Premier Nursing Agency Limited

Premier Care

Inspection report

Chesterfield Road North
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Mansfield
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Tel: 01623810100

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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

This inspection took place on 12 July 2016 and was announced.

Premier Care provides support and personal care to adults across Nottinghamshire and Derbyshire. The service is managed from an office in Pleasley near Mansfield, Nottingham. On the day of our inspection 301 people were using the service each week.

The service had a registered manager. 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 told us that they felt safe while receiving care from their care staff, although repeatedly people commented on the lack of regular staff which made them feel more at risk. However, there were enough staff to ensure that people received their calls at the planned time and meet their care needs.

Staff took the necessary steps to keep people safe and understood their responsibilities to protect people from the risk of abuse. Potential hazards were identified and detailed plans were in place to enable staff to support people safely. Where required, people received the support they needed to safely manage their medicines.

Staff were provided with support and training but people felt that they did not always have the knowledge and skills they needed to care for them effectively. Staff received supervision of their work.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the principles of the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

Where people required support to eat and drink enough, this support was provided. Staff made sure that people had access to their GP and other health care professionals when needed and would have no hesitation in ringing 999 for an ambulance, if they felt that this was required at any time.

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People's care plans were written in a way that focused on people's choices and preferences. A complaints procedure was in place and people felt comfortable to speak up if they were unhappy about any aspect of the service they received

The culture of the service was open. People were supported by staff who were clear about what was expected of them and staff had confidence that they would get the support they needed from the registered manager, both during and outside of office hours. The registered manager undertook audits and observed practice to ensure that the care provided met people's needs.

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 not always safe.

People did not always feel safe as they did not know which staff would be coming into their home to visit them.

There were sufficient numbers of staff to meet people's needs.

Staff could identify the different types of abuse and knew who to report concerns to and they were also aware of the steps that they needed to take to protect people from avoidable harm.

People received the support needed to ensure they took their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People felt that established members of the staff team had the appropriate skills and had received training related to their specific care needs.

Staff applied the principles of the Mental Capacity Act (2005) appropriately when providing care for people.

People received the support they needed to ensure that they ate and drank enough.

People were supported to make appointments with healthcare professionals when needed

Is the service caring?

Good

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were treated with kindness and compassion by staff who involved them in planning their care.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs. People's care plans were regularly reviewed and updated.

People knew how to make a complaint and these had been responded to appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager was building an open, positive culture in the service.

People were supported by staff who were clear about what was expected of them and had confidence that they would get the support they needed.

A quality monitoring system was in place to check that the care met people's needs and people were asked for their views about the service.

Premier Care

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 12 July 2016 and 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 in.

The inspection team consisted of an 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider 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 made the judgements in this report.

During our inspection we spoke with fourteen people who used the service, nine relatives, eight members of care staff, the director, registered manager, area manager and staff who worked at the office. We looked at the care plans of two people and any associated daily records such as the daily log and medicine administration records. We looked at three staff files as well as a range of records relating to the running of the service such as quality audits and training records. During our inspection we also visited two people in their own home and observed staff provide support.

Good

Is the service safe?

Our findings

People told us that they felt safe while receiving care from their care staff, although repeatedly people commented on the lack of regular staff which made them feel more at risk and impacted on the staff's knowledge of their needs. For example one person we spoke to told us, "I used to have a rota, but not now. In the winter when it's dark, it's horrible not knowing who's coming in. No, I don't always feel safe for that very reason." Relatives we spoke with shared their view that knowing which staff member was going to the attending each call would make their family member feel safer in their homes.

People also told us they believed there were enough staff as their care worker stayed with them for the required time, and they did not feel rushed while receiving their care. We spoke to some people who told us that they had a consistent group of staff attending their calls, but most people said an accurate rota system would be helpful, especially as they have so many different carers visiting them. People told us that this would make them feel more secure in their home. Relatives we spoke to told us they were confident that their family members call would be met, but did not have confidence that the same staff would remain with them for long. One relative said, for example, "[My family member] just settles with someone, then they're moved to another round. They really like [my family member], they always say they don't want to go." Other relatives told us their family members had not been able to receive their care at their preferred time when they began using the service, explaining that they had to take an available time slot and then wait until an opportunity to change times arose at a later date and this did not always suit their care needs.

