

Premier Nursing Limited

Premier Nursing Limited

Inspection report

2 Arun Street
Arundel
West Sussex
BN18 9DL

Tel: 01903883882
Website: www.premier-nursing.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 13 and 15 April 2016 and was announced.

Premier Nursing Limited provides personal care and nursing care to people in their own homes. At the time of the inspection 35 people received personal care and nobody received nursing care. People were also able to purchase other services which were not personal care such as support preparing meals or domestic help.

The service had 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 not ensured adequate recruitment checks were carried out on all staff. This included a lack of references from a previous employer and a Disclosure and Barring Service (DBS) check for one person.

Staff were not always effectively trained and supervised. Assessments and observations of staff working with people had only just started and there was a lack of checks regarding the training registered nurses had completed.

Care plans did not always give sufficient detail about how people were to be safely transferred and not all staff had received up to date moving and handling training.

There was a lack of clarity regarding the support given to one person with their medicines and records were not kept when staff administered medicines to people. The provider had not carried assessments of the competency of staff to safely administer medicines.

The provider sought the views of people regarding the quality of care they received but there was a lack of oversight of the care plans completed by staff, the medicines procedures and how staff performed. Care records were not available to us despite 48 hours notice of the inspection being given.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005. The service had policies and procedures regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People's consent to care was sought but staff were unaware of the legislation when people did not have the mental capacity to consent to their care and treatment. This meant people's rights regarding consent may not have been upheld.

People and their relatives reported they were very satisfied with the standard of care and said care staff were skilled in meeting their needs. People said they received safe care and the registered manager kept in touch with them to check if they received the care they needed. People reported the service was reliable and that they liked the consistency of staff the service provided.

The provider had policies and procedures regarding the safeguarding of people and staff knew what to do if they considered a person was being abused.

People said they were assisted with the preparation of food when they needed this and care records showed people's nutritional needs were assessed.

Assistance and support with health care needs was provided when needed.

People and their relatives spoke highly of the behaviour and caring nature of staff. For example, people said they had built close working relationships with staff who listened and acted on what they said.

People reported their care was flexible to meet their changing needs and said the provider was prompt in amending any care if requested. People said how they benefitted from the social contact provided by staff.

People were aware of the provider's complaints procedure and records showed complaints were looked into and responded to.

People's views were sought regarding the quality of care provided. People said the registered manager was approachable and kept in touch with them to check if the service was meeting their needs.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The provider did not always carry out adequate recruitment checks when appointing new staff.

Risks to people were assessed but care plans did not always show in sufficient detail how people were to be safely transferred when using equipment. Not all staff were recently trained in moving and handling.

The provider did not always ensure medicines were safely managed.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Staffing was provided to meet people's assessed needs.

Requires Improvement 

Is the service effective?

The service was not always effective.

Staff were trained in a number of relevant areas but there were no training records for the registered nurses employed by the service. Staff were not adequately supervised in their work.

People's consent was obtained before staff provided care. The service had policies and procedures regarding the Mental Capacity Act 2005 but staff were not trained in this and did not know how this legislation applied to people who did not have capacity to consent to their care and treatment.

People were supported with eating and drinking where this was needed.

Health care needs were monitored and staff supported people to access health care services when this was needed.

Requires Improvement 

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and respect. Staff had good working relationships with people.

Care was personalised to meet needs and to suit people's personal preferences. People were supported to maintain their independence.

People's privacy was promoted in the way they were treated by staff.

Is the service responsive?

The service was not always responsive.

People were involved in assessments of their needs. Care plans were not always in sufficient detail to reflect the care being provided so staff had clear guidance on how to support people.

Staff provided social support and companionship to people.

The service had a complaints procedure and people knew what to do if they wished to raise a concern.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There was a lack of oversight and checking by the provider on the safety and delivery of care to people which included staff supervision and the maintenance of accurate care records.

Records were not available to us when we inspected and we needed to return to view these.

The service sought the views of people as part of its quality assurance process.

The management of the service was open to the findings of the inspection.

Requires Improvement ●

Premier Nursing Limited

Detailed findings

Background to this inspection

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

This inspection took place on 13 and 15 April 2016 and was announced. We gave the provider 48 hours notice of the inspection because it provided personal care to people in their own homes so we needed to be sure the registered manager or staff were in the office.

We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

The inspection was carried out by one inspector.

