Premier Community Services Limited

Premier Community Services

Inspection report

Premier Community Services Limited
21 Claremont Grove
Exmouth
Devon
EX8 2JW
Tel:01395 282740
Website: www.pcsml.com

Date of inspection visit: 21 and 29 January 2016
Date of publication: 15/03/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 21 and 29 January 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. We previously inspected the service in March 2014 and did not identify any concerns or breaches of regulations.

Premier Community Services is a domiciliary care agency. It provides personal care to 44 people living in their own homes. Areas which the service covers includes Exmouth and the surrounding areas of East Devon including Newton Poppleford, Budleigh Salterton, Exton, East Budleigh and Lympstone. The provider said they were looking to expand their services further afield. Visits ranged from half an hour up to nearly seven hours. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

This location is required to have a registered manager as a condition of its registration. When we visited there was a manager in post who had started an application to the Care Quality Commission (CQC) to become the registered

Summary of findings

manager of the agency. The previous registered manager had left their position at the end of September 2015 and had made an application to CQC to deregister as the registered manager of the service. A registered manager is a person who has registered with the CQC 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.

Improvements were needed to the agency's recruitment process, which were addressed by the end of the inspection. People felt safe and supported by staff in their homes.

People and their relatives said they were well supported by the staff. People said staff were caring and treated them with dignity and respect. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns.

Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about the new manager and how the management team worked well with them, encouraged team working and promoted an open culture.

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's' needs. People were supported to receive their medicines by staff that were trained and knowledgeable about the risks associated with them.

Staff really knew people well, took people's preferences into account and respected them. The office team were responsive to changes in people's needs and shared information effectively.

Staff were knowledgeable about ensuring people gave their consent to the support they received. They demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005.

People were supported to eat and drink well when needed. Relatives told us they were always involved as part of the team to support their family member. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

People and their relatives knew how to raise complaints and the registered provider had arrangements in place to ensure people were listened to and action taken if required. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Recruitment processes were not robust and the provider had not ensured staff were of good character. However, this was addressed by the end of the inspection.

People were supported by enough staff that arrived on time and stayed for the required time.

Staff demonstrated an understanding of what constituted abuse and knew how to report any concerns they might have.

People felt safe because staff were reliable and knew how to care for them.

Risk assessments were in place and up to date.

People were supported with their medicines in a safe way.

Is the service effective?

Good

The service was effective

People were supported by staff who knew how to meet their needs. Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People were supported to access health care when they needed to.

People's rights were protected because staff understood the importance of gaining consent and involving people in their care.

Is the service caring?

Good

The service was caring

People using the service praised the caring nature of the care staff. They said they were kind, compassionate and maintained their dignity.

People were involved in how their care was provided on a daily basis

Is the service responsive?

Good

The service was responsive.

People and their families were involved in their care and support, which was regularly reviewed.

People were confident their concerns would be listened to by the provider and acted upon

Is the service well-led?

Good

The service was well-led.

Summary of findings

Although there was not a registered manager working at the service a manager had been appointed. They were supported by the provider had built a strong management team.

Staff spoke positively about communication and how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

There was a commitment by the provider who had implemented a number of effective methods to assess the quality and safety of the service people received.

Premier Community Services

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 21 and 29 January 2016 and was announced. The provider was given short 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 one inspector. Before the inspection, we reviewed the information we held about the service from the Provider Information Return (PIR), and other information we held about the service such as from notifications. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

Before our inspection we sent questionnaires to people who use the service, their relatives and friends, staff and health care professionals. This was to gain their views about the service. We received responses from 45 people who use the service, nine relatives, eight staff and one professional.

During the inspection we spoke with six people using the service or their close relatives, including visiting four people in their own homes. We spoke and sought feedback with 10 staff, including the providers, manager, assistant manager, care staff and office staff.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included two people's care and medicine records, along with other records relating to the management of the domiciliary care agency. These included four staff training, support and employment records, quality assurance audits, minutes of staff meetings and findings from questionnaires that the provider had sent to people. We sought feedback from health and social care professionals and commissioners of the service and received a response from four of them.

