

Premier Care Services Ltd

# Premier Care Services Limited

## Inspection report

25 Brighton Road  
South Croydon  
Surrey  
CR2 6EA

Tel: 02086865665

Date of inspection visit:

07 January 2020

08 January 2020

09 January 2020

Date of publication:

24 January 2020

## 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

Premier Care Services is a domiciliary care agency providing personal care to 89 people at the time of the inspection. 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 felt safe receiving care from Premier Care Services. Staff had been trained and were knowledgeable in recognising and reporting signs of possible abuse. Risk assessments were carried out and regularly reviewed to identify any potential risks to people and how these were to be managed. Medicines management processes had been strengthened to ensure people received their medicines as prescribed. There were sufficient suitable staff employed to meet people's needs. Staff adhered to infection control procedures to reduce the risk of cross-contamination. New processes had been implemented following incidents that occurred.

A new training provider was in place to ensure staff received appropriate training and updated their knowledge and skills to support people in line with best practice guidance. Staff received regular supervision and appraisal. The assessment process had been reviewed to ensure people were assessed in line with best practice guidance. The registered manager had improved their practice to ensure they adhered to the principles of the Mental Capacity Act 2005. 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. Where people required it, staff supported them with their meals. Staff liaised with healthcare professionals if they had any concerns about a person's health or welfare.

Staff provided kind, compassionate care. People confirmed they were treated with dignity and respect. Staff were aware of people's individual differences and supported people in line with their preferences. People and their family members were involved in decisions about their care and were part of the assessment and care planning process.

Care plans had been reviewed and updated to ensure they adequately reflected people's care and support needs. New processes had been implemented to ensure people's care needs were regularly reviewed. Staff were aware of people's communication needs and adjusted their methods to ensure people were able to understand what was being communicated. Staff provided people with support at the end of their life when this was required. The complaints process had been reviewed and there was now greater oversight of all complaints to ensure they were managed appropriately and learnt from.

Since our last inspection the management team had been strengthened with an additional registered manager and two field supervisors. This enabled greater leadership and oversight of the service. Quality monitoring processes had been strengthened to ensure regular auditing and review of key areas of service

delivery. Staff were clear about their roles and responsibilities. The registered manager was aware of their CQC registration requirements and was submitting statutory notifications about key events as required. People and their relatives were asked for their feedback about the service so this information could be incorporated into continuous learning and development of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 9 January 2019).

The provider completed an action plan after our inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection.

#### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Premier Care Services Limited

## **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.

#### Inspection team

This inspection was undertaken by one inspector.

#### 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 service had two managers 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 the service 72 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 January 2020 and ended on 9 January 2020. We visited the office location on 7 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications received about key events that occurred at the service and the action plan submitted following their last

inspection. 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 service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

#### During the inspection

We spoke with eight people and three relatives about their experience of care provided. We spoke with one of the directors, the two registered managers, three office staff, five care workers and the training provider. We reviewed a range of records including nine people's care records, four staff files and a variety of records relating to the management of the service, including policies and procedures. We also received feedback from the local authority quality monitoring team regarding their visits of the service.

# 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.

### Assessing risk, safety monitoring and management

At our previous inspection in January 2019 we found not all risks were identified, monitored or managed to help people to stay safe. There was limited information available to give staff guidance on how to manage individual risks to people, including in relation to moving and handling or pressure ulcer management. The provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- Since our last inspection the staff had reassessed risks to people's safety and welfare. Best practice guidance had been used to identify any risks associated with medicines management, moving and handling, malnutrition or dehydration and pressure ulcer care.
- During people's care reviews, staff assessed whether there were any new risks to people's safety so this could be incorporated into people's care plans. If staff identified any changes in people's health or welfare that could impact on their safety, new assessments were undertaken to ensure up to date information was kept about risks to people's safety and how these were to be managed. This included liaising with community healthcare professionals if they felt people required additional equipment if their mobility had decreased.
- Staff had received training relating to health and safety, as well as moving and handling guidance so they knew how to support people safely.

### Using medicines safely

At our previous inspection in January 2019 we found there were unclear records maintained about people's medicines and the level of support people required to take their medicines. The provider was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12.

- Since our last inspection the management team had reviewed their approach to medicines management. We saw care records now included a medicines management assessment identifying people's support needs in relation to their medicines. Information was captured identifying the medicines people took, the dose and when they were to be taken. We saw medicine administration records (MAR) had been

implemented capturing this information.

- Completed MAR charts and feedback from people confirmed they received the support they required with their medicines and received their medicines as prescribed.

