

La Premiere Care Limited

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Inspection report

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Tel: 02087589998

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05 June 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This focused inspection took place on 05 June 2018. We gave the provider 24 hours' notice as the service provides care and support to people living in their own homes and we needed to make sure the registered manager was available to assist with the inspection.

We carried out an announced comprehensive inspection of this service on 24 October 2017. After that inspection we received concerns in relation to staff training and recruitment. As a result, we undertook a focused inspection to look into those concerns. This report includes our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for La Premiere Care Ltd on our website at www.cqc.org.uk.

During this inspection we looked at two of the questions we ask about all services, is the service safe and is the service well-led?

This service is a domiciliary care agency. When we carried out this inspection it provided personal care to 18 people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.

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 2008 and associated Regulations about how the service is run.

The provider had systems and processes to keep people safe. Care workers told us they had completed training in these areas and the records we saw confirmed this.

People's care records included assessments of possible risks and management plans to mitigate those risks the assessments identified. People received their medicines safely and as prescribed.

The provider carried out checks to make sure care workers they employed were suitable to work with people using the service.

People who used the service and their relatives told us they thought it was well managed and they were happy with the care and support people received.

The provider had systems in place for monitoring quality in the service and making improvements.

Staff from the service regularly contacted people who used the service either by telephone or by a supervisor visiting them. They recorded how people felt about the service and any action that was needed to address any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had systems and processes to keep people safe. Care workers told us they had completed training in these areas and the records we saw confirmed this.

People's care records included assessments of possible risks and management plans to mitigate those risks the assessments identified.

The provider carried out checks to make sure care workers they employed were suitable to work with people using the service.

People received their medicines safely and as prescribed.

Is the service well-led?

Good ●

The service was well led.

People who used the service and their relatives told us they thought it was well managed and they were happy with the care and support people received.

The provider had systems in place for monitoring quality in the service and making improvements.

Staff from the service regularly contacted people who used the service either by telephone or by a supervisor visiting them. They recorded how people felt about the service and any action that was needed to address any concerns.

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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.

The inspection was prompted in part by information received by the local authority and the Care Quality Commission that care workers employed by the agency were not adequately trained to care for people using the service and the provider did not follow robust recruitment procedures when they employed care workers. During this inspection we looked at two of the questions we ask about all services, is the service safe and is the service well-led?

This focused inspection took place on 05 June 2018. We gave the provider 24 hours' notice as the service provides care and support to people living in their own homes and we needed to make sure the registered manager was available to assist with the inspection. Inspection site visit activity started and ended on 05 June 2018. It included speaking with the registered manager and reviewing care records, policies and procedures.

One inspector carried out the inspection. Before the inspection site visit we reviewed the information we held about the provider and the location. This included the report we wrote following the last comprehensive inspection in October 2017 and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection site visit we reviewed the care records for three people using the service, a selection of policies and procedures and staff recruitment and training records for four care workers. We also spoke with the registered manager and one of the company directors about the information we had received.

Following the inspection site visit we spoke with two people using the service and two care workers. We also received comments from a third person using the service by email.

Is the service safe?

Our findings

People using the service and their relatives told us people were safe with their care workers. Their comments included, "Yes, I'm sure my [family member] is safe with the carers" and "My carer is excellent and there are no worries about safety."

The provider had systems and processes to keep people safe. Care workers told us they had completed training in these areas and the records we saw confirmed this. The provider had a policy and procedures for safeguarding people using the service and they had updated this in October 2017. These documents gave care workers important information about relevant legislation and guidance on the actions they needed to take if they had concerns about a person using the service.

One care worker told us they would report any concerns about clients to the service's registered manager "straight away." They added, "I have done safeguarding training and I understand it is important to report anything I am worried about. If my manager did nothing I would tell the police."

The provider kept detailed records of any safeguarding concerns they received and recorded the actions they took in response. We saw there had been one safeguarding concern since our last inspection in October 2017. Records showed the registered manager had taken appropriate action and liaised with the local authority and the police to make sure the incident was investigated and resolved.

The provider had a policy and procedures for managing risks to people using the service and they had updated this in February 2018. People's care records included assessments of possible risks and management plans to mitigate those risks the assessments identified. Each person's care record included an assessment of their home environment and potential risks to the person or their care workers. Care records also included assessments of risks specific to the individual, for example when they accessed the local community or needed support with their personal care, skin care or nutrition. Where they identified a risk, the provider gave care workers clear guidance on how to manage this in a risk management plan. For example, one risk management plan included clear and detailed guidance for care workers on how they should support a person to access community activities and manage behaviours that might challenge. The provider had reviewed all of the risk assessments and risk management plans we saw within the past 12 months. This ensured that care workers had up to date information and guidance on how to manage risks to people using the service.

The provider had a policy and procedures for the recruitment and selection of care workers. Each of the staff records we checked included an application form, a full employment history, proof of identity and right to work in the United Kingdom, an interview record, two references and a Disclosure and Barring Service (DBS) enhanced disclosure. This reassured us that the provider had carried out the checks they needed to make sure new care workers they employed had the skills and experience to care for and support people using the service.

Care workers completed the training they needed to support people using the service. The training records

we saw showed that all care workers were up to date with training the provider considered mandatory. This included, moving and handling, managing medicines, safeguarding adults, infection control, food hygiene, food safety, fire safety and basic first aid. The provider had systems to alert them when care workers needed to refresh their training and we saw they had arranged refresher training sessions for the Mental Capacity Act 2005 and medicines management that they advertised in the room used to train care workers.