The staff we spoke with told us they felt there were enough staff to ensure that people received their planned calls. One staff member told us, "Yes, If everyone is in, there are enough of us, but if someone goes off, we all have to juggle around." Another staff member confirmed that they felt there was sufficient staff to attend the planned calls and confirmed that they usually worked with the same 'partner' to provide care to people who needed the assistance of two care workers. We spoke to the registered manager about the deployment of the staff. They confirmed that there was sufficient staff and explained to us how new 'colour teams' had been created so that the same group of staff would predominantly work in the same geographic area. Early feedback from people and from staff had suggested to the registered manager that this was working well and was leading to people receiving their support from a consistent team of staff.

When staff arrived at a person's home, they 'clocked-in' using an electronic system. The system displayed 'live time' details of calls being made on a large TV screen in the office. This showed when any calls were delayed or late. We viewed the display periodically during our inspection which bore out the assertion that there were few late and no cancelled calls on the day of our inspection. The records on the system for the two weeks prior to our inspection also showed that there had been no missed calls and the majority of calls were made on time.

The registered manager told us how they endeavoured to ensure that there was always enough staff available and had an ongoing recruitment process to ensure that new staff were being recruited and trained to replace those that left. Staff at the office told us how this ongoing staff recruitment prevented a situation whereby there was not enough competent staff available.

We looked at the recruitment files for three members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

The staff we spoke with could describe the different forms abuse may take place and told us they would act to protect people if they suspected any abuse had occurred. One member of staff said, "We have had our training so we know what to do if we had a concern." Another staff member told us that that if they were concerned that something untoward had happened to someone they were supporting they would document it and report it. All staff we spoke with confirmed that they were confident that the registered manager would act to protect people if a concern was raised to them.

Staff also explained to us that they could notify CQC or the Local Authority safeguarding team if they were concerned that someone was at risk of being harmed. Information about safeguarding was available in the office and a safeguarding adults policy was in place. The registered manager ensured staff were provided with the required skills and development opportunities to understand their role in protecting people. Our records showed that where we had raised a concern around a person's well-being with the Registered Manager they had quickly responded to ensure that the person received the intervention they needed to keep them safe.

The people we spoke with were satisfied with the way in which risks to their health and safety were managed and their freedom was respected. We spoke with one person who told us, "'I have two-handed care, they don't send two new ones (care workers) together which is good." Most people told me that they believed their carers to be trustworthy, for example people told us that their money had always been reliably accounted for and that when any shopping was done for them, they were always given receipts. Relatives we spoke with were also happy with the way that staff kept their family members safe while working with them.

One staff member we spoke with told us, "There are risk assessments we follow to keep people and us safe – I've never had an accident yet." Another staff member described the safe working practices they used to ensure people's safety such as checking equipment each time before it was used. We also heard from staff how important it was to ensure that everything was put away in the same place in people's homes, they told us, "It is especially important to make sure things are put away properly so that people don't trip over things when we are not there."

As was recorded in the PIR, the care records that we looked at showed that risks to people's safety had been assessed and plans put in place for staff to follow to assist them in maintaining people's safety. We also saw that incident reports were reviewed and actions were taken, involving external agencies if required, to prevent reoccurrence. This protected both people using the service and the staff supporting them. The office was open long hours seven days a week and the service also had an out of hours on-call service and staff on standby to support people in the event of an emergency. Each person's support plan also contained an emergency plan for the provision of their care in the event of severely inclement winter weather.

A member of staff at the office explained to us how an electronic system was in place which logged calls. The system sent an automated alert in the event that a scheduled call was not made on time. Staff at the office could then check that staff were en-route or arrange for an alternative staff member to make the call. This reduced the risk of people missing a call and also enabled the registered manager to be sure that staff were

travelling safely during their working day. We also saw how the system was used to monitor the number of individual staff that were attending calls to each person. This enabled the registered manager to identify where work maybe needed to ensure greater consistency of staffing to reduce the number of different staff visiting people. Targets had been set and were being monitored to reduce the number of different staff visiting each person thereby improving the consistency of care provided.

