

Premier Carewaiting Limited

# Premier Carewaiting Limited

## Inspection report

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23 March 2016

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 26 February and 23 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection.

Premier Carewaiting is registered to provide personal care to people in their own homes. At the time of the inspection they were providing a service to approximately 100 people.

The service has 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 and associated Regulations about how the service is run. The registered manager is also the registered provider

The provider had not notified the Care Quality Commission (CQC) of incidents which had occurred within the service as required by the CQC.

People who used the service and their relatives were very happy with the quality of care provided. They told us that they were supported by regular care staff who provided continuity of care.

Staff supported people to make choices about their care. Systems were in place to ensure that their human rights were protected and that they received care and support in line with the Mental Capacity Act 2005.

Systems were in place to ensure that people received their prescribed medicines safely and appropriately. Medicines were administered by staff who were trained to do this.

Staff received the support and training they needed to give them the necessary skills and knowledge to meet people's assessed needs, preferences and choices and to provide an effective and responsive service.

People were protected by the provider's recruitment process which ensured that staff were suitable to work with people who need support.

People were encouraged to maintain their skills and to be as independent as possible.

Systems were in place to support people with their nutritional needs.

The registered manager monitored the quality of the service provided and sought feedback from people about the service.

Staff told us that they received good support from the registered manager. They were confident that any

concerns raised would be addressed. People who used the service and their relatives also felt able to talk to the registered manager and said that any issues were dealt with quickly.

People received a safe service. They were supported by caring staff who treated them with respect and kindness.

Care staff liaised with relevant health and social care practitioners and with relatives to support people with their healthcare needs.

We found one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

## 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 provided was safe. Systems were in place to ensure that people were supported safely by staff.

People were supported to receive their medicines appropriately and safely.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

### Is the service effective?

Good ●

The service provided was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs.

The staff team received the training they needed to ensure that they supported people safely and competently.

The service worked within the Mental Capacity Act 2005 and people were able to make choices about their daily lives.

Systems were in place to support people with their nutritional needs.

### Is the service caring?

Good ●

The service was caring. People were happy with the staff that supported them. They told us staff were kind, caring and respected their privacy.

People were encouraged to maintain their independence and to do as much as possible for themselves.

People's cultural and religious needs and wishes were identified and they were supported to meet these.

### Is the service responsive?

Good ●

The service provided was responsive. People received person centred care from regular care staff.

Care plans contained sufficient information to enable staff to provide personalised care and support.

Care staff provided a service that was responsive to people's changing needs and wishes.

**Is the service well-led?**

The service was not always well led. The registered manager had not made the legally required notifications to the Care Quality Commission.

The registered manager monitored the quality of the service provided and sought feedback from people about the service.

Staff told us that the registered manager provided clear guidance and that they were aware of what was expected of them.

**Requires Improvement** 

# Premier Carewaiting Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 February and 23 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. The inspection was carried out by two inspectors.

At their last inspection in February 2014 this service met the standards that we inspected.

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. Before our inspection, we reviewed the PIR and other information we held about the service.

During the inspection we spoke with the registered manager, office manager and a care coordinator. We looked at four people's care records and other records relating to service. This included four staff files, training and four medicines records.

After the inspection we spoke with 12 people who used the service and 15 relatives. We also spoke with five care workers and the local authority quality monitoring team.

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt the service was safe. One person told us, "I feel safe, they are careful." A relative said, "No issues or concerns. Happy with the service provided."

Staff told us and records confirmed that they had received safeguarding adults training and were clear about their responsibility to ensure that people were safe. Staff and people who used the service were confident that any concerns would be listened to and dealt with by the registered manager. The registered manager had raised potential safeguarding issues and had worked cooperatively with the local safeguarding team when needed. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

The provider had a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. Staff files showed that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who use services. People were protected by the recruitment process which ensured that staff were suitable to work with people who use services.