Requires improvement

Is the service safe?

Our findings

People were not always protected because satisfactory recruitment checks had not been carried out to ensure new staff were of good character. In one staff file a reference indicated concern from their previous employer which had included working with vulnerable adults. There was no written documentation to evidence that the provider had explored this concern to ensure they were satisfied the staff member was of good character. The provider and manager had identified at the beginning of the inspection and in their PIR that they had plans to improve the recruitment process at the service. By the second day of our inspection the manager and office staff had reviewed all of the staff recruitment files. The provider said they would add additional checks to the interview question sheet to ensure the areas of concern were addressed at the interview stage.

New staff had pre-employment checks before starting work at the service. There was a recruitment checklist at the front of each staff file and new staff were not able to take up employment with the service until these checks had been completed. This included written and verbal references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The manager said they would check the recruitment documents before new staff started work at the service. This was to ensure they were satisfied the new staff member was of good character and all of the recruitment checks had been completed to their satisfaction.

People said they felt safe because they were supported by staff that knew them well and would listen to them. One person said, “They do a lovely job, they know what they are doing and understand my little ways.”

People said care staff arrived promptly to support them with their needs. One relative said, “They are very occasionally late but they always apologise and it is often due to traffic.” Care staff said there were enough staff employed to meet the needs of people using the service. The manager said she was recruiting additional staff to meet the demand for new people wanting support from the service. People said there had been improvements with the continuity of staff that visited them. One relative said, “I have no complaints they are always willing to learn if a new issue arises. We don’t have too many different carers as they need to know what they are doing.”

People received a weekly schedule informing them of which care staff would be visiting them. During our visit we heard office staff ringing people to inform them of changes to their schedule due to staff sickness. The manager said, “If we have sickness we ask staff if they are available to cover and if no one is available, I will go out.” A relative said, “I get a rota they are pretty good, they keep me informed.”

The service had an on call system to enable staff to have someone to call in the event of a concern. The office telephone was also diverted to the on call person so people had a point of contact should they need to speak with somebody. The provider had a computerised system which enabled them to monitor and record staff activity in relation to attending people and to monitor their safety. People said they had not experienced any missed visits.

People’s individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls to identify the risk and contributory factors, such as a decline in their mobility. Senior staff completed an environmental risk assessment which considered people’s risks in their homes. All staff carried a ‘hazard’ form with them and would complete if they had a concern. The provider had supplied each staff member a mobile phone which was linked to the provider’s computer database. If staff had a concern they could record a note on the system and also alert other staff of their concerns.

The registered provider and manager had a good understanding of their responsibilities to identify and report potential abuse to the local authority safeguarding team. Staff had a clear understanding of their responsibility to report any potential abuse and had a good knowledge about different types of abuse. They had received training on the different types of abuse and safeguarding concerns and were regularly updated.

Some people needed support with their medicines. This was discussed with them and they were included in decisions about how they were supported. People said

Requires improvement

Is the service safe?

they were happy they received their medicines safely. Staff said they had received training and felt confident when administering medicines to people. People's care plans guided staff in how to support people with their medicines.

Good

Is the service effective?

Our findings

People said staff knew how to support them. One person said, "They are all very nice and know what they are doing." Another said, "Lovely natured, well trained staff, a pleasure to have in the home."

Staff said they had received an induction before working independently with people. This included completing nationally recognised skills for care induction, reading people's care plans, as well as shadowing with experienced staff. Staff said they found this helpful and enabled them to be confident before they supported people alone. One care worker said, "I did two weeks shadowing across all shifts until I felt comfortable and ready to go, it gave me more confidence. They came out with me and adapted how I did my shadow shifts to suit my way of working, I am very hands on, they worked with me and observed me." On our first visit a care worker on induction came into the office to have a progress meeting with the manager after two weeks of shadowing experienced staff. The manager said, "They would still do more shadowing and when they were happy they would be able to work alone."