The people we spoke with who received support from Premier care staff to take their medicines told us they got their medicines as prescribed and in a timely fashion. One person we spoke with told us, "They hand me my blister pack – they're very efficient and good about that, and they always write it down." Another person said, "They're very reliable with my tablets, they never forget them." Relatives we spoke described how the staff provided support to their family members to take their medicines so that they received them as prescribed.

Staff we spoke with felt competent in supporting people with their medicines. They told us that they had received training in administering medicines and felt safe in what they were doing. We heard from staff how the information in people's care plans was helpful in ensuring they understood why people were taking their medicines and anything they needed to be aware of because of the medicines people took. Staff described how they received training and had their practice observed to ensure that they were competent to administer people's medicines in a safe way and record that they have done so.

Each person stored their medicine in their own home. People were able to use the pharmacy of their choice to obtain their medicines. The registered manager ensured that prescribing arrangements were transcribed onto a Medicine Administration Record (MAR) so that there was a consistent way of recording when people took or declined their medicines. This showed that the arrangements for administering medicines were working reliably. Staff correctly recorded the medicines they had administered to each person on their medication administration records (MARs).

The care plans we looked at contained information about what support, if any, people required with their medicines. Medication administration records were completed to confirm whether or not people had taken their medicines. These were returned to the office at the end of each month and checked to ensure that people had been given their medicines as prescribed. Where medicines had not been signed for the registered manager took appropriate action to understand the reasons why.

The registered manager told us how they monitored and errors or omissions that staff made and took action to prevent any reoccurrence. For example, the PIR gave clear details of the actions that the registered manager had taken when they discovered a problem with a person's medicines. They worked in partnership with the person's family and chosen pharmacy to put measures in place to ensure that they received their medicines correctly in the future. Accordingly they had seen a reduction in incidents involving people's medicines in the last year. They were now working to improve the information available to staff around peoples medicines and the new care planning framework that was being introduced as people's reviews were held supported this.

Good

Is the service effective?

Our findings

The people we spoke with felt that established staff team members were competent and provided effective care. One person told us, "Some of them (the staff) are particularly gifted in their caring ways. They know how to deal with, and speak to people." Another person said, "As a general rule, most of the staff seem competent and able to provide care in a professional manner." We also heard that newer staff were less confident, with one person explaining, "Newer carers do not seem as proficient in their training, and don't always instil confidence in their abilities."

We spoke with a new staff member. They explained to us the induction that they had completed during their first few days at work and knew how their learning would be accommodated in the coming weeks. We heard how some assignments had been completed in preparation for classroom training in the first few days. With this completed, they were now accompanying more experienced colleagues on 'shadow calls' and then were observed delivering care themselves so that the registered manager could be confident that support was delivered safely when new staff began making calls on their own. The staff member we spoke with understood that they could request additional shadow shifts until they felt comfortable working alone Staff at the office described the additional support they gave to new staff, so that they could resolve any initial concerns or queries, when they began working alone and checking that they were competent to provide care.

Other staff we spoke with told us they felt that they had sufficient training to enable them to care for people well and meet their needs safely. One staff member told us, "We have had our training and can always ask if there is anything we don't feel sure about." Another staff member we spoke with said that they had, "Plenty of training," and felt confident that they had the skills and knowledge that they needed to care for people well and explained that they were invited to attend 'refresher courses' in some subjects when they were needed.

The registered manager showed us how they monitored the training that staff attended so that and courses that needed updating could be arranged in a timely way. There was a training suite at the office so that staff could practice using some of the equipment they would find in people's homes safely. We also heard how a training academy had recently been set up to ensure that the training that staff received was of the highest standard and linked to the Care Certificate. The Care Certificate is designed to ensure all care staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. In turn the registered manager also told us that they felt well supported by their line manager and received regular supervision and appraisal. The registered manager ensured that periodic visits to people's homes were undertaken to observe staff practice and be assured that they had the knowledge and skills they need to support people well.

