Mrs Judith Gayne

Premier Care At Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This was an announced inspection which took place on 31 May 2017. At the time of the inspection there were18 people using the service. In accordance with our guidance, two working days prior to the inspection we contacted the registered provider and told them of our plans to carry out a comprehensive inspection of the service. This was to ensure the registered provider was available and able to provide the information we needed when we visited the agency's office.

Premier Care at Home is an independent domiciliary care agency based in a secure office in the registered provider's own home. The agency provides help and support to adults in their own homes who may have a variety of needs. Services provided included assistance with personal care if needed, music, yoga and reminiscence therapy, the preparation of meals and planned outings.

The Care Quality Commission (CQC) do not require a service to have a registered manager when the registered provider is in day to day control of the service. The registered provider was present on the day of the inspection and confirmed to us that they managed the service.

The registered provider has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. This was the agency's first inspection since they were registered with CQC.

All the care staff who dealt with people's medicines had received medicine management training and overall we found the system for managing medicines within people's homes was safe. We have recommended however that the registered provider follows good practice guidance in relation to medication records.

People told us they felt safe with the staff that supported them and felt the staff had the right skills and experience to meet their needs.

We found sufficient suitably trained staff were employed to ensure people received the support they required. We saw that staff received the essential training and support necessary to enable them to do their job effectively and be able to care and support people safely.

We saw that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse. Staff were able to demonstrate their understanding of the whistle-blowing procedures (the reporting of unsafe and/or poor practice).

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides legal safeguards for people who may be unable to make their own decisions. Records

showed that most of the staff had undertaken training in relation to the MCA.

People's care records contained enough information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified, such as the risk of poor mobility and managing their own medicines. Risks were also assessed in relation to general safety issues within people's homes. We saw that plans were in place to help reduce or eliminate any identified risk. People were involved in regular reviews of their care to ensure the care and support provided met their needs, preferences and wishes.

Arrangements were in place to help ensure the prevention and control of infection in people's homes.

To help ensure that people received safe, effective care and support, systems were in place to monitor the quality of the service provided. Systems were also in place for receiving, handling and responding appropriately to complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Good practice guidance in relation to the recording of medicines was not always followed.

Suitable arrangements were in place to help safeguard people from abuse.

Assessments were undertaken around risks associated with people's health care needs and general safety issues within people's homes.

Is the service effective?

Good

The service was effective.

People who used the service felt the staff had the right attitude, skills and experience to meet their needs.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment.

Staff received sufficient and suitable training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

Is the service caring?

Good

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff. We were told the staff treated people with dignity and respect.

Staff were aware of the importance of ensuring the privacy and dignity of people was respected and of their obligations to ensure confidentiality of information was maintained.

Is the service responsive?

Good

The service was responsive.

The care records contained sufficient information to guide staff on the care and support to be provided. Records showed that people were involved in the planning of the care and support they required.

The registered provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Good

The service was well-led.

The service was managed by the provider who was registered with the Care Quality Commission.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Premier Care At Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was an announced inspection which took place on 31 May 2017. At the time of the inspection there were18 people using the service. In accordance with our guidance, two working days prior to the inspection we contacted the provider and told them of our plans to carry out a comprehensive inspection of the service. The inspection team comprised of one adult social care inspector.

Before the inspection we reviewed the completed provider information return (PIR) that had been sent to us. This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make. We also looked to see if any notifications had been sent to us. A notification is information about important events that affect the service that the provider is legally required to send to us. No notifications had been received. A discussion with the registered provider identified that no incidents had occurred.

During the inspection we spoke with the registered provider and visited one person in their own home. With their permission, we also spoke with two relatives and one person who used the service. In addition we requested information by email from three of the care workers. We did this to gain their views about the service provided.

We also looked at two care records, three medicine administration sheets (MARs) and records about the how the service was managed; these included staff recruitment, training and supervision records, quality assurance audits, and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. Comments made included, "Absolutely. I have total confidence in them" and "My [relative] feels safe and comfortable with [staff member]. So calm and sweet."

We looked to see how staff managed people's medicines. We were shown the policy and procedure in relation to the safe management of medicines that all staff had access to. The care staff confirmed they had received medicine management training. Staff training records also confirmed that this information was correct.

We looked at three of the medication administration records (MARs) that had been completed and returned to the agency office. We saw the medicines that were to be given were handwritten on the MAR. There was no evidence to show which staff member had written the instructions. The registered provider told us that either herself or the care staff wrote the instructions and that they were copied from the container that the medicines were dispensed in. We have recommended that the registered provider follows the good practice of having the instructions signed and checked by another person to ensure their accuracy. If checks are not made on the accuracy of handwritten entries then people may be given incorrect doses and/or incorrect medication.