Staff said they felt well supported and had regular supervisions. Comments included, "(The manager) said rest up, take care of yourself, she understands the balance of life style, I don't feel I have to battle with this job" and "I could come and ask (manager) anything, I feel part of the team." The manager said she was undertaking work life balance reviews with staff. This entailed listening to how they would like to work to fit in with their home life. They gave two examples where they had made changes to care workers shift patterns which had resulted in less sickness and more committed staff. The provider undertook annual staff appraisals. The provider said they intended to work with the new manager so they would undertake appraisals in the future as they had a better knowledge of staff training needs and concerns.

Staff said they felt well prepared and had received training. Comments included, "The training is really good, they go through things thoroughly." And "I feel able to do my job." Staff had received training during their induction and also undertaken the provider's mandatory training. This included, manual handling, safeguarding of vulnerable adults, basic first aid and infection control. They were expected to complete update training to improve their skills on a regular basis. Staff also undertook training to help them support people with specific needs. For example, peg feed training (artificial means of feeding for people who have difficulty swallowing), end of life training, dementia care and diabetes. The computer system used by the provider identified if staff had the required training to be allocated to a person. For example, if a person had diabetes, only care workers trained in diabetes could be allocated to support that person. One care worker said how they had completed peg feed training and how it had helped them when supporting a person. They also said they shared their knowledge and ideas during team meetings to support other staff. A relative said, "They are well trained, I have recommended them to two other ladies."

Care workers knew how to respond to specific health and social care needs. This included recognising changes in people's health and well-being. During a visit to a person's home we heard a care worker alerting the relative that the person appeared hot and that they might have an infection. After a discussion, the relative said they would monitor the person and contact the doctor if required. This was documented this in the person's care records. Another relative said staff were quick to recognise changes. They took action to contact them and health professionals in a timely manner. One care worker said, "If we notice things we can say to the manager, for example if it is taking longer to help someone, they are assessed straight away."

People were supported to see appropriate health and social care professionals when they needed to. It was clear from people's care records, that health and social care professionals were involved in people's individual care on an on-going and timely basis. For example, GPs and occupational therapists. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage good health care. A health care professional commented, "I find the service really good and helpful, the communication is excellent and when I meet with them for joint visits they are good and appear knowledgeable." Another said, "The service itself have adapted to change in the needs of (person) …supported (person) to attend impromptu and planned health appointments, they have arranged and supported and contacted me to advise any further action required after appointments.

Relatives said staff were supportive when they needed help with their family member's well-being. For example, a letter

Good

Is the service effective?

to the provider thanked a staff member for the excellent support they had given. The letter went on to say, "The office staff listened to me intently every time I phoned the office seeking help and advice on what I should do and passing information on to those who needed to know."

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. We checked whether the service was working within the principles of the MCA. People said staff always checked that they were happy to be helped. One person said, "They always ask before they help with anything." Staff said they were aware of a person's right to accept or refuse care. They had an understanding of the MCA, and had received relevant training about this. As part of the initial assessment people were asked to sign the provider's 'consent to care document'. Where people did not have the capacity to sign this document a capacity assessment was carried out and where required a best interest decision was undertaken. Staff said they always ensured that people consented to their care. The registered provider and manager had an understanding of the MCA and was aware of their responsibility to ensure decisions were made within this legislation.

People were supported to maintain a balanced diet. At the time of the inspection the service supported 30 people by preparing main meals and snacks. All staff had received training in food hygiene. Where staff had concerns about a person losing weight, they would support them to increase their dietary intake or work with them to contact their GP.

Good

Is the service caring?

Our findings

People and relatives were very positive about the staff. Comments included: "They are smashing all very nice."; "The girls are really nice, I have to feel comfortable with them coming into my home."; "They (the provider) seem to pick nice ladies, they are careful in who they pick.": "All been very nice, I can't grumble about any of them"; and "The attention and care I have had from this caring band of ladies has been perfect and I have been thankful to have had the service."