People who used the service were protected from risks. We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible. People's care plans covered areas where a potential risk might occur and how to manage it. For example, personal care, mobility and eating and drinking. Risk assessments were relevant to each person's individual needs.

People who needed support with their medicines told us that they were satisfied with the arrangements. Care staff received medicines training to enable them to safely support people with their medicines. This had included additional training from a district nurse for staff who supported a person whose medicine was administered via patches placed on the skin. Each person had a medicines administration record (MAR) where care staff documented when a person had taken their medicines. Copies of these records were held on file in the office. Medicines administration records (MAR) showed they had been appropriately completed and entries up to date. People were supported to receive their prescribed medicines safely.

The service had systems in place and staff available to cover emergencies, staff sickness and absences. In addition to having staff that could be called on to cover gaps in the service the registered manager, care coordinator and team leaders all provided direct care when needed.

People and relatives told us staff consistency was very good. One relative said, "[Our relative] has had the same care assistant for well over a year, this has meant they've really been able to get to know each other." Another relative said, "We've been very fortunate to have only one change of carer in 18 months. Both have been great and both got to know [our relative] and us as a family very well." One person said, "On the whole I'm happy because I get the same staff each time." Sufficient staff were employed to ensure that people

received a consistent service from regular staff who were aware of their needs and how to meet these.



## Is the service effective?

### Our findings

People who used the service and their relatives were happy with the care provided and felt care staff demonstrated appropriate levels of training and competency. One person told us, "Carers have always seemed very bright, very switched on. In my opinion they definitely know what they're doing." Another person said, "Staff seemed to be very well trained, they've never had a problem doing anything I've asked of them." A third person stated, "The carers are absolutely fantastic. They look, talk and dress like professionals. This is really important to me. They need to look the part and act the part."

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs and preferences. Care staff told us and records confirmed that they received the training they needed to support people who used the service. One member of staff told us that training was "okay" and that the registered manager scheduled in training. Another staff member said, "There is so much training in all the areas". Training was provided by a separate training company and this included induction and ongoing training. Topics covered included safeguarding, infection control, moving and handling, mental capacity, medicines and dementia. In addition to short courses staff were supported to achieve qualifications in health and social care. People were supported by staff who received appropriate training to enable them to provide a service that met their needs.

Staff told us, and records confirmed that they received good support from the management team. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). Therefore people were supported by staff who received support and guidance to enable them to meet their assessed needs.

Systems were in place to share information when needed. Relatives told us that they were pleased with the level of communication from their family member's main care staff. One relative said, "The carer is intelligent about what [my relative] needs and knows when contact with us is appropriate. Because of this I don't have to travel so far to see them all the time." Another relative told us they were very happy with how closely care staff had worked with their family member after they came out of hospital. They said that communication between the care staff and family had been excellent and that they had been kept up to date with appointments and how their relative was.

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 by the Court of Protection). We checked whether the service was working within the principles of the MCA. Staff had received MCA training and were aware of people's rights to make decisions about their lives. At the time of the visit it was not necessary for any of the people who used the service to be deprived of their liberty. Systems were in place to ensure that people's legal rights were protected.

Systems were in place to support people with their nutritional needs when this was part of their care package. One relative said they were happy with the perseverance of care staff in encouraging their family member to eat breakfast. They said, "There's been no pressure on time, they have been really patient and I'm happy with how they've tailored breakfast to [my relatives] needs." Staff explained how they supported people to have drinks when they were on their own. One member of staff told us that one of the people they supported loved tea so they had decided between them that the care staff would make a flask of tea and leave it with them.

We asked people and relatives if care staff liaised with health professionals. One person said, "I make my own GP appointments but staff are good at reminding me and perhaps nudging me when I need to make an appointment to be seen by a doctor." A relative told us, "[My relative] has a live-in carer who has built a good knowledge of their healthcare needs. They liaise a lot with the speech and language therapy team and a dietician. They also manage [my relative] when they have little seizures and have listened to advice from the doctor." People were supported by care staff, relatives and health care professionals to maintain their health and wellbeing.