During our inspection we looked at care plans, risk assessments, incident records and medicines records for four people. We looked at supervision, training and recruitment records for staff and spoke to four staff as well as with the office manager and registered manager. We also looked at a range of records relating to the management of the service such as staff rotas, complaints, records, quality audits and policies and procedures.

We spoke with six people, or their relatives, to ask them for their views on the service provided by Premier Nursing Limited. We visited two people at their homes at the time they were receiving care and support from staff. We also spoke to a continuing health care nurse from a NHS Trust who commissioned nursing care from the service. This professional gave permission for their views to be included in this report.

The service was last inspected on 30 August 2013 when no concerns were identified.

Is the service safe?

Our findings

Staff recruitment procedures did not ensure adequate checks were always carried regarding the suitability of staff to work in care. We looked at recruitment procedures for three recently appointed care staff. For one of these staff adequate checks had been carried out, which included the provider obtaining two written references and a check with the Disclosure and Barring Service (DBS). The DBS maintains records of those people who are not suitable to work in a care setting as well as any criminal convictions. This staff member had also completed an application form and there was a record to show the staff member was interviewed to assess their suitability for the post. For a second staff member the service had carried out a check with the DBS. The staff member's recent employment history was not provided and the provider had not requested a written reference from the most recent employer. A third staff member had completed an application form but the employment history was incomplete and did not include a recent previous employer. The provider had not requested a reference from this employer and had relied on the testimonial of someone the staff member had provided care to. A second reference was made available to us during the inspection which was also from a person the staff member provided care to. From discussion with the staff member and the office manager it was apparent that the references were provided by the staff member rather than being requested by the provider. The provider had also not requested a DBS check for this staff member and had used a DBS check from a previous employer which was more than two years old. The provider thought this was acceptable as they understood DBS checks were 'portable.' Records showed the provider had interviewed this staff member to assess their suitability for the post.

The provider had not obtained employment histories for all staff and written references from previous and most recent employers which included other health and social care employers. Staff were not always subject to a DBS check as part of their recruitment. This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessments of people's mobility and any moving and handling needs were assessed using an assessment pro forma which covered the person's ability, equipment needed and the handling technique. For one person this assessment had not been updated since 2013 and for another there was insufficient detail about how equipment was to be safely used and how many staff were needed. For a third person the moving and handling assessment was more detailed with guidance for staff on how to safely support the person to move. Staff training records showed moving and handling training was provided to staff and the office manager said this was 'online' computer training consisting of a video. The provider was not clear whether this met the regulations regarding the safe moving and handling of people. Checks were not carried out that registered nurses employed to provide care were adequately trained and one nurse told us their last moving and handling training was five years ago. Another staff member said they received training a couple of years ago in using a hoist but felt the video training needed to be enhanced by practical demonstrations of how to safely move people. This meant the provider could not be assured staff were following safe moving and handling of people.

The service had policies and procedures regarding the handling, administration and disposal of medicines. People's ability to safely handle and take their medicines was assessed. This gave an assessed level of

support to ensure the person had their medicines. Of the four care records we looked at three people were assessed as being able to safely administer their own medicine. For a fourth person the assessment stated the person needed staff to administer their medicine. The assessment also stated a medication administration record (MAR) was in place for staff to complete when they supported the person to take their medicine. However, the MAR was not completed and the office manager stated the person administered their own medicine. There was a list of medicines prescribed for the person on an undated assessment record. In the person's daily records staff made reference to medicines but it was unclear if the staff member had supported the person to take them. The staff member said they administered medicines to this person but did not complete the MAR as they did not know they had to. The staff member confirmed their training in the administration of medicines did not involve an observation to assess and confirm their competency to do this.

Staff were trained in the safe administration of medicines by an online video course. This did not involve the observation and assessment of staff to deem them competent to safely handle and administer medicines.

The provider had not adequately assessed the risks to the health and safety of people including the safe management of medicines and the safe moving and handling of people. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said they received safe care and felt safe with the service's staff. One relative described how staff were skilled in ensuring safe care was provided and where there was a risk, such as when moving and handling people. One person told us how staff helped them move and transfer safely by the use of mobile hoists in their home. People, and their relatives, said how the service provided staff at agree times.