Care workers were positive about the care people received. Comments included, "Every carer I meet young and old are friendly, polite and dressed well. They are always willing to help, nobody rushes, we all have the same level of training and want to provide good care."; "I feel I am a guest in people's homes so treat them as family"; and "I feel we are committed to give good care, we have family values … the people we visit are an extension of our family they could be our mum or family."

People said staff supported them to make their own decisions about their daily lives. One person said, "I can do a lot for myself, I am quite independent, they help me dress but always ask me what I want them to do." They went on to say how a care worker had suggested buttering the bread for their sandwich at lunchtime and how much this would help as they were a bit wobbly. A relative complimented a care worker for their initiative and undertaking additional tasks to support their family member. They said, "(care worker) is extra helpful and thoughtful she will make the bed she is absolutely the top." Relatives said they were involved with their family members care planning and they felt listened to.

People and relatives said they received support from care workers who knew them and their needs well. During a visit to a person's home we observed the interaction and relationship which had been built up between the care workers and their spouse. There was a happy banter and throughout the visit they discussed the person's needs. For example, the person wished to stay in bed and they asked how best to position them. The relative said, "The girls are absolutely excellent, the men as well, I am very much involved when they visit."

People said staff respected their dignity, always knocking and waiting to be invited in to their personal space. One relative said how staff treated their family member with dignity and respect, when they did personal care. They said, "They always cover mum up to keep her warm and not exposed. They maintain her dignity always."

Staff were aware of people's ability, and were adaptable for people whose ability may fluctuate. Staff said they had good communication systems and they were kept up to date to ensure they knew about any changes with a person's care needs. For example, a person had been started on a course of antibiotics for an infection. A note had been placed on the provider's computer system which all staff could access via their work mobile phone. A message had also been sent to the next care workers supporting the person to make them aware. Staff said they were kept informed of changes promptly and that they liked the mobile phone system. One staff member said, "If I go to a client I can click on task notes to see if anything has changed." The senior care worker said they would put in place an acute care plan if someone's needs changed along with a note on the staff mobile phones. The assistant manager said all staff were allocated a highlighter pen, so they could highlight anything in people's records to bring it to the attention of other staff. They went on to say that all staff completed 'folder' training to ensure they were all aware how to complete documentation consistently.

Good

Is the service responsive?

Our findings

People and relatives said they were involved in planning their care. One person said, “They came and saw me and asked what I wanted and we went from there.” Relatives said they had been asked for their views and opinions when planning their family member’s care. One relative said, “I am always kept informed and they always involve me.” People and relatives said staff understood their needs and provided the support they needed.

Senior staff undertook people’s initial assessment. They completed the risk assessments and put it the care plan. They had a tick sheet to ensure all of the relevant documentation was in place.

Staff knew about each person’s needs. They said that information in peoples care records and information accessible via their mobile phones supported them to meet people’s needs. We looked at care records with two people and they agreed the care plans were accurate and reflected the support they received. People confirmed that their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. The care folders contained personal information and identified the relevant people involved in people’s care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was correct. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people’s care files enabled them to support them appropriately.

People said they felt they were supported by care workers who spent the right amount of time with them. Staff said they could spend the full time with people they supported. The manager was able to monitor that care workers stayed the allocated amount of time. The provider had allocated all staff with a work mobile phone which they used to scan the person’s notes on arrival and when leaving. This would send back the information to the provider’s database so visits could be monitored.

People and their relatives said they felt comfortable to raise any concerns, and knew who to speak to. One person said, “I would be happy to make a complaint but have never needed to complain, I would be happy to keep using the company if I needed more care.” Another said, “If I had a concern I would ask for the manager or (assistant manager or senior carer).” Each person had an information sheet advising people and their relatives how they could raise a concern.

There were clear arrangements in place for recording complaints and any actions taken. The provider had received complaints where people had requested they did not want a particular care worker. The manager had taken action to address people’s concerns and the provider was undertaking an investigation into the concerns.

Good

Is the service well-led?