## Is the service caring?

### Our findings

People told us that staff were kind and caring. One person said, "The carer is wonderful, really good. They often do a bit more than they're supposed to and have often gone the extra mile" and "I've just started using them and they've been absolutely fantastic, a really good start." Comments from relative included, "I'm very happy with the care. They have a lovely manner with my [relative]; very positive communication with them" and "Staff are very gentle and always make sure [my relative] is comfortable and dry before they leave."

People's privacy and dignity were maintained. People were treated with respect because care staff understood the importance of respecting and promoting people's privacy and dignity. One staff member told us, "I try to be discreet and always close the bathroom door." Another staff member said, "I cover people with towels so that they are not too exposed and only take them off when I need to wash that part." One person who used the service said, "They wash me and of course they keep me private." Another person told us, "They are respectful and joke with me to put me at ease."

People were encouraged to remain as independent as possible and to do as much as they could for themselves. One relative told us that they were very happy with how closely care staff had worked with their family member after they came out of hospital. They told us, "The carer got [our relative] walking again. We're all very pleased with that."

People who used the service and their relatives told us that staff had taken time to get to know them, their preferences and needs. One relative said, "The carer knows [my relative] really well. They've taken the time to find out what is important to them. We've had many conversations about the best type of care and what the carer can do to help. I feel we can go to her with anything we need." A person told us, "I've worked well with the care staff and the assistant manager. They've all gotten to know me and understand me."

People consistently told us their relationships with care staff were supportive and good. One person described the attitude and approach of care staff as, "Extremely good." Another person told us they were pleased staff had worked with them to overcome their panic attacks. The person said, "I sometimes have anxiety attacks about going outside. Staff have been really good at supporting me and building my confidence when this happens." A relative told us, "The carer is brilliant, a real goldmine. The carer is the best thing to happen to [my relative] since they came out of hospital."

People's cultural and spiritual needs were identified and staff respected these and tried to meet them as far as possible. For example, one relative said the registered manager had been able to find a care worker who spoke the same language as their family member, which meant they were more relaxed during care. Another relative said they were pleased the service had found a carer who could understand their relative better than carers of other nationalities due to her strong accent. People also told us they were pleased to be proactively offered the opportunity at Christmas to change care visit times to enable them to join family and friends to celebrate.

## Is the service responsive?

### Our findings

People who used the service and relatives told us they were happy with the standard of individualised care. One person said, "The assistant manager and my social worker came down to see me together. We talked about what I want and they've provided that, brilliant."

Prior to people using the service information was obtained from relevant health and social care professionals. When possible a member of the management team also carried out an assessment of their needs and identified risks. The registered manager told us that often they received referrals on the day the service needed to start. They added that sometimes the initial information was not detailed. If this was the case then a team leader would undertake the first visit or visits to support the person and gather more information about their needs before a care worker was allocated.

People care files showed that assessments carried out by the service were detailed. They contained information on what people could do, what they needed help with, family involvement and other relevant information. People had care plans in their homes and a copy was held in the office. Care plans contained sufficient information to enable staff to provide personalised care and support in line with the person's wishes. People who used the service and relatives told us they could be as involved in care planning as they wished. One relative said, "The social worker is more involved in making sure the care is person-centred but I can get involved whenever I want. I'm comfortable with the level of care being provided."

Care plans were reviewed annually and updated whenever needed. For example, care staff had identified a person's needs had changed. This was reviewed and an agreement received from social services that the care package could be increased to meet this change. In addition if a person had a stay in hospital a member of the management team liaised with social services and the hospital to establish if their needs had changed and if so their care plan and care package was updated. The care co-ordinator visited when they come out of hospital to check that everything was okay. Staff told us that any changes were communicated to them by the office and management team. In addition there was a communication sheet in people's home folder which was used to share information. Therefore systems were in place to ensure that staff had current information about how people wanted and needed their support to be provided. This enabled staff to provide a service that was responsive to people's changing needs and wishes.