People we spoke with confirmed they had been involved in putting together their care plans and had provided consent for staff to care for them when they began using Premier Care. People also confirmed that

staff always asked for their consent before providing care and support. One person told us, "They always ask, each and every time." Another person reflected, "I like the fact that they treat me normally, they don't patronise me because of my disabilities. I get very down some days, and they understand that. They're very good at listening." Relatives we spoke with also told us how they were involved in setting out their family members care plan when the service began and also in subsequent reviews to ensure that their family members needs can continue to be met.

Staff at the office told us how important it was to visit people before they started to receive a service and ensure that the person understood how the service would be provided to them. They explained to us how they used the information supplied by the local authority when they referred the person to Premier care and gained each person's consent. We saw the forms they used to record this. Care staff told us how they always checked with people before providing them with care, and we saw them do this when providing care.

We saw that people's decision making had been taken into account when writing their care plan. Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. 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. Staff had also received training which covered the Mental Capacity Act to ensure that they understood what this legislation means for the way that they support people and could relate this to practical examples when they spoke to us. The support planning template used by Premier Care had recently been reviewed and better information around people's capacity and consent was being added to support plans as they were reviewed.

Some people received support from Premier Care staff to prepare their food and drink. Those that did were supported to eat and drink enough to keep them healthy and told us that this was done in a satisfactory manner with choices being given to them whenever possible. We also heard how hot and cold drinks are offered to people on a routine basis and often left for people when staff left so that they were available to people to enjoy between calls.

Staff told us how they ensured that people ate and drank enough, recording what had been offered in the care planning records. One staff member told us, "We always ask people what they want to eat and give people a choice." Another staff member told us how they always prepared people a drink before they left. Staff explained to us how they recorded what foods were prepared and would note if a person appeared not to be eating much in case they were unwell. We saw that records that were kept accordingly and were reviewed by the registered manager each month. Where the registered manager became concerned that a person maybe at risk of malnutrition, they took appropriate action. For example, the PIR records the steps that the registered manager took to ensure that one person received hot meals after their cooker had been disconnected for safety reasons. We also heard how there were written instructions in the care planning records of any special dietary requirements people had, for example due to their religious beliefs or any medical conditions.

Whilst staff were not responsible for assisting people to make healthcare appointments, staff told us they would advise people or speak with their family if appropriate should they felt it would be beneficial to book a doctor's appointment. We spoke with one staff member who told us that they frequently got in contact with the Occupational Therapy service so that people could have the assessments and advice they needed to get any aids and adaptations that could be beneficial to them.

The PIR records that Premier Care will always endeavour to move a call time for someone to accommodate an appointment with a medical professional. We were also told how staff would have no hesitation in ringing a person's doctor for advice, or 999 for an ambulance, if they felt that this was required at any time.

Good

Is the service caring?

Our findings

People told us that staff were caring and they had formed positive relationships with them. One person said, "'My girls (care workers) are lovely, kind, and very, very friendly towards me. They will always ask if they can do anything else for me before they leave." Another person told us, "I'd describe them as very friendly and caring." Relatives we spoke to also told us about the positive relationships that people enjoyed with the staff that supported them. One relative told us, "They recruit the right sort of people, I think, mostly kind and chatty."

Staff described to us how they formed positive and caring relationships. One staff member told us how they had worked with one person for some time, and they knew that they had established a good rapport with them when they laughed together. Another staff member explained how they always tried to, "Go the extra mile with people," telling us how they would try to do anything that they person wanted if it helped them to deal with the situation that they were in. They explained, "Just a couple of minutes painting someone's nails can make a big difference to how they think about themselves." Staff also told us how people's cultural needs and preferences were written in the care plan so they can be followed and gave an example of how they worked with someone observing their chosen lifestyle.

People and staff told us there was sufficient time available during each call for staff to develop positive relationships and carry out any tasks in an unhurried manner. We saw that most people's care plans contained details of their life history to support staff in conversations with them, (and this information was being improved in newer versions of the care plan template being used). There was also information about people's likes and dislikes and how this impacted on the way they preferred to be cared for.

