

Miss Shantele Morris

Premiere Care UK

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We undertook an announced inspection of Premiere Care UK on 6 November 2018. The service is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection, the service provided care to 18 people, four of whom received personal care. The Care Quality Commission (CQC) only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service is owned and managed by Shantelle Morris, who is the director of the service. As Shantelle Morris is registered with the CQC as the provider, there is no requirement for a separate registered manager for this location.

The service first registered with the CQC on 24 November 2017. This inspection on 6 November 2018 was the first inspection for the service.

One person and relatives we spoke with were positive about the care provided and said they were satisfied with how the service operated. One person we spoke with told us they felt safe in the presence of care workers. This was also confirmed by relatives we spoke with who told us that they were confident people were safe. Feedback indicated that care workers were competent and professional. They told us that people had been treated with respect and dignity by their care workers. There was a safeguarding adults' policy and care workers said they would report concerns immediately to the director.

Individual risk assessments were completed for people which included an environment and health risk assessment. These included information about potential hazards and instructions for care workers. We however noted that one person was at risk of falls and there was a lack of information for staff on how to mitigate this risk. We discussed this with management and they advised they would review their risk assessments and ensure they included the appropriate information.

We looked at the recruitment records to check whether necessary recruitment checks had been carried out. We found some background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. We however found that one care worker did not have evidence of an enhanced criminal record check and the majority of references obtained for care workers were not professional references. We discussed these shortfalls with the director and following the inspection she took appropriate action to improve this.

The director confirmed that the service did not currently prompt or administer medicines to people at the time of the inspection. As a result of this we did not look at how the service managed medicines as part of this inspection.

One person and relatives we spoke with told us their care workers were punctual and raised no concerns in respect of care worker's timekeeping. They also told us they received care from the same care worker on a regular basis.

The service had a training programme to ensure care workers were competent and able to care effectively for people. They had the necessary support and supervision from the director. Teamwork and communication within the service was good.

Feedback from people indicated that positive and close relationships had developed between people using the service and their care worker. Care workers were aware of the importance of treating people with respect and dignity.

Care plans provided information about people's life history and medical background. People's support plan outlined the support people needed with various aspects of their daily life and included detail about people's care preferences, daily routine likes and dislikes and people that were important to them.

Care workers had received training in the Mental Capacity Assessment (MCA). Care workers we spoke with were aware of the importance of ensuring people were able to make their own decisions as much as possible. Care plans included information about people's communication needs.

A complaints procedure was in place. One person and relatives spoke positively about the service and told us they thought it was well managed and raised no concerns.

The director explained that the service aimed to put the needs of people and their families at the "heart of everything" they do. The core focus of the service is "inspiring companionship whilst providing the highest quality of care".

There was a management structure in place with a team of care workers and the director. All staff spoke positively about the management and culture of the service and told us the director was approachable if they needed to raise any concerns.

One person and relatives expressed confidence in the management of the service. The director explained that some audits had been carried out but she was still in the process of implementing these. We did not see documented evidence of comprehensive completed audits including audits of care plans, risk assessments, accidents, complaints and punctuality. The director informed us that the service had only started getting more work recently and they were in the process of preparing a comprehensive audit checklist.

During the inspection, the director explained to us that they would make improvements to aspects of the service identified. However, we needed to be sure that these processes had been implemented consistently over a significant period of time and therefore we have rated the service as "Requires Improvement".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was mostly safe. There were some aspects of the service that required some improvement in respect of risk assessments and recruitment checks.

Processes were in place to help ensure people were protected from the risk of abuse.

Infection control measures were in place and care workers observed hygienic practices.

Requires Improvement 

Is the service effective?

This service was effective. Staff told us they felt supported by management. Staff had completed relevant training to enable them to care for people effectively.

People's health care needs and medical history were detailed in their care plans.

Care support plans included information about people's communication.

Good 

Is the service caring?

The service was caring. One person and relatives told us they were satisfied with the care and support provided by the service.

Care workers were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity.

Care support plans were person centred, individualised and specific to each person's needs. They included information about people's preferences and their likes and dislikes.

Care workers were able to form positive relationships with people.

Good 

Is the service responsive?

Good 

The service was responsive. Care plans included information about people's individual needs and choices.

The service had clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

One aspect of the service was not well led. Some checks of the service had been carried out. However, there was a lack of documented evidence of regular and comprehensive audits of the service. This is needed to identify and promptly rectify deficiencies.

One person and relatives expressed confidence in the management of the service.

The service had a management structure in place with a team of care workers and the director of service who managed the service. Staff were supported by management and told us they felt able to have open and transparent discussions with them.