#### Staffing and recruitment

- Safe recruitment practices were in place to ensure suitable staff were employed. This included reviewing candidates experience, knowledge and approach to care, as well as undertaking the necessary checks to ensure staff's suitability.
- There were sufficient staff in post to meet people's needs. Scheduling systems enabled staff to attend people's appointments on time, including having sufficient time to travel between appointments. We saw that late and missed calls had reduced since our last inspection and the majority of people we spoke with confirmed staff arrived on time to meet their needs.
- The management team confirmed when scheduling appointments they prioritised those people where their care needs were time specific, for example in relation to their medicines or due to their healthcare needs. If staff were unable to attend to calls at a person's requested time this was discussed with them during their initial assessment.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. People and their relatives told us they felt safe when receiving care.
- Staff had received training on safeguarding adults and were aware of the reporting procedures should they have concerns about a person's safety or welfare.
- Where staff had concerns about a person's safety the management team appropriately referred their concerns to the local authority so any action required to ensure a person's safety could be taken in a timely manner.

#### Preventing and controlling infection

- Staff had completed training on the prevention and control of infection. They were aware of the procedures to follow to prevent cross-contamination and protect people from the risk of infection.
- People confirmed staff wore personal protective equipment (PPE) when supporting people including aprons and gloves.

#### Learning lessons when things go wrong

- Staff were aware of the procedures to follow if there were any accidents or incidents, and staff appropriately reported these to the management team. This information was shared with the local authority to ensure transparency and joint working to learn from and improve service delivery.
- The management team reviewed all incidents that occurred to ensure appropriate action was taken to prevent recurrence but also to look at any themes or trends that may indicate a person's health was deteriorating or a staff member may benefit from additional training.
- The registered managers informed us of new processes they had implemented to improve communication and to prevent missed visits when people were being discharged from hospital. They had also implemented new processes to support lone working and improve communication if a care worker was running late so this could be communicated to people or additional staff could be deployed to ensure people received their care on time.

# 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 previous inspection in January 2019 we were concerned that not all staff were up to date with their training and that staff training, learning and development was out of date and did not always reflect current legislation and guidance. The provider was in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18.

- Since our previous inspection the provider had organised for a trainer to be contracted to the service once a week to provide a comprehensive training programme to all staff. This incorporated diplomas in health and social care, learning disabilities and dementia. The trainer had reviewed their programme and incorporated the principles within the Care Certificate to ensure staff had a good understanding of their role and how they were to support people.
- The training provider gave staff access to their online training materials so they could use these as reference guides. The material also referenced best practice providers so staff could stay up to date with new information as it was developed.
- The registered managers had implemented a new system which enabled them to track staff's compliance with mandatory training requirements. Staff confirmed they had completed the required training to undertake their role and undertook annual refresher courses.
- Staff told us they were supported in their roles. They received regular supervision and annual appraisals.

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 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.

At our last inspection in January 2019, we recommended the provider consults best practice regarding implementation of the MCA to ensure appropriate assessments were recorded and retained in line with the guidance. The provider had made improvements.

- Since our last inspection the registered managers had put processes in place as part of their assessments and care reviews to gather information about people's capacity to consent to different aspects of their care and welfare.
- Where people did not have the capacity to consent to their care, the registered manager liaised with those who had legal authorisation to make decisions on people's behalf.

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

- When people started using the service, staff referred to information provided by the referring agencies and spoke with people and their families to obtain detailed information about the person's needs and how they wished to be supported.
- We saw staff used recognised best practice tools to assess people's needs. Their care and support needs were regularly assessed to identify any changes in a person's health and how they were to be supported.
- This information was used to develop detailed care plans about how people were to be supported and cared for.

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

- Where people required support with their nutrition this was provided. Information was gathered about the level of support people required and this was detailed in their care plans. Staff confirmed they prepared meals in line with people's requests and preferences.
- Care plans instructed staff to leave drinks and snacks within people's reach when they finished their appointment and we saw spot checks confirmed this was done.

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

- Staff did not directly support people with their health needs. However, if staff identified a person was becoming unwell they supported the person to contact healthcare professionals. If people were receiving ongoing care, for example, from a district nurse due to a pressure wound, staff monitored the wound for any signs of infection and contacted the district nurse if they had any concerns.
- Staff knew what to do in a medical emergency and how to obtain assistance if they had significant concerns about a person's health.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; respecting equality and diversity

- Staff had completed training on equality and diversity.
- Staff respected people's individual differences. The registered managers were aware of people's ethnicity, religious preferences and life choices and provided care and support in line with those.
- As part of the assessment process staff asked people their preferences in regards to the gender of staff supporting them. The agency benefitted from a mix of male and female care workers and as much as possible people's preferences were respected.
- People told us they were treated with kindness and respect. One person said, "[The care workers] are very good. They are almost part of the family now."