The service adapted to accommodate people's changing needs. For example, when a person was admitted to hospital, their regular care worker stayed with their partner at home to provide overnight support. One relative said, "[My relative] doesn't speak English as a first language so care staff needed some patience, which they had in abundance. They adapted to understanding their accent and even when they were off sick for a little while, their replacement was great."

People and their relatives told us about the timekeeping and reliability of care staff. Most people told us care staff typically arrived within 10 minutes of their planned time and they would call ahead if this was going to be the case.

People were encouraged to make choices and to have as much control as possible over how they were supported. A relative said, "Staff do listen. They do things exactly as we've asked and ask us questions to make sure they've understood. I've seen this work well. [My relative] doesn't always feel like eating or getting showered but the carers have worked really well with them and now they agree to this much more readily." A care staff told us, "People can make choices and they tell me what they need."

The service had a policy and procedure for reporting complaints but most people who used the service and their relatives told us they did not have a copy of this. However, we saw that the complaints procedure was in the service user guide that people were given when they started to use the service. People were clear that they knew how to complain if they needed to. One relative said, "I have the manager's number and I wouldn't hesitate to contact them but I've never had the need to." Another relative said, "We did have a problem with the changing of carers to start with but this wasn't their fault and they fixed it as soon as they could." A person said, "I don't think I've seen a complaints policy but the assistant manager is very easy to reach, I'd just call her." They also told us that 'managers' had been responsive to concerns or complaints they had raised. One relative said, "I've had only very minor concerns and they've all been sorted by the manager really quickly." We saw that a record was kept of complaints along with the action taken and outcome. The record also indicated if the person was satisfied with the outcome and whether the situation had been resolved. This meant people used a service that listened to their complaints and took action to address concerns.

## Is the service well-led?

### Our findings

The registered person (provider or manager) must send notifications about incidents that affect people who use services to the Care Quality Commission (CQC) without delay. This includes safeguarding issues. We found that there had been safeguarding issues within the service and that the registered manager did not send notifications of these incidents to CQC as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider was also the registered manager of the service. People and their relatives told us that they were happy with the way the service was run. One relative said, "The manager came out to see [my relative], which I was really pleased about. They listened, understood what they wanted and recommended some great care."

There were clear reporting structures in place. In addition to the registered manager there was one care coordinator, three team leaders and an office manager. As the number of people who used the service had increased an additional care coordinator had been recruited but had not yet started work with the service. Each team leader was responsible for a team of staff that covered an area. They told us that they were, "the first port of call" for staff to address any issues or to arrange cover if needed as they were based in that local area. Team leaders and care staff told us that they could also call the office for advice and support at any time and that they, "get straight back to you."

Staff were clear about their roles and responsibilities and what was expected of them. They told us that the registered manager was accessible and approachable. The registered manager demonstrated a good understanding and knowledge of people who used the service and of the staff team. One member of staff said, "It's the best agency I have worked for. They treat staff well."

The staff team worked in partnership with relevant health and social care practitioners and with relatives. One relative said, "They (the person's care staff) liaise a lot with the speech and language therapy team and a dietician."

People were provided with a service that was monitored by the registered manager and management team to ensure that it was safe and that they received the care and support they needed and wanted. This was done by contacting people and their relatives and also by unannounced spot checks to people's homes whilst the care staff were there. Records of spot checks included comments on what had been observed and found and any actions that were needed. A team leader told us that they also visited people when care staff were not there so that they could ask them about how they were supported and treated.

Systems were in place to get feedback about the service provided. This included an annual quality assurance survey. This year's survey had recently been sent to people and at the time of our visit responses had not yet been returned. We saw that the 2015 survey had been conducted via the telephone and the responses indicated that people were satisfied or very satisfied with the service they received. One relative told us that the manager had visited to ask about the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had not notified the Care Quality Commission (CQC) of incidents which had occurred within the service as required by the CQC (Registration) Regulations 2009. Regulation 18 (2) (e).</p>