had liaised with the GP to request a home visit. That showed people were supported to access healthcare support.

Is the service caring?

Our findings

People were supported by caring caregivers. Relatives we spoke with were complimentary about the caregivers and the management team. Their comments included, "Pretty damn good care provided by caring staff" "[Person's name] has very good carers that genuinely care and are interested in him as a person" and "The carers strike a good balance of caring, friendly and professional interaction with [person's name]."

We asked relatives what the service meant to them and their family member. A relative said, "It means [person's name] can remain at home." Another said, "They [caregivers] are considerate and respectful of their relatives."

Caregivers told us they provided support to the same people and had developed positive professional relationships. A caregiver told us they had time to read people's care plans to understand their individual abilities, preferences and needs. Another said, "Because I've got to know them, I understand their routines and interests. Sometimes, it means more to have someone to talk too." A relative told us the service had had a positive impact on their family member's wellbeing and said, "[Person's name] quality of life has improved; he's now more sociable and positive about life and looks forward to seeing the carers."

A relative told us that the registered manager and caregivers communicated well with them; took the time to listen and respond appropriately with regards to their family member's care and support needs. The registered manager had regular contact with people and their relatives which helped to ensure people were happy with the care provided and changes to needs were managed. For instance, someone package of care had been increased in order to meet their needs.

Relatives confirmed they and their family member receiving the care and support had been involved in deciding how they wanted their care to be provided. A relative said, "[person's name] had a good relationship as friends and is trusted." Care records showed that people's views about all aspects of their needs were evident in the care plans. These ranged from their preferences on the frequency of support, what they could do for themselves and support needed to maintain their welfare and independence. The daily wellbeing records showed that caregivers had met people's care needs in accordance with the care plan and also supported people to access services in the wider community, which included going for walks and socialising.

People's privacy and dignity was respected by caregivers who understood that they were supporting people within their own homes. People's care plans instructed caregivers to offer and ask people about their care and how they wished to be supported at each visit. Records showed that people's needs were met and their wishes were respected. The registered manager also carried out home visits to check this was the case in order to respect and promote people's wellbeing.

Caregivers told us they promoted people's privacy and dignity when providing personal care, which included ensuring curtains were drawn and doors were closed. The daily wellbeing records showed that

caregivers had provided the care and support in accordance with the care plan and people's wishes. For example, one person's care plan was specific with regards to daily routines and support to access the wider community.

Is the service responsive?

Our findings

We asked relatives about how the service ensured their family member received personalised care that met their needs. Their comments showed people were satisfied with the care and support provided to their family members. A relative said, "[Provider] was quick to respond to my enquiry and came out to find out how they would be able to help. She was open and honest from the outset; told us that they provided a minimum of hourly calls so that people were never rushed and got the support they needed."

Caregiver said, "When I saw [person's name] was struggling I asked them first if they felt they needed more help and then contacted the manager. A meeting was held to review the care and [person's name] now has more care." That showed the service monitored people's care and acted quickly when their needs changed to ensure people. That meant the service was responsive in order to meet people's needs.

Another relative said, "I can't fault the service. I'm impressed with the agency's approach. [Registered manager] came out to see what help [person's name] needed and explained how they would help. It's been hard for [person's name] to accept they need care and companionship. We've had to increase the amount of care he gets now because it's made such a difference to him. I'm really happy with the service."

A relative told us that they found the management team were responsive and knowledgeable about providing quality care. People were given information about the service which included the terms and conditions, and what the range of care and support they could expect to receive.

Relatives told us that their family member's needs were assessed and were involved in the development of care plan. The registered manager provided a personalised service because they considered the caregivers skills, interests and attitude before they were introduced to people. A relative said, "The manager matches us [caregivers] with people with similar interests. This has had a positive impact on [person's name], whose likes to chat, is eating better and looks healthier." A caregiver told us they supported someone with the same interests in the outdoors and going for walks, which meant the support and conversations were meaningful as it promoted their wellbeing. That meant people's support was tailored to their needs.

We found people's assessed needs and individual preferences were used to develop care plans. For instance, where someone expressed a preference be supported to access services in the community, gardening and going for walks. Caregivers we spoke with demonstrated a good understanding of people's preferences with regards to their daily routines and provided the care and support they needed which improved their quality of life.

Care plans we looked did not always provide clear instructions as to role of caregivers in supporting people. The registered manager was responsive to our feedback and updated the care plan to include clearer guidance and instruction for caregivers to follow. The care plans were personalised and focused on all aspects of the person's needs, abilities, goals and lifestyle. For example, one person's care plan stated that the caregiver were to encourage the person to manage some aspects of their care needs with support from caregiver in order to maintain their independence. That helped to ensure the caregiver supported the

person in a manner that enabled and empowered them to remain as independence as possible. In addition, there was clear guidance for the caregiver to follow if the person's health was of concern.

People had signed a care plan agreement and had given consent that the provider could share information and consult with health care professionals to facilitate good care and support. This showed the service promoted an inclusive approach in order to support people and their relatives.

A relative told us that the registered manager kept regular contact with them and their family member to make sure they were happy with the care provided. Records showed that where people had requested an extra care call or change of times, the service was able to provide the support. That showed the service was flexible and responsive in order to people's needs.

Care records confirmed that people's care needs were regularly reviewed and their views were taken into account when their care plan was updated. This showed that the service continuously monitored the support people received.

Caregivers told us that the ethos of Premium Home Care Services Limited was to provide quality care and support including companionship in order to protect people from living in isolation. Caregivers supported people with the personal care needs, day to day living tasks at home, access community facilities in pursuit of their interests and hobbies. A relative confirmed this and told us that their family member was supported to go to the memory café which they enjoyed.

The provider had a complaints procedure which was included in the information pack given to people when they started to use the service. This included details of how the service responded and managed complaints and details of external agencies people could contact if they were not happy with the outcome of their complaint.

Relatives told us they knew how to make a complaint. A relative said, "There's no complaint about the service [person's name] receives. If there was then I'd speak with [registered manager's name] or [provider's name]." Another relative told us that they were pleased to see both the registered manager and provider were actively involved supporting people and kept in regular contact with people to make sure they were happy with the service provided. That meant the provider and the registered manager was accessible to people and their relatives, and were assured that their concerns would be listened to and acted on.

The service had received one complaint since the service was registered. Records showed the complaint was addressed in line with the complaint procedure and the complainant was satisfied with the action taken to improve the service they received.

The service received compliments about the care provided and supported the positive comments we received from the relatives we spoke with. A relative said, "The service is responsive and it works well to support [person's name] and [registered manager] does regular checks to make sure. For me, it's peace of mind."

Is the service well-led?

Our findings

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Systems were in place to ensure that people who used the service were protected from the risk of abuse. The provider, registered manager and caregivers were trained in the safeguarding adults, understood their responsibility and were aware of the procedures to follow if they suspected that someone was at risk of harm.

People's care records showed people's needs had been assessed and measures were in place to manage risks. People were involved in the development of their care plan to ensure that caregivers knew how to meet their needs that promoted their safety and independence.

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The provider and registered manager were passionate and committed to providing quality care and companionship to enable people to remain in their own home. Caregivers and the relatives of people using the service spoke positively about management and leadership of the service.

The provider monitored the quality of service provided through regular checks on how the caregivers delivered care and through reviews of people's needs. The views and opinions of the people who used the service, their relatives and caregivers were sought in order to improve people's quality of care and to develop the service.