The service had policies and procedures regarding the safeguarding of people which included the local authority guidance. Staff were aware of their responsibilities to report any concerns of a safeguarding nature to their manager and knew they could contact the local authority safeguarding team. Training was provided for staff in safeguarding procedures and records were maintained of this. Staff confirmed they received training in safeguarding procedures and that this was included in their induction when they first started work. The office manager told us any safeguarding concerns raised by staff would be looked into and referred to the local authority safeguarding team if necessary.

There were assessments of risks to people and to staff when providing care. These included an assessment of the person's home environment and any risks which staff needed to be aware of. Assessments were also completed regarding the risk of pressure areas developing on people's skin due to prolonged immobility using a recognised tool called a Waterlow assessment. A health and social care professional said they considered the service provided reliable and safe care.

Sufficient numbers of staff were provided by the service to meet people's needs. People said staff always provided care at times agreed with them. People were given a schedule at least one week in advance of the times and names of staff who would be attending to them. People and their relatives said this schedule was adhered to by staff. Records were made each time staff provided care and support to people and these matched the times in the schedule. Staff told us there were enough staff so that people received care at the agreed times and that they received a duty roster of their care appointments with people.

Is the service effective?

Our findings

Staff were not always adequately trained and supervised. Whilst there was an induction procedure for newly appointed staff and ongoing training in subjects considered mandatory to the role of carer, there was a lack of any training records for the registered nurses. The provider said it was up to the registered nurses to source and update their training which the provider did not check. For example, the provider was not aware and had not checked if registered nurses were trained in moving and handling, the management of medicines and safeguarding procedures.

Whilst the provider had recently introduced a system for supervision and appraisal of staff this had only just started. We looked at the arrangements for the supervision of nine staff; four of these had not received a supervision or appraisal of their work. Staff confirmed inconsistency in their supervision and appraisal of their work. For example, one staff member said they were recently assessed working with a person by a supervisor, whereas another staff member said they worked independently without supervision. Another staff member said their work was checked on a regular basis by the office manager but there were no records of this. The five other staff had received an assessment of their work in March 2016 which included observation of them working with people which was recorded; there were no other records of supervision or appraisal prior to this. One staff member said their role was to assess staff working with people but also added they last received moving and handling training five years ago. This meant their knowledge of safe moving and handling may be out of date, which would limit their ability to assess if staff were moving people safely.

We spoke to a member of staff who recently started work at Premier Nursing Limited who confirmed they had an induction which involved a discussion and reading of the service's policies and procedures. The staff member said their induction did not involve a period of 'shadowing' other staff in how people should be supported, but felt they had the necessary skills and experience to work effectively without this. A different staff member, however, said their induction involved a period of 'shadowing' more experienced staff which helped them.

The provider had not ensured staff received appropriate support, training, supervision and appraisal to enable them to carry out their work. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said they got help from staff who had the right skills and were well trained. For example, one person said, "The staff are skilled and professional." Another person said they received care mainly from one staff member who they described as, "A very good carer who was good at multi-tasking." Another person said of the staff, "They're fantastic. The carer is exceptionally good. She listens to everything I say." People said they were consulted about what support they needed and that staff gained their consent before helping them.

The provider had an induction manual which included procedures regarding confidentiality, dealing with abuse, lone working and record keeping. A copy of this was held in each staff member's files. Each staff

member also had a handbook with details of the training staff were required to attend and the performance monitoring of staff.

Staff said they felt supported in their work and that the registered manager responded promptly if they needed any additional support. For example, the registered manager was described as "fantastic" and supportive. One staff member said there were arrangements to provide staff with training in working with people with dementia in the near future.

Staff training records showed 13 of the 38 staff were trained to National Vocational Qualification (NVQ) level 2 or 3. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Eleven staff were either registered nurses or former registered nurses.

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's care records included a section to say whether people agreed with their care plan and people told us they were fully involved in any decisions about their care. The service had policies and procedures regarding the MCA, but training in this was not provided to staff, which staff confirmed. Staff did not know what the legislation was and how it related to people who were unable to consent to their care and treatment. As care staff completed care plans, the lack of working knowledge of the MCA and what to do if someone lacked capacity to consent to their care or treatment meant this legislation may not be followed. We recommend the provider introduces a system for training staff in the MCA and devise systems to assess the capacity of those unable to consent to their care and treatment and implement any procedures to ensure people's rights are protected as set out in the MCA and its Code of Practice.

