

Premier Care Limited

Village 135

Inspection report

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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?	Good ●

Summary of findings

Overall summary

About the service

Village 135 is an on-site domiciliary care agency that provides personal care and wider support to people living in a specialist housing setting. The provider, Premier Care, offers the service that supports older people, those living with dementia and some with long-term health conditions. At the time of our inspection, they were supporting 23 people living in individual flats within the wider extra care scheme. People had access to other services on the village site, such as a bistro café, a hairdresser's salon and spa bath facilities.

Not everyone who used the service received personal care. 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, their relatives and staff told us the care provided by Premier Care at Village 135 was safe. Policies and procedures in place, supported by systems of governance, guided staff on how to keep people safe and what they had to do if they had concerns. Staff knew how to identify and raise concerns about safety; they were confident the service would take them seriously.

Medicines were managed safely. Risk assessments and appropriate care plans had been developed to meet people's needs. There were enough safely recruited staff to meet the needs of people using the service. Staff received an induction when they started work. Ongoing training was provided to the staff team to ensure their skills and knowledge remained up to date. Safe infection control procedures in place, along with good staff practice, reassured people they would be kept safe from the spread of infection.

The core team of staff supported the same people as much as possible. This meant the staff knew the people they cared for well. Staff understood how to promote people's independence and ensured the care they provided treated people with dignity and respect. People's communication needs were considered and met.

The registered manager understood their responsibilities. Quality assurance processes were robust. The registered manager, supported by other senior staff, could monitor standards of care delivery with a range of checks and audits. Staff were well supported by the care coordinator, registered manager and wider company management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Why we inspected

This service was registered with us on 20 January 2022 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 17 March 2018.

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Village 135 on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Village 135

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector and an Expert by Experience. 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 some people living in their own flats within an extra care scheme facility.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be on site to support the inspection. Inspection activity started on 6 April 2023 and ended on 21 April 2023. We visited the location's office on 12 April 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We visited and spoke with 6 people who used the service and 4 family members / representatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, a care co-ordinator, a quality business partner and 3 care workers.

We reviewed a range of records. This included 5 people's care records and 3 people's medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including electronic call records, audits and policies and procedures were reviewed.

We contacted 3 professionals involved with the service and continued to liaise with management around the secure supply of electronic evidence.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes

- People were protected from the risk of abuse. Everyone we spoke with told us they felt safe and the care provided was good. Comments included, "I always feel safe; I have two carers at a time and they're very careful with me and make sure I don't do anything I'm not supposed to do," and, "[The carers] help me to stay safe. I've had no falls here up to now."
- Staff received training and were able to demonstrate the process for reporting concerns. They knew about safeguarding and whistleblowing protocols and told us they would be comfortable in raising any concerns with their line manager or the registered manager.
- The extra care scheme was open to members of the public. Staff wore uniforms and badges so people could easily identify them. One person told us, "The carers always wear their ID badges, so you know they're carers, not just anybody." People felt reassured and protected from potential harm.

Assessing risk, safety monitoring and management

- People's needs were appropriately assessed; initial assessment of people's needs was undertaken before care commenced.
- Care plans and risk assessments identified any areas of concern and provided staff with guidance on how to manage people's risk, for example in relation to falls, pressure care and dementia.
- Electronic rotas were set up and staff attended scheduled calls within an acceptable timeframe.
- People and their relatives told us call times were usually at the time they expected and late calls were rare, usually due to staff responding to an emergency. One person told us, "As far as they can, they [the carers] are on time; they may get a sudden emergency call, but not often."

Staffing & recruitment

- The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff underwent training and were assessed as part of an induction before they were able to work independently.
- There were enough staff deployed to meet the needs of people using the service. People had regular care workers with whom they had formed a good rapport and who knew their needs well. The care coordinator was also available in the event of staff shortage.

Using medicines safely

- The service did not always have the responsibility to administer medicines. Staff were fully aware if people self-medicated or when family members preferred to do this. Where people needed help with prescribed medication this was administered safely.
- People were able to describe the support they needed to take their medicines; and told us they were happy with the support. One person told us, "The carers make sure I've had something to eat before they get my medications for me. These are kept safe; I don't have a problem."
- Processes were in place to communicate any specific details in relation to people's medication to staff. These were contained within the care plan and on the mobile phone app. For example, if people had any known allergies to medication, or where medicines were stored in people's apartments.
- Staff were trained on how to administer medicines before carrying out this duty. They were able to demonstrate an understanding of people's medication and when, 'as required' medication should be administered.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections.
- People were reassured and told us staff consistently wore protective aprons and gloves when giving personal care, but only wore masks if that was their choice.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff had completed mandatory training and had access to adequate supplies of PPE.