People were involved in making decisions and planning how their care was to be provided. People told us how they were visited by staff from the office before they first began to use the service so that they had input into the care plans as they were written. People's preferences were respected wherever possible. For example, one person had been clear how they wished staff to respond to them at different times and this had been accommodated. We saw information was recorded in their care plans and staff affirmed how they responded to the person when they made a call to them. Relatives told us how they were also able to give input into how their family member wanted to receive care. They told us that while some things could be implemented straight away, they had to wait for other things, for example if they wanted a specific call time they may have to wait until that time became free on a regular basis.

Staff we spoke with told us how important it was for people to be encouraged to do as much as possible for themselves and to continue to make daily choices for themselves about how they lived and who they are we well as practical things like what they wore and what they ate. Staff also acknowledged they had a role in ensuring decisions people made in respect of their care were reflected in their support plans and told us how they ensured that they told the office if someone's needs had changed and their care planning documents needed updating.

The staff involved in writing and reviewing the care plans told us how they had recently revised the template

that was used so that people were more involved people in creating their care plan. People were visited in their own home for an assessment of their needs prior to the service commencing and any information given to the service on referral was double checked. This was reviewed after an initial period to check that the person was happy with the support they were receiving and that the care was meeting their needs. After this initial period, each person's care planning information was reviewed annually or whenever their needs changed, whichever was sooner. This meant that up to date information was available for staff.

People were provided with information about how to access an independent advocacy service. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. However, no-one was using the service at the time of our inspection.

The people we spoke with told us they were treated with dignity and respect by staff. One person told us, "Most are remarkably good – chatty, friendly but respectful too." Another person told us how staff took their time and did not rush them. Relatives told us that they felt that staff treated their family members with dignity and promoted their independence.

We spoke with staff who said how important it was to, "Keep private things private," and explained to us how they maintained people's dignity by doing things like closing doors while they were supporting them with personal care so that others could not see them as well as keeping people covered so that they were not left feeling exposed. Staff also told us how important it was to promote peoples independence and ensure that they had as much choice as possible, explaining "Whether that is by making sure they can reach their TV remote to choose what they watch, or eye pointing at the clothes that they want to wear it is all about people keeping their independence."

At the office, we saw that people's personal information was kept in their files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. The records that staff had made were also made sensitively and respectfully. The provider had recorded on the PIR that their work towards maintaining people's dignity had been acknowledged by Derbyshire County Council with an award.

Good

Is the service responsive?

Our findings

People felt that they received the care and support they required. One person told us, "I am very grateful that staff take the time to help me in many ways. If I get paperwork, they take time to read it to me, and explain what I need to do." Where people did have continuity of staff they spoke positively about the support that they received and told us that if was very focussed on their individual likes and needs

Staff understood the importance of the service being personalised to each person. One staff member told us, "We have an 'app' on our phone so we always have the most up to date information sent to us. It pings through if there are any changes and we then read up in the care plans so we know what they are so we are always up to date." One staff member told us how the care planning documents were really useful in helping them to understand what was important to each person and gave them useful guidance in how to engage with people as well as how to support them.

Before people started using the service the amount and length of calls they needed was agreed. Where possible, each call was scheduled for as close to the time the person had requested. Staff told us that there was sufficient time allocated for each call and also enough time for them to travel between calls. We saw that a system of automated alerts informed office staff if a member of staff had not logged their arrival at a person's house. This was then followed up by staff at the office who contacted the person using the service and the member of staff and actions were taken if needed to ensure everyone's safety. Records confirmed that staff punctuality was good and that there had been no missed calls, which confirmed the information that the provider had recorded on the PIR

Information about people's care needs was provided to staff in care plans as well as written in daily notes and communication books where needed. People's care plans described their needs in a concise and personalised way and gave staff clear guidance about the preferred way to care for each person and minimise risk. The care records we looked at showed sufficient information to meet people's basic care needs. The registered manager told us how they were in the process of implementing a revised format for the care plans so that better information was available for staff around things like peoples routines and how people make decisions.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "The first thing I do is talk to the girls (the care workers). They usually sort it out for me." People and relatives told us that they felt that messages would often not get passed to the correct person at the office, and people may not call them back. However, if they had had cause to complain this was taken seriously. We spoke with one someone who had been unhappy with how their care workers had treated them who told us, "I rang the office and complained. They rang back to apologise. Another person told us how they had recently rung the office to complain and told us, "The manager rang me back, and he is coming to see me next week. I hope he will listen to me."