People's care records included an assessment of their nutritional needs, which gave a score of any risk of malnutrition. Care plans included details of the support with the preparation of meals people needed. People told us care staff helped them to prepare meals. One person said how they cooked together with a care worker, which they enjoyed. A relative said the support of staff ensured their relative was well fed and hydrated. People also said this support was flexible to fit in with their changing daily needs. We observed a care staff member assisting someone to get their breakfast of their choice.

Care records showed care staff worked in conjunction with other health care professionals to support people. One person said they were very satisfied with the support a care staff member provided in checking a specific health care need which was being treated by the district nursing services. Another person said they received personal care from a registered nurse supplied by Premier Nursing Limited and that this reassured them that their health care needs were monitored. People also said staff escorted them to health care appointments.

Is the service caring?

Our findings

People spoke highly of the attitude and caring nature of the staff. One person described the staff as, "Caring, friendly and lovely staff." Another person said the staff treated them with "total respect," adding that they considered the care staff as a friend who they had open discussions with. A third person described the staff as, "always cheerful" who provided a personalised service.

The provider maintained a folder with comments about the service, which showed people were very satisfied with the approach of the care staff. For example, one person stated of the care worker, 'She has brought kindness, light, warmth, energy and laughter into the house and has been such a source of support and insight.'

People said they were addressed by their preferred name and records included details of the name the person preferred to be called by.

Staff had a good knowledge of people's needs, family life and background. They said the registered manager was careful to ensure the right staff were assigned to work with people. Staff also confirmed this and said this resulted in them getting to know people and their care needs. People also said the consistency of staff meant staff got to know them well. People described their care as personalised and "tailored to my needs." People described how they were supported to develop independence and one person said how the support of care staff had enabled them to recover living skills lost during periods of illness.

People said their views were listened to. For example, one person said their care worker, "listens to everything I say."

Whilst people said their care was personalised, this was not always fully reflected sufficiently in people's care plans, which is referred to in the Responsive and Well Led sections of this report.

Staff demonstrated a caring attitude when we spoke to them saying they provided care as it was a member of their own family. We observed staff spoke politely to people and were respectful of people's wishes and requests. Staff knew of the need to give people privacy and to ensure confidentiality of any information about people.

The provider took steps to provide people with the information they needed. For example, the service user guide was provided to people who said they had all the information they needed about the service. Care plans were provided to people and were held in their homes. People said they knew what was in their care plan and that they had opportunities to discuss and agree its contents.

Is the service responsive?

Our findings

People told us they were involved and consulted in the initial enquiry and assessment of their needs before they decided to receive a service from Premier Nursing Limited. People were satisfied with their care arrangements, which they said were reliable and could be changed to suit their wishes. For example, people said they received help with personal care but that staff also supported them with housework. A relative and a person who received care said the provider was attentive in ensuring people were supported by staff who had the skills to look after them well and to ensuring the staff were compatible with them. A relative said how they were able to meet, assess and decide if a staff member was suitable and would get on with their relative. According to the relative, this had positive outcomes, as the staff member and person got on well, which in turn helped ensure the person got the right care. The relative said the input of the care staff had resulted in an improvement in the person's well-being, adding, "It is a very bespoke service and they will change it to suit us."

Relatives and people said the provider made frequent checks by telephone calls regarding their satisfaction with the service. People said care was flexible and could be amended to meet their changing needs. Staff said how they asked people what they wanted help with each time they visited and were prepared to complete any tasks requested.

People and their relatives said there was an initial discussion and assessment of care needs. Records of these assessments were held with each person's records. The registered manager said the result of the assessment helped them to determine whether the person's needs could be met, adding that the service would not agree to provide care where there was a question of whether their needs could be met. A health and social care professional said the registered manager had a good awareness of the limits of the type of care the service could provide. This professional added that the service was flexible to accommodate people's changing needs.

Each person had a care plan which set out how the assessed needs were to be met. We noted these did not always reflect the care being provided and did not give sufficient guidance to staff on how to provide care. For example, one person's daily records showed staff applied cream and worked with a physiotherapist to provide support, but this was not detailed in the care plan. Care plans had generalised comments about care such as, 'Goal. To maintain ability and keep good quality of life,' without giving specific guidance to staff on what to do. Another care plan stated, 'some assistance required with personal care and dressing,' without saying how and when this to be carried out. Moving and handling assessments and care plans lacked guidance about how many staff were required and how the person was to be helped to reflect the preferences. There were, however, examples of care plans instructions being in more detail, such as the procedures staff should follow for foot care. We have also referred to this in the Well Led section of the report.