Requires Improvement 

Premiere Care UK

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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 6 November 2018. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

During our inspection we went to the provider's office. We reviewed three people's care records, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

During the inspection we spoke with the director who managed the service. Following the inspection, we made attempts to contact people that received 'personal care' or their relatives. The majority of people who received care were unable to communicate with us via telephone and we therefore contacted their relatives. We spoke with one person who received care from the service and two relatives. We also spoke with three care workers.

Is the service safe?

Our findings

One person we spoke with told us they felt safe and comfortable in the presence of care workers. This person told us, "Yes I feel safe. It is very good. I can't complain." Relatives we spoke with told us they were confident people were safe and said they had no concerns regarding people's safety when care workers provided care. One relative said, "[My relative] is safe. They do a good job." Another relative told us, "[My relative] is safe and comfortable."

Individual risk assessments were completed for people which included an environment and health risk assessment. These included information about potential hazards and instructions for care workers. We however noted that one person was at risk of falls and there was a lack of information for staff on how to mitigate this risk. We discussed this with the director and she confirmed that she would review risk assessments and include further information about potential risks and how to mitigate these.

The service had safeguarding policies and procedures in place to help protect people and help minimise the risks of abuse to people. The policy referred to the local authority, police and the CQC. Care workers had received training in safeguarding people and training records confirmed this. Care workers we spoke with were able to describe the process for identifying and reporting concerns. They told us that if they saw something of concern they would report it to management immediately. We however noted that care workers we spoke with were not aware that they could also report their concerns to the local authority, police and the CQC. We discussed this with the director and she explained that training had covered this but confirmed that staff would receive a refresher session. The service had a whistleblowing policy and contact numbers to report issues were available. Staff we spoke with were confident about raising concerns about any poor practices witnessed.

We spoke with the director about medicines administration and she confirmed that the service did not currently prompt or administer medicines to people. As a result of this we did not look at how the service managed medicines as part of this inspection. We did however speak with the director about arrangements that would be in place if they did assist people with medicines and she confirmed that they had appropriate medication administration records (MARs) in order to record administration of medicines.

We looked at the recruitment records for the four members of staff to check whether the necessary recruitment checks had been carried out. We found some background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. We noted that three of the staff files, included evidence of enhanced criminal record checks. However, these were obtained by their previous employer and not by the service. Guidance states that the current service should obtain another criminal record check if the one from the previous employer is older than three to six months. We also noted that one care worker did not have evidence of an enhanced criminal record check and we raised this with the director. She explained that the care worker had not provided this yet and that as a result she had considered the potential risks and had a risk assessment in place. This detailed that the care worker was not to provide care unless accompanied by another care worker. The director reiterated that the care worker did not work alone. We queried why the

service had not obtained an enhanced criminal record check themselves and the director advised that she had experienced difficulties obtaining this due to issues with her login account for obtaining criminal records checks. Following the inspection, the director confirmed that she had resolved the issues with her login account and had requested new enhanced criminal record checks for care workers and provided documented evidence of this.

We noted that written references had been obtained for care workers. However, we noted that the majority of these were character references. We raised this with the director and she explained that some of the care workers had not worked for a significant period prior to working at the service and therefore did not have professional references. We saw evidence that where character references had been obtained, the service had documented evidence that they had called the referee to confirm they were authentic. The director explained that the service always endeavoured to obtain professional references where possible.

We spoke with the director about staffing levels. She explained that the service was safely able to meet people's needs with the current number of care workers they had. She also explained that she also worked as a care worker and said, "I genuinely enjoy helping people so I also work as a care worker. I absolutely love it." She explained that as the service expanded, she would recruit more care workers and there was flexibility in respect of this. She also explained that the service aimed to provide consistency and continuity of care and they did this by ensuring that people received care from the same members of staff. We spoke with one person and relatives about whether they received care from the same care workers and they confirmed this. One person said, "I have the same carers." Another relative told us, "[My relative] has the same carers. There is continuity."

The service had an electronic monitoring system in place which monitored when care workers arrived for a visit and when they left. The director also explained that when care workers were newly recruited they were also required to text her to inform her that they had arrived at a person's home. The director explained that if a care worker had not logged a call to indicate they had arrived at a person's home or that they were running late. In this case, she would contact the care worker to ascertain why a call had not been logged and take necessary action. This system enabled the service to monitor care worker's punctuality and attendance. The system produced data with regards to staff punctuality and attendance and enabled the service to monitor this. No concerns were raised about punctuality and attendance by one person we spoke with and relatives. One person said, "They are on time. Punctuality is very good. They always stay for the duration." One relative told us, "There are no issues. They are always on time."