Learning lessons when things go wrong

- Accidents and incidents were appropriately reported to external agencies. Accident and incident records were reviewed on a regular basis by the management team and the provider to help identify any lessons learnt.
- The registered manager and other staff on site took appropriate action to reduce the risk of reoccurrence.

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.

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they received a service. This information was used to develop risk assessments and care plans which reflected best practice and professional guidance.
- Assessments contained the necessary information about the person, such as their healthcare needs, communication needs and mobility. They also included how the person wanted their care needs to be met.
- People's choices and preferences were considered and recorded, for example, how they wanted their care needs to be met.

Staff support: induction, training, skills and experience

- Staff told us they received a thorough induction when they first started employment. Staff told us they felt confident in the role due to the induction and training provided.
- Training was a mix of mandatory e-learning, combined with face-to-face training for the administration of medicines, moving and handling, basic first aid and general data protection regulation (GDPR).
- The training matrix reflected when refresher training was due. Seven members of staff were booked on refresher training the week after our inspection. The registered manager sent certificates to confirm staff had completed this.
- Everybody we spoke with said they felt that staff were well-trained and met their needs, as identified in their care plan.

Supporting people to eat and drink enough with choice in a balanced diet

- There was clear information within care plans and on the electronic app with regards to people's dietary needs. People's nutritional needs were recorded and met.
- People confirmed they were supported with their dietary needs and were provided with the assistance they needed.
- People were complimentary about the support from staff and told us, "They get me my breakfast and always leave me with plenty to drink," and, "They cook things in the air fryer for me as well as using the microwave for my [ready] meals," and, "The carers ask me what we want to eat; they leave drinks handy for both of us."

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

- The registered manager and care staff worked with other agencies to ensure people received consistent, effective and timely care. Care plans reflected professional input and advice.

- People confirmed they were supported to access their General Practitioner (GP) and other health services if this was needed. One person told us, "They are meeting our needs. The carers will sort it out [a GP appointment] for me if I need it."
- The provider could evidence referrals were made to other professionals for assessments where warranted, for example to occupational therapists or speech and language therapists (SaLT).
- In the event of an emergency staff sought professional medical help for people. One person explained how staff had called an ambulance when they were unwell and told us, "The carers don't mess about if they think you're ill. I was in hospital for four weeks, so they did right."

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

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 MCA 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.

- The service was working within the principles of the MCA.
- Capacity had been assessed and consent sought in relation to care staff contacting GP's and discussing any health issues people might experience.
- The service took action to protect vulnerable people. The service liaised with appropriate professionals, such as social workers, when they detected a change in people's capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives were complimentary about the care they received. They told us they were well-treated and well-supported by carers. Comments included, "The caring is brilliant; we have a sing song, a bit of fun; it's a good relationship," and, "Most of the carers know me well. We have a good relationship and can have a laugh and a joke. It's like having a social visit and they really do care," and "When they give me my breakfast, we have a little chat; I like that sort of thing."
- Staff knew people well and explained how people liked to be supported. People benefitted as many staff had been there since Village 135 opened. One member of staff told us, "Some [staff] are still here 6 years [on]. There's consistent care, good routines and we notice changes."
- We approached social care professionals for feedback. They told us how the service had been ensuring one person received hot meals and had enough food whilst they were waiting for funds to become available. This demonstrated a caring approach.

Supporting people to express their views and be involved in making decisions about their care

- Care plans and reviews demonstrated how people were involved in making decisions about their care. One person said, "There are copies [of the care plans] on the table. We have reviews every 12 months."
- People were aware of the move to an electronic application to log all care calls and one person told us, "It's all electronic now but you can have access to the new system if you want. I think they'd help me if I wanted the app."
- People confirmed they had been involved in developing and reviewing their care plans.
- Changes were made where these could be accommodated, for example if people wanted an earlier or later call, either on a temporary or permanent basis.