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

- People and their relatives confirmed they were involved in the assessment and care planning process enabling them to clearly express how they wished to be cared for. We saw care plans were signed to show people were in agreement with them. One person who had recently been assessed told us, "I could request specific times but I'm still working out what exact times I want."
- Staff confirmed they provided support in line with people's wishes. They asked people what support they would like at each appointment and how they wanted this to be provided to ensure it was in line with their choices.
- Spot checks and home visits by the management team checked that people were involved in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Care workers were mindful to support people at a pace they were comfortable with and communicated with them throughout. They ensured personal care was provided with dignity and respect.
- Staff respected a person's independence and enabled them to do as much as possible for themselves.

# Is the service responsive?

## Our findings

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

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 needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our previous inspection in January 2019 we found care reviews were often incomplete or did not contain sufficient detail about people. When people's needs had changed these had not been sufficiently identified and recorded in people's care plan. The provider was in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 9.

- Since our previous inspection all of the care plans had been reviewed and updated to reflect people's care and support needs. Care records clearly identified what support people required at each appointment and how this was to be carried out.
- If care workers identified that a person's needs had changed this was communicated with the management team who organised a home visit to reassess people's needs, and care plans were updated accordingly.
- People and their relatives told us they received the level of care they required.

Improving care quality in response to complaints or concerns

At our previous inspection in January 2019 the registered manager told us that in future they would have a more robust procedure in place to record and monitor all complaints about the service.

- At this inspection there was a more robust procedure in place to record and review complaints. This enabled the registered managers to identify any trends and to ensure all complaints were handled and responded to in line with their policy.
- Since our last inspection the number of complaints received had reduced. Those that had been received had been investigated and responded to appropriately. This included offering people and their relatives a home visit so all concerns raised could be discussed and resolved.
- The complaints policy contained incorrect information about how to escalate a complaint. We spoke with one of the registered managers who amended the policy and ensured information was provided to people about how to escalate their complaint to the ombudsman if they were unsatisfied with how their complaint was handled.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff considered people's communication needs as part of the assessment process. Information and communication was provided in different formats to meet people's needs. This included communicating through email, people's specialist communication devices and using translation services. The service supported a number of people who were deaf and information was provided in people's care plans about how to support these individuals, including providing written information and speaking slowly so people were able to lip read. One relative told us, "[The care workers] pick up on non-verbal cues and communicate with the family to ensure they know how [the person] likes to be supported."

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

- As part of the assessment process staff identified those that were important to people and supported people to maintain those relationships.
- Staff collected information about people's life history, interests and hobbies so they could use this information when interacting with people and holding conversations.

End of life care and support

- For people who were nearing the end of their life, staff liaised with people and their families about how they wished to be cared for. This included providing additional appointments should it be required to ensure people had their personal care needs met and were dressed in their preferred clothes during their final moments.
- The management team provided emotional support to family members who had experienced the death of a family member.

# 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 in January 2019, we found the service did not have an effective system to monitor and improve the quality of care. There were a lack of sufficient audits which meant the provider had not identified or resolved the issues we found relating to risk assessments, medicines management, staff training and the MCA. The provider was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- Since our last inspection the provider had recruited an additional registered manager and two field supervisors which had strengthened the management and oversight of the service.
- The registered managers had implemented new quality assurance systems to audit and monitor key areas of service delivery. Including auditing care records, compliance with the MCA, completion of MAR charts, complaints, incidents and accidents.
- A comprehensive system was in place to review and observe the quality of care delivery. This included a programme of regular telephone monitoring calls to people, spot checks and supervision.
- Staff were clear about their roles and responsibilities. Care workers were regularly supervised and if it was identified that they were not completing their roles to the required standard additional support and training was provided to increase staff's competency and improve the quality of care provision.

At our last inspection in January 2019, we found the provider did not always send notifications about significant events to CQC as required by law. The provider was in breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18.

- Since our previous inspection the registered managers had appropriately notified the CQC of significant events that occurred at the service so we could follow up and take any necessary action to ensure the safety and welfare of people using the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were encouraged to give their feedback about the service and speak openly about their experiences of receiving care from Premier Care Services.
- There were regular calls and visits to people and their family members to obtain their feedback about the service. People confirmed they felt comfortable speaking with staff and that staff acted on any feedback given.
- People and their family members were asked to complete a satisfaction survey annually to provide further feedback about the service. Comments from the 2019 survey include, "Mum's happy. That's what counts", "Care workers are very well trained and the level of care is very good. Most [care workers] are truly caring people."

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

- Staff were open, honest and transparent. There was a willingness to learn from incidents and improve the practice. They were open to suggestions and took on board advice to improve practice. They understood their duty of candour and were transparent with people, relatives and professionals if a mistake was made.

Working in partnership with others

- The management team told us they had good working relationships with the local authority. They attended the local authority provider's meetings to meet with other providers and discuss common challenges and share ideas. They also had regular contact with representatives from the local authority about the people they supported and their care needs.
- The staff liaised with other healthcare providers when necessary to ensure people received coordinated and consistent care.