The service had a system in place for recording accidents and incidents. We noted that the service had an accident and incident policy in place. The director confirmed that since the service had started operating, they had not had any accidents or incidents.

The service had an infection control policy. Care workers we spoke with were aware of good hygiene practices such as washing hands and the importance of good hygiene. The service kept a stock of protective clothing and equipment. Care workers said they had access to protective clothing including disposable gloves and aprons. People and relatives informed us that care workers followed hygienic practices and also said that care workers wore uniforms and identification badges.

Is the service effective?

Our findings

One person who used the service and relatives told us they were satisfied with the care provided by care workers and had confidence in them. One person said, "The carers know what they are doing for sure. One relative told us, "Carers are professional and competent." Another relative said, "The care has been good."

During the inspection, we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their role and responsibilities. Care workers were provided with appropriate training. The director had the necessary qualifications to train care workers and she confirmed that she provided classroom based training for care workers. Training provided was in accordance with the 'Care Certificate'. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Topics included equality and diversity, moving and handling, mental capacity, dementia, health and safety, safeguarding adults and first aid. All care workers had completed their level one award in Health and Social Care. Care workers confirmed that they had received the appropriate training for their role and spoke positively about the training they received. When speaking about the training provided, one care worker said, "Really good and helpful training." Another care worker told us, "The training was fine." Another care worker said, "[The director] is a brilliant trainer. The training is excellent."

Care workers undertook an induction when they started working for the service. Care workers we spoke with told us that the induction prepared them to do their job effectively. The director explained that the induction provided hands on training and she ensured care workers were provided with practical support. She also explained that before newly recruited care workers started providing care to people, they shadowed the director or senior members of staff so that they were able to understand the needs of people they would be supporting.

The registered manager explained that care workers received a three month review after they had completed three months working at the service and we saw documented evidence of this. Following this, care workers received supervision quarterly and this was confirmed by care workers we spoke with. We observed that care workers had not yet worked at the service for a year and therefore an appraisal had not yet taken place.

We discussed with the director how the service met people's health and nutrition needs. She confirmed that the service did not prepare meals for people. Instead they heated food and prepared breakfast and supported people with their eating where required. Training records confirmed that staff had received food hygiene training. Care support plans included information about people's dietary needs and requirements, personal likes and dislikes and allergies. People's cultural needs were respected in respect of foods they liked to eat. For example, where people were unable to eat certain foods for religious reasons, this information was included in their care support plans.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care workers had received training in the MCA. Care workers we spoke with were aware of the importance of ensuring people were able to make their own decisions as much as possible. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests. They were also aware of the importance of ensuring people were given a choice and an opportunity to make their own decisions where possible.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included information about people's communication and levels of comprehension. However, we observed that there was not a mental capacity section in care support plans. We raised this with the director who confirmed that this would be included in care support plans. It was evident that care support plans were prepared with the involvement of people and this was confirmed by one person we spoke with and relatives. However, we noted that care plans had not been signed by people or their representatives to indicate that they had been involved in their care and had agreed to it. We raised this with the director and she confirmed that she would ensure people or their representatives signed this.

Is the service caring?

Our findings

One person and relatives we spoke with told us care workers were caring and spoke positively about the service. One person said, "Carers are very much kind and helpful." One relative said, "They are very nice and caring." Another relative told us, "The carer is lovely and very nice. She listens."

People's care plans contained information about their background, life history, language spoken and their interests. The director explained that this information helped care workers to understand people and ensured that the service provided suitable care workers who had similar interests. The director explained that where possible, care workers were matched with people who spoke the same language, had the same type of interests and background so that they had things in common to talk about. The director explained that one person requested a care worker that spoke the same language and therefore she employed a care worker who could fluently speak the same language so that they were able to meet the person's needs and preferences.

People had been consulted about their individual needs including their spiritual and cultural needs. Care support plans included information about people's cultural and spiritual values and provided information to care workers on how to ensure they respected people's customs and traditions. The service had a policy on ensuring equality and valuing diversity. This stated the importance of ensuring all people were respected regardless of their background. The director explained that one key aspect of the service was to ensure that all people's individual culture was respected that their care was tailored to meet their individual needs.

The service involved people and their relatives in preparing and organising care for people. This was confirmed by one person and relatives we spoke with.

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people when they provided personal care. They told us they did this by ensuring that where necessary, doors were closed and curtains drawn when attending to people. They had a good understanding of ensuring they were caring and respectful towards people using the service. They were aware of the importance of ensuring people were given a choice and promoting their independence. One care worker told us, "When I am providing personal care I always ensure people have privacy. I always talk to people and put their needs first." Another care worker said, "One of the first things I do is I always greet people and talk to them. I always ask them how they are and I always ask them what they want. I always involve people."