The Care Certificate is a nationally recognised set of standards that gives care staff an introduction to their roles and responsibilities within a care setting. The staff training records we saw showed that care workers had completed their induction training and this met the requirements of the Care Certificate.

People's care records showed that where they needed support from more than one care worker, the provider arranged this. Care workers completed daily log books at each visit to evidence the care and support they provided and where two care workers attended a call, both signed the record. Care workers returned the log books to the office each month and the registered manager told us they audited these. However, while we saw evidence of some audits, these did not always identify issues the provider needed to address. For example, two of the care plans and risk management plans we reviewed said that each person needed two care workers to assist with transfers to and from their bed or armchair. However, in each person's daily log books there was a small number of visits where only one care worker attended and assisted them with transfers. This may have placed the person at risk of unsafe care.

The registered manager told us they had electronic call monitoring systems that identified when only one care worker attended a visit and said they had discussed this with them and the second care worker to establish why both had not arrived at the person's home. The registered manager agreed there was insufficient evidence to show that they had addressed these service failures and agreed they would improve the recording of actions they took.

The provider had a policy and procedures for the management of people's medicines and they had reviewed these in February 2018. The procedures gave care workers clear guidance on how they should support people and referred them to appropriate guidance. This included guidance from the Royal Pharmaceutical Society on the handling of medicines in social care and the National Institute for Health and Care Excellence (NICE) on managing medicines for adults receiving social care in the community.

Where people needed support to manage their medicines the registered manager made sure this was included in their care plan. They gave care workers clear guidance on the support each person needed, as well as information about how they should provide and record this. Training records showed that care workers had completed training in managing people's medicines and the staff records we looked at included a competency assessment where the care worker provided this support.

Where care workers supported people with their medicines they recorded this on a Medicines Administration Records (MAR) sheet. We saw that most of the MAR sheets were well completed and there were no errors or omissions which showed that people received the medicines they needed as prescribed. On two of the MAR sheets we did note that care workers used a code to record when a person did not have their medicines. However, it was not clear from the MAR sheets the reason why a person may have missed their medicines. We discussed this with the registered manager who explained that, in one case, care workers used the code when the person's relatives gave them their medicines. In the second case care workers used the code to comply with the local authority's guidelines on recording people's medicines. The registered manager agreed this was not clear from the MAR sheets and told us they would amend these to clearly show the reason why care workers did not give people their medicines on some occasions.

The provider had a policy and procedures for infection control and they had reviewed this in December 2017. The policy referred care workers to appropriate guidance from the Royal College of Nursing, the National Institute for Health and Care Excellence and the Health and Safety Executive. Care workers told us they had access to personal protective equipment (PPE) including gloves, aprons and sanitising hand gel and we saw the provider held stocks of these in the office.

When things went wrong, the provider learned lessons and made changes to improve the service. The registered manager kept records of missed or late calls, complaints and safeguarding incidents. We saw they managed these in line with their procedures and worked with other agencies including the local authority commissioning and safeguarding teams to investigate and resolve any issues. For example, following a complaint and safeguarding alert, the provider arranged additional training for a care worker. In another case they also issued a formal warning to a care worker and removed them from supporting one person.

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought it was well managed and they were happy with the care and support people received. Some of their comments included, "I get good care because I have a good carer. They are always on time and I couldn't manage without them," "They provide good carers. I get on very well with mine, she does everything I need and she is so caring" and "I've had no complaints, they came and asked my [family member] about the help they need and the carers are very good."

The care workers who worked for the service told us they felt it was good and they liked working there. One care worker commented, "They are good to work for. The training is good and you can always ask for help. I enjoy working for them."

The registered manager was also one of the directors. They were a qualified nurse. They had a team of supervisors and managers who worked together to run the service.

The provider had systems in place for monitoring quality in the service and making improvements. The manager and supervisors collected and audited medicine administration sheets and the log books care workers completed each month. Some of the audits identified areas of concern and included the action the registered manager took in response, for example speaking with care workers or providing additional training and support. However, the provider's audits did not identify issues we found with the recording of people's medicines and the care and support they received. We discussed these issues with the registered manager and one of the company's directors and they agreed they would review the way they recorded the audits they completed.

We saw staff from the service regularly contacted people who used the service either by telephone or by a supervisor visiting them. They recorded how people felt about the service and any action that was needed to address any concerns. We saw that they responded appropriately to people's requests for changes in their care and acted on the concerns they raised. Feedback in the records we looked at was generally positive with comments such as, "My care worker has been very supportive and proactive, especially in the morning calls," "I'm absolutely delighted with La Premiere Care. My [family member] is very stable because of his care" and "Everything is going well and no changes are needed."

The provider also had regular contact with all care workers. Care workers' records included spot checks where supervisors observed how they supported people during a visit. The supervisor noted whether the care worker followed the provider's procedures for specific tasks, such as moving and handling or supporting a person with their medicines. They also commented positively on care workers' good practice.

Care workers' files also included records of formal supervision sessions where they met with a supervisor to talk about their role, the people they worked with, their training needs and any other issues that affected their work.

The registered manager carried out audits in the service each week. They audited medicines records and daily care logs and reviewed any accidents, incidents, missed calls, complaints, safeguarding alerts or other significant event.

The registered manager and director told us they had introduced an electronic monitoring system for care workers to record what time they arrived at a person's home and how long they stayed. This helped the registered manager to ensure that people were receiving the care and support included in their care plan, at the time they preferred. We also heard the company planned to introduce further technology into the agency for recording the details of care visits and medicines administration.