Respecting and promoting people's privacy, dignity and independence

- Many people living at Village 135 did not receive commissioned care. However, in the event of an emergency, staff responded and provided assistance to all residents if required.
- Everybody said they felt they were enabled to do as much for themselves as they could during care, and nobody felt care staff took over in any way. One person told us, "I do what I can [for myself] because I want to, and the carers go along with that as long as they know I'm safe."
- Most people said they didn't feel rushed by staff at any time, and that staff found time to chat with them while providing support.
- There was a stable staff team, and the provider recognised the benefits of retaining staff. The positive

relationships that had been built between staff and people living at the complex were maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which reflected their needs and preferences. Care plans were person-centred.
- People had been consulted and considered when developing care plans. This was reflected through the timings of care calls, which had been agreed to suit peoples' preferred lifestyles. We received feedback from two people receiving care from a male carer, which was not their preference, although they had not made a complaint. We informed the registered manager.
- People said that they felt able to change or cancel visits on occasions, to go to appointments, for example. People considered Premier Care Limited was flexible and helpful regarding this.

Meeting people's communication needs

- Care plans outlined people's communication needs and staff told us how they altered their approach when appropriate.
- People were assisted with any communications they received, such as letters or emails, if this was their choice. One person said, "If I get any mail, the carers read it to me; they're really good with that." This helped people understand more fully and respond if appropriate.
- Staff we spoke with gave us examples of when they needed to be patient so people had more time to respond. They knew when to talk more slowly and clearly to communicate better with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access the community hub in the Village and the on-site bistro; people told us this helped them maintain friendships that were important to them. People were less likely to feel isolated.
- Staff also assisted people to attend the on-site hairdressing salon on a regular basis.

Improving care quality in response to complaints or concerns

- There was a system in place for recording and responding to complaints.
- People felt comfortable to approach staff if they had any concerns with the service. They were confident the care co-ordinator or registered manager would deal with any complaints or concerns and try to resolve them. One person told us they had made a complaint and were satisfied with how this was dealt with.

End of life care and support

- At the time of the inspection, no one was being cared for at the end of their life.

- The service worked alongside other agencies, including community and Macmillan nurses, to ensure people's needs were met at this stage of their life.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- There was a framework of governance underpinning the service. A range of audits were carried out by the registered manager and care co-ordinator to check on the quality of the service and to support continuous improvements.
- The registered manager had a range of audit tools in relation to the administration of medicines, care plans, risk assessments and spot checks on care delivery. Competencies of staff were checked. The electronic medication administration record (eMAR) audit included potential reasons for the number of alerts, such as cancelled calls or hospital admissions.
- The management team and staff had good understanding of their roles and worked well together as a team to provide high quality care. Staff received supervision and annual appraisals regarding their performance and to support professional development.
- Support was available from a local head office and other aspects of the wider care service.
- The registered manager was supported at the inspection. A regional quality officer and a care co-ordinator were on-site. The registered manager was open to any feedback received during the inspection and acted upon this in a prompt and effective manner.

Planning and promoting person-centred, high-quality care and support

- Feedback we received from people and their relatives, and the evidence gathered on inspection demonstrated the service had achieved positive outcomes for people.
- The provider had systems in place to regularly check staff competencies to ensure care delivery was of a high quality. Spot checks on staff practice had been completed for medication administration and the wearing of PPE.

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 for notifying the Care Quality Commission of events that occurred within the service. This included responsibilities under the duty of candour.
- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Although people we spoke with could not recall completing a recent survey, they were positive about the care and support they received. People were kept updated about any changes to the service. People told us, "A lot of the carers talk to me and tell me things to keep me informed. I get letters sometimes," and, "We've had letters, for example about the change over to the telephone system."
- There were several ways for people and their relatives to make their views known, including regular quality checks, spot checks and telephone surveys.
- Staff we spoke with felt valued and considered the management team to be approachable and fair. Staff were positive and felt supported by management. One member of staff told us, "We're a brilliant team of amazing carers."
- Staff meetings were held to update and inform staff. Staff felt listened to and were able to contribute ideas. One staff member told us, "We will make suggestions and we do get listened to."

Continuous learning and improving care

- The registered manager led a good team who strived to meet people's needs and improve people's lives.
- The registered manager was assisted in this by a knowledgeable care co-ordinator, who was hands-on when necessary. They were respected by people and staff.
- Carers had expressed concerns that visit schedules had been uneven. Carers were consulted and runs were amended so that work was more evenly distributed, and people's needs continued to be met.

Working in partnership with others

- The registered manager and the staff team worked closely with other agencies and professionals to ensure good outcomes were achieved for people.
- A professional we contacted for feedback described management as responsive, engaging well with the commissioning team and other partners. Reporting expectations were met.
- The service had forged good working relationships with the housing provider. Regular meetings were held to ensure these relationships were maintained for the benefit of people living at Village 135.