The service had an informative website which provided information about the aims of the service. The service's motto is "Smarter Care because we care together." The director explained that the service aimed to put the needs of people and their families at the "heart of everything" they do. The core focus of the service is "inspiring companionship whilst providing the highest quality of care".

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells

organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The director explained that the service was newly registered and they intended to meet this standard. She stated that care workers were matched with people who spoke the same language so that communication with people was effective.

Is the service responsive?

Our findings

One person we spoke with and relatives told us they were satisfied with the level of care provided and said they felt listened to by the service. People and relatives told us the service communicated well with them and kept them informed of developments. One person said, "They contact me. They have regular contact for reviews." One relative said, "They always call for feedback and ask how things are. They keep me informed. Communication is good." Another relative said, "[The director] is a good communicator."

Care workers we spoke with told us that the service was responsive. They spoke positively about management and said that they were confident that management would respond if they had any concerns or queries. When asked how communication was between the office and care workers, one care worker told us, "I am always kept informed. It is the way it works at the agency." Another care worker said, "Communication is really good."

The service had procedures for receiving, handling and responding to comments and complaints. One person and relatives we spoke with told us they did not have any concerns or complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that where they had experienced issues with regards to the service, they had contacted the service to discuss this. They told us that the service had listened and responded appropriately. They told us they had confidence in the service. Records indicated that the service had not received formal complaints since the service started operating.

The director explained that the service had not yet carried out a satisfaction survey as it had not been operating for a year. She explained that the survey was due in January 2019. She explained that she carried out regular telephone monitoring to ensure people were satisfied with the care they received. This was confirmed by people we spoke with. However, we noted that these were not consistently documented. We raised this with the director who confirmed that she would ensure that telephone monitoring was documented clearly.

People's care support plans included detailed information about people's life history which included information about important people in their life and significant events. Care support plans also included information about people's medical background and needs. The support plan outlined the support people needed with various aspects of their daily life such as personal care, eating and drinking, communication, mobility and religious needs. Care plans were person-centred and specific to each person and their needs. We saw that care plans detailed people's care preferences, daily routine likes and dislikes and people that were important to them. We also noted that these included pictorial format and were user friendly. It was evident that people had been involved with their care and one person we spoke with and relatives confirmed this.

The service had an informative service user guide which was provided to people who used the service. The guide provided important information about the service and highlighted important procedures.

Is the service well-led?

Our findings

One person and relatives we spoke with were positive about how the service was managed and said it was well managed. One person said, "I can reach the office and [the director] is approachable." One relative said, "It is a good agency." Another relative told us, "It seems to be operating fine."

There was a management structure in place with a team of care workers and the director who managed the service and worked as a care worker. Care workers told us that morale amongst staff was positive and that they worked well with one another. They also said they were always able to contact the office and said that office staff and care workers communicated well with one another. Care workers told us they felt confident about approaching management if they had any queries or concerns and said they would not hesitate to do so. One care worker said, "I get a lot of support from [the director]. If I have any queries, she is so easy to talk to. The support is definitely good." Another care worker told us, "The [director] is hands on. I'm impressed with her as a manager. She is very straightforward. I'm definitely supported. She is very helpful. She is therefore the client. She is fantastic." Another care worker said, "The support is great. [The director] is hand on. The agency is managed well. I am confident in the company."

We discussed how the service monitored the quality of care provided. The director explained that they had started some checks and audits. These included care support plan reviews and staff file checks. The director also obtained feedback from people and their relatives to review the care provided. We found some checks and audits were carried out but we found that these were not consistently documented and were not always effective at identifying issues. Comprehensive audits enable the service to check that it was adhering to the required standards and regulations and identify any shortfalls or deficiencies. During the inspection, we saw evidence that the service had a recruitment audit in place. However, we noted that failed to identify some of the deficiencies we found in respect of employment checks and was therefore not effective. We also noted that the service had failed to review their risk assessments and had failed to identify shortfalls with these. We raised this with the director and she said that the service was new and they had only started getting more contracts recently and she was still in the process of preparing comprehensive audits. She advised that audits and checks were due to be carried out at the end of November 2018.

The service had policies and procedures to provide guidance for care workers. These included the safeguarding procedure, equality and diversity and a complaints procedure.

The director explained that staff meetings took place monthly and were held for staff to ensure that they were informed of developments within the service and provided with essential guidance on the care of people. This was confirmed by care workers we spoke with. However, we noted that these were not consistently documented. We raised this with the director and she confirmed that in future she would ensure these were consistently documented.

The service produced a newsletter that was published quarterly and available to people who used the service and staff. This newsletter provided details of important communications and updates about the organisation as well as important practical information.