People and their relatives said staff provided emotional and social support including help with shopping and outings. A relative said how staff were skilled at engaging with people and provided companionship to those with needs, such as dementia, which was very effective in helping people.

People said they knew what to do if they were not satisfied with the service they received. They said they had a copy of the complaints procedure. People said they had frequent contact with the provider who asked if they were satisfied with the service and if anything needed to be improved. The provider had a system for recording any complaints and the outcomes of any investigations. The last complaint was made in 2012 and records showed this was dealt with in line with the provider's policy.

Is the service well-led?

Our findings

The provider did not have an established system for fully assessing, monitoring and improving the quality and safety of the services provided to people. Whilst the provider had started a process of monitoring the performance of staff this has only recently started. Adequate checks were not made regarding the competency of staff to safely administer medicines to people. Staff supervision and induction was inconsistent and adequate checks were not always carried out regarding the suitability of staff to work with people. Checks were not made that registered nurses had the required training in those areas the provider considered were mandatory to their role.

Care plans were not available to us when we visited the provider's office even though we gave 48 hours notice of the inspection. The provider did not check and audit the care plans and said the staff were responsible for devising the care plans. Care plans did not always include the necessary information to give staff the guidance they needed to safely support people and in some cases staff were providing care and support not detailed in the care plan. Procedures for supporting one person with their medicine were unclear: the care plan gave details to support someone to take their medicines and to complete a MAR each time but there were no records to support this. The provider said the care plan was incorrect and that the person administered their own medicine, but the staff member said they administered the medicine but did not know they had to complete the MAR.

The provider did not have adequate systems to effectively monitor and assess the service including the risks to people's health and safety. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said the service was well-led. For example, one person commented in a letter to the provider, 'I wanted to write to you to express my huge respect for Premier Nursing and how it is managed.'

Relatives said they had regular contact with the provider, either by telephone or by a visit from the office manager, to check the service was meeting their needs. One person told us there were no formal reviews of their care but said the office manager, "pops in to check everything is OK," and any changes requested were implemented. People and their relatives described the service they received as, "tailor made," "very much bespoke," and could be changed when requested. For example, one person commented in a survey returned to the provider, 'The service and additional requests has been excellent.' The staff and management of the service were said by people and their relatives to be approachable and friendly. We concluded the service provided person centred care, meaning it reflected people's needs and preferences but that formal systems to check its safety were not fully in place.

People said they were asked to give their views about the service by survey questionnaires. We saw copies of surveys completed and returned to the provider, which asked for feedback on a number of areas, such as whether people were satisfied with the care they received and if care staff were on time. The responses to this were very positive. Where an issue was raised there was a record to show this was followed up with the staff team. The provider maintained a record of any accidents which included details about whether any

action needed to be taken to prevent a reoccurrence.

Staff described the management of the service as well-led and described the registered manager and office manager as approachable and willing to listen. For example, a staff member described the registered manager as "fantastic" and other staff said they felt supported to raise any issues they had. The provider also sought the views of staff about their by a questionnaire, which also asked staff if they were following correct procedures when providing care.

The provider was open and receptive to the findings of the inspection which they valued as a useful audit of the performance of the service. The provider had a Statement of Purpose which set out its service provision. The office manager had attended a workshop on the Care Quality Commission fundamental standards, which included person centred care, treating people with dignity and respect and safety.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured safe care and treatment was always provided to people by fully assessing risk and taking steps which ensured those risks were mitigated.</p> <p>The provider had not ensured the safe management of medicines. Regulation 12 (2) (a) (b) (c) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems to monitor, assess and improve the quality of and safety of care. This included risks regarding the health welfare and safety of people.</p> <p>The provider had not maintained accurate and complete records for each service user.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured adequate recruitment procedures were followed to check staff were of good character and had the skills and competence for their role. this included</p>

obtaining checks as set out in Schedule 3 of the Regulations.

Regulation 19 (1) (a) (b) (2) (3) (a)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured staff were appropriately supported, by adequate supervision, appraisal and training to enable them to perform their duties.

Regulation 18 (2) (a)