

Premiere Care (NE) Ltd

Premiere Care

Inspection report

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Date of inspection visit:
12 April 2021
20 April 2021

Date of publication:
06 May 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Premiere Care is a domiciliary care agency, providing care and support to people living with physical disabilities, or dementia and older people. At the time of this inspection, there were 55 people using the agency.

The agency can provide a practical and/or a personal care service, during the day or night. The agency mostly provides support to people in and around the Yorkshire Dales; it introduces self-employed care workers to the people it supports. The provider has ongoing direction and control of the care provided and is responsible for the safety and quality of the agency. The management team (care coordinators and registered manager) are employed by the provider.

Not everyone who used the agency received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People benefited from improved quality assurance processes within the agency. The provider had made positive changes to the way they assessed, monitored and reduced risk to people's health and safety. The management team carried out regular reviews and spot checks to ensure the quality of the agency, and the safety of people who used it, were maintained to a high standard.

Care plans and risk assessments had been reviewed; access to records and monitoring of the quality of care had improved. The introduction of an online care system meant that changes to records could be actioned straight away. The management team were able to monitor this daily and completed regular audits.

People confirmed they had a tailored package of care to meet their needs. Without exception, people said they felt safe and care workers were respectful.

People received their medicines safely and their health was well-managed. Improvements had been made to the monitoring and recording of medicines administered by care workers.

People received good consistent care from friendly care workers who went out of their way to assist them. Relatives and people said the agency was reliable and efficient. They had good communication with the office and received regular updated information during the Coronavirus pandemic.

People said their care workers were skilled and competent. Care workers had received appropriate induction, training and support to enable them to carry out their role.

People were supported to have maximum choice and control of their lives and care workers supported them

in the least restrictive way possible. The policies and systems in the agency supported this practice.

People, relatives and care workers told us the management team were approachable and listened to them when they had any concerns. All feedback was used to make improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection (and update)

The last rating for this agency was requires improvement (published 20 February 2020) and there were three breaches of regulation. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this agency on 26 November 2019. Three breaches of legal requirement were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve medicine management, care worker training and supervision, records, and quality assurance as part of their governance of the agency.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led, which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care service inspections even if no concerns or risks have been identified. This is to provide assurance that the agency can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Premiere Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Premiere Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the agency in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The agency had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice for the inspection because of the Coronavirus pandemic. We had to arrange safe working procedures for our inspection.

Inspection activity started on 12 April 2021 and ended on 20 April 2021. We visited the office location on 20 April 2021.

What we did before the inspection

We reviewed information we had received about the agency since the last inspection. We sought feedback

from the local authority who work with the agency. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the agency, what the agency does well and improvements they plan to make. We took this into account when we inspected the agency and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

The Expert by Experience spoke with four relatives and three people about their experience of the agency. The inspector spoke with five members of staff including the registered manager (who is also the nominated individual), three care workers and one care coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and medicine records. We looked at five care worker files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the provider failed to have robust systems in place to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely received, stored, administered, recorded and returned to the pharmacy when they were no longer required.
- People were encouraged to manage their own medicines where they had those skills.
- Care workers had completed medicine management training and the management team carried out regular checks of the medicine records to ensure these were given as prescribed.
- People said they received their medicines on time and a relative told us, "The care worker gives [Name] their medicines and takes their blood pressure daily; [Name] is in good hands."

Staffing and recruitment

At our last inspection, we made a recommendation that the provider should have safe recruitment records.

Enough improvement had been made at this inspection to meet this recommendation.

- Care workers were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- Care worker levels were sufficient to keep people safe and a contingency plan was in place to cover shifts in times of illness or leave. A relative said, "The care workers are pretty consistent, they will always phone if they are going to be delayed for any reason."

Systems and processes to safeguard people from the risk of abuse

- Policies, in relation to safeguarding and whistleblowing, reflected local procedures and relevant contact information.
- Care workers were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals. A person said, "I live in an isolated setting, but feel totally safe with my care worker and the service."

- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to identify and reduce the risks to people who used the agency. People's care plans included risk assessments. These provided care workers with a clear description of any risks and guidance on the support people needed.
- The registered manager monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.

Preventing and controlling infection

- The provider had an updated infection prevention and control (IPC) policy which included Coronavirus and other healthcare acquired infections.
- Care workers, people and relatives received regular updates, about changes to government guidance during the Coronavirus pandemic, by newsletters, emails and phone calls.
- Care workers had completed IPC training and had access to personal protective equipment (PPE), including gloves and aprons. They knew when to use PPE to reduce the risk of people acquiring healthcare related infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the provider failed to have robust systems in place to ensure staff were sufficiently qualified, competent and skilled. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Care workers were supported to carry out their roles. A care worker induction process was in place.
- The provider ensured care workers had access to appropriate training and monitored their uptake of this. One care worker said, "We have on-line training, which is easy to access and understand."
- Spot checks were completed to ensure care workers had the skills to provide effective care. They received feedback on their performance.
- People and relatives felt care workers had appropriate skills to meet their needs. One relative said, "The agency provides a really good service. They found exactly the right person for [Name]; the care worker manages [Name's] behaviours well and goes 'above and beyond' to ensure [Name] is happy and safe."

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, we made a recommendation that the provider should develop robust records in relation to people's capacity and consent to care.

Enough improvement had been made at this inspection to meet this recommendation.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Systems and processes to assess people's capacity had improved. People's rights were protected; the management team assessed people's mental capacity and made best interest decisions when needed.
- People (and relatives with power of attorney) were routinely involved in decisions about their care; care workers sought people's consent and supported them to have choice and control over all aspects of their support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had a robust assessment policy and procedure for people during the Coronavirus pandemic.
- The management team completed Covid-19 risk assessments for people in line with current government guidance.
- Care was provided by a consistent staff team who were matched to people's needs and preferences. One person said, "We get on really well. [Name of care worker] is more like a friend and so well chosen for me, we've known each other for years now."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with food and nutrition where required.
- Two relatives said, "The care worker encourages [Name] to keep their fluids up" and "I still shop for mum and the care workers do the cooking or food preparation."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care workers worked effectively with professionals to ensure people received coordinated care.
- Care workers worked with people, relatives and healthcare professionals to help people access support to keep them healthy. One person said, "My care worker helps me access the dentist and doctors."
- Hospital passports were in place to share information about people's needs with healthcare professionals when needed

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider failed to adequately monitor the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider and registered manager had good oversight of the agency and were committed to providing good quality care to people who used the service. Regular board meetings were held to discuss the agency, its progress and any outcomes from audits. Action plans were in place to sustain the improvements made.
- The registered manager had made significant and widespread changes to improve the quality and safety of the agency. For example, risk assessments and care records had been reviewed and updated to provide comprehensive instructions to staff, and clear guidance on the support and care required. One relative said, "I can access [Name's] care notes online, to see how they are doing."
- The provider had installed an electronic system to assist with staffing, monitoring calls and improving monitoring and assessment of risk. This was rolled out across the agency and care workers had received training and support in using the App on their telephones. One care worker said, "I find the system easy to use. It has made managing medicines easier for care workers and sends alerts to the office if things are not recorded. We then receive a call from the office to redo things."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care workers were proud to be working for the agency. They said that being self-employed gave them flexible working conditions and the agency empowered them to provide high quality care. One care worker said, "The office is very organised. It is easy to contact the management team and I find them friendly, approachable and very supportive."
- One relative told us, "We're all unique and so are the care workers who all have different qualities, which work well for [Name]. They are amazing and proactive and get things done."
- Relatives said, "The service is really easy to communicate with. I tend to email but you can phone too, they usually call back the same day or soon after your call," and "I can highly recommend them to anyone who

needs care and support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open, honest and apologise if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular checks were carried out by the management team to ensure people were safe and happy with the service they received.
- The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone who used the agency, relatives and health care professionals. One relative told us, "Communication with the agency is excellent, we are asked to give regular feedback and it's great having local care workers."