Our findings

This location is required to have a registered manager as a condition of its registration. When we visited there was a manager in post who had started an application to the Care Quality Commission (CQC) to become the registered manager of the service. The previous registered manager left their position at the end of September 2015 and had made an application to CQC to deregister as the registered manager of the service. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The new manager worked three days a week and an assistant manager had been appointed to add additional support. The manager said, "We are building it up again we have maintained levels of safety and feel we have an excellent team in place to move forward." The provider visited the office at least three times a week to support the manager and staff. The manager said they felt supported by the provider and they could contact them at any time. They went on to say they respected them and their knowledge. They gave an example where the provider was taking the lead regarding a human resource (HR) procedure in order to teach them the procedures.

Staff were positive about the new manager. Comments included: "(Manager) is really good, very good leader, work as a team, work well together, we bring our strengths and weaknesses to the team and resolve problems"; "Everyone really open, (manager) is fantastic always here to listen to concerns"; and"The manager is very good; she has a good background and is good at dealing with things."

The management team and office staff said the new management structure was working well. Comments included: "We are trying to get our systems in place… it is better here we work as a team, we are all open" and "We are building into a really good team. We all bring something to the team now." Staff said they were supported by the management team. They said they could report concerns and they would be actioned in a timely way. One care worker said, "I love it, I feel really safe and secure, there is always someone in the office to call … all procedures are in place." Another said, "We feel supported by the management it is a nice team at the moment." A health professional said, "Communication from the provider has been very prompt and clear using different channels of reporting to ensure message gets through."

The service had a contract with the NHS 'hospitals at home service' which operates in the east Devon area (the service enables people to stay at home during their treatment and remain independent, while still receiving all the care they would on a conventional hospital ward). The manager had been pivotal in setting up this contract and attended regular meetings to discuss issues and changes. The manager said they were happy with the arrangements they had with the commissioner's of the service. They demonstrated to us how they ensured staff were supported by having the information they needed to provide appropriate support. They gave an example where a care worker had contacted them because of concerns about a person's medicines which had been quickly resolved.

The provider and manager ensured staff were kept informed and actively sought their views. A staff meeting was held every six weeks. A full staff meeting was held every February to discuss the outcome of the yearly service user's and staff questionnaires. The manager and senior staff had a handover meeting each morning from the person who had been on call to discuss events overnight. There was also a small meeting each afternoon at the office to discuss anything that has happened throughout the day. A member of the office staff said, "There is constant feedback and reporting. The carers are happy to come in because we are open and honest."

The office staff produced a regular newsletter for staff. The January 2016 newsletter included staff updates, work life balance reviews, information about policies and procedures and reminded staff to highlight if changes were needed to people's care plans. At the end of the newsletter staff were encouraged to put forward any suggestions and ideas they had to improve the service.

Each person's care folder has a copy of the provider's philosophy of care. It stated the services aim, 'To meet our client's requirements so ultimately our clients can maintain their independence and live as independently as possible in their environment of choice'. This was demonstrated in the way the management team worked with people to receive support in their own homes.

Good

Is the service well-led?

People were asked to share their views about their experience of the service and the quality of their care through satisfaction questionnaires. These were then analysed and any actions completed as part of an action plan in a timely way. People and their relatives responded that they were happy with the service. The provider had written to people to inform them of the survey results. The provider said they would be sending out this year's annual survey in February 2016. People received a newsletter twice a year to inform them of any changes to the office staff structure or information they might need to know.

The manager and senior staff completed regular checks to ensure the quality of care. For example care plans were checked regularly. The manager had implemented regular spot checks to see how staff supported people that used the service. These are unannounced visits by senior staff to check staff presentation, whether they used gloves and aprons when required and whether they completed documentation correctly. This was in addition to observation visits which were already in place to check how competent staff were when supporting people to mobilise and with the administration of medicines. The assistant manager said, "The amount of spot checks we do will depend on the carer and how much we need to support them." Each month people's archived records were taken to the main office where they were audited by the management team.

The provider was reaccredited with Investors in People in June 2014. To achieve the accreditation standards, the provider had to demonstrate good leadership, ways of supporting staff, making it a good place to work and sustaining improvement a the service.