We spoke with staff about how they listened and learned from people's feedback. One staff member told us, "If someone complained to us we would try to speak to the family and put it right ourselves first if we could,"

and went on to explain how they would also report the complaint to the office. Another staff member we spoke with told how they would inform the office if someone was not happy with something and were confident that they would will deal with it appropriately.

The manager was able to show us their complaints file and we saw the correct processes for dealing with complaints were followed. The records we looked at showed that complaints about the service were also routinely picked up during the quality assurance visits that the office staff undertook to ensure that people were happy with the service they were receiving. Where a complaint had been recorded, it had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. Where needed, people's care plans were updated as a result of their complaint.

Good

Is the service well-led?

Our findings

People benefitted from the positive and open culture at Premier Care. We saw people felt comfortable and confident to speak with the staff that were supporting them. We heard that people felt comfortable and confident to speak up if they had any concerns with the staff that were supporting them, although we also heard how people felt that the service had become less personal than it used to be as it had grown. One person told us, "They're a good company, but they've grown a bit too quickly in my opinion." A relative also reflected, "It's all a bit impersonal now, not like it used to be." The records we looked at showed that where a deficiency in the service had been identified, the registered manager took action to minimise the risk of the same thing happening again. For example, when there had been issues with late and missed calls, systems were put in place to enable better monitoring and communication so that people could be sure that they would receive the support they needed. The problem had been resolved with it now being rare that a call was late or missed.

Staff spoke very positively about the management of the service, telling us that they felt well supported by the registered manager and the other staff at the office. They said they felt comfortable raising concerns or saying if they had made a mistake. One staff member told us, "I can speak to my Area Manager if I need to, they will help and encourage me." The Area managers in turn told us that they felt happy to speak to the registered manager for advice and support if they were concerned or worried about anything. The office was open from early in the morning until late at night during the week and also at weekends so that the office staff could be contacted for advice and support if needed.

Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with people using the service was very good.

There was good management and leadership at the service. The provider and the registered manager strived to maintain a 'family feel' at Premier Care. They and had recently reviewed that way that the staff were deployed and created new localised teams in a bid to promote this, ensuring that people received their care from a more consistent group of staff who had to travel less during their working day. Staff told us that these new arrangements were working well. People who used the service were less clear about these new arrangements, but knew who the registered manager was. Everyone was confident that they could contact the office if they needed to discuss their care.

Staff we spoke with told us that they found their line managers to be supportive and helpful when needed. They told us how they appreciated that they were usually given their work in a good block of time so that they were paid for much of the time they were away from home. We heard how spot checks were made on calls to ensure that staff were supporting people correctly and that action was taken if they were not." Staff told us that they found the new technology that had been introduced was easy to use, helpful and ensured that they always had update information to enable them to work more efficiently.

The conditions of registration with CQC were met. The service had a registered manager who understood their responsibilities. They had been in place since June 2014 and had a sound understanding of their responsibilities as well as having established good local links. The registered manager received support from the provider who instilled leadership and direction at Premier Care.

Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received all the required notifications in a timely way, and that actions had been taken where the service might be able to learn from the report being made.

There were systems in place to check on the quality of the service and that the care provided met people's needs. We saw that care planning records were checked and areas for improvement were identified. Any issues which could be related to a particular staff member were raised with them individually. We saw that office staff made phone calls to people using the service to check they were happy with the quality of care they received. We also saw how other methods of gaining feedback such as on line surveys were used. An action plan had been developed based on the findings so that there was a process of continual improvement in place.

The provider undertook regular monitoring of key performance data from the service such as the numbers of missed or late calls, accidents, incidents and complaints. This ensured that any potential areas of shortfall or concern could be identified at an early stage to minimise impact on those using the service. The service also had regular monitoring visits from the local authorities that provided funding to ensure that the service was of a satisfactory standard.

Clear communication structures were in place within the service. The PIR recorded how the office staff met at the beginning of each day to ensure that any arising issues from the previous day were identified and resolved. There were regular staff meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.