We found that care staff had not always recorded the quantity of medicines received into the person's home. We have recommended that this practice is put into place. If medicines cannot be accounted for, it is not possible to tell whether or not they have been given correctly.

It was documented on a MAR that a painkiller was to be given 'as required'. The dose was two tablets with a gap of four hours between. Although it is correct that a minimum time of four hours must be left between doses there was no information to inform that no more than eight tablets were to be given in a 24 hour period. The registered provider told us a review of all the MARs would be undertaken straightaway and if it was found there was a lack of this information on other MARs where a painkiller was prescribed, then it would be addressed.

We saw that suitable arrangements were in place to help safeguard people from abuse. Inspection of the training records showed that all staff had received training in the protection of adults. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. The staff we contacted confirmed they had received the training. The registered provider and the two care assistants were able to tell us what action they would take if abuse was suspected or witnessed.

We looked at three staff files and saw that the recruitment system was safe. The staff files contained proof of identity, application forms, a medical questionnaire and at least two professional references. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal

convictions noted against the applicant.

All members of staff had access to information about how to report unsafe or poor practice. There was a whistleblowing policy and we saw that the procedure was contained within the employee induction pack.

We looked at the policies and procedures in place to ensure the safety of people who used the service. This was in relation to such things as the safety of people's door keys and alarms and what to do in the event of accidents and incidents occurring. Information about safety was included in the employee induction pack. We saw that each staff member was given the booklet of 'First Aid at Work.'

There was a policy in place for the handling of people's money. The registered provider told us that it was the policy of the service that staff did not have access to people's bank cards, their PINs or their cheque books. We were told that if staff undertook any shopping for people then they used the person's cash and they had to ensure a receipt for the goods purchased was given. This is good practice. One of the people who used the service told us that the staff always gave them a receipt.

A discussion with the registered provider and the people who used the service showed that sufficient numbers of staff were employed to ensure people received the support they required. People we visited and spoke with told us the staff were reliable. Comments made included; "I am very pleased with the service" and "They are very reliable indeed. I cannot fault them."

The service had a business continuity plan in place to inform of the action they should take in the event of a disruptive incident such as a serious lack of staff or severe weather.

The registered provider informed us in the PIR that any potential slip, trip and fall hazards were identified at the home visits and that staff ensured that all medicines were stored safely, particularly as many of the people who used the service were living with dementia.

Records showed that risk assessments were in place in relation to assessing whether people had problems with certain aspects of their health, such as a need for support with moving and handling or having a history of falls. Staff had written down what action they would need to take to reduce or eliminate any identified risk.

We saw that assessments were also undertaken around some aspects of general safety issues within people's homes; such as security and fire safety, especially if people smoked. The registered provider told us it was their intention to expand the risk assessments to include risks to staff such as inadequate external lighting and the presence of pets within the home.

We were shown the infection control policy that was in place. It provided instructions for staff on processes such as hand hygiene, personal protective clothing, waste disposal and the management of outbreaks of infections. The care staff told us they had undertaken infection control and food hygiene training and they were provided with protective clothing, such as disposable gloves and aprons if they needed to deliver personal care to people.

Good

Is the service effective?

Our findings

The people we spoke with told us they felt the staff had the right attitude, skills and experience to meet their needs. Comments made included; "I have every confidence in them. They notice things and bring things to my attention if they have any concerns" and "Their record keeping is excellent. They record every detail."

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to a deprivation of liberty safeguard (DoLS).

We asked the registered provider to tell us what arrangements were in place to enable the people who used the service to give consent to their care. We were told that any care provided was always discussed and agreed with people who were able to consent. The registered provider demonstrated their understanding of the action they would need to take should they have concerns regarding an individual's capacity to make a particular decision or give consent. We saw evidence of written consent in the care records we looked at.

The registered provider informed us in the PIR that it is their view that sharing good practice is essential to keep up to date with new developments in social care. We were told that each new member of staff received the UKHCA Homecare Workers Handbook and a set of guidelines and policies for the agency in their induction period. The PIR also informed us that staff members were encouraged to access the 'skills for care' website to keep up to date with new practice, education and training.

We checked the arrangements in place to ensure staff had the necessary induction, training and supervision to help them deliver effective care. The staff induction pack that we looked at contained information to guide staff on their conduct and practice and also information to help protect their safety and wellbeing. It included policies on topics such as; person centred care, dignity and respect, consent to care, safeguarding and complaints.

We were shown the training records that were in place for all the staff. They showed staff had received the essential training necessary to safely care and support people using the service. Certificates of training undertaken were kept in each of the three staff personnel files that we looked at. The care staff we contacted confirmed to us that they had received the necessary training to allow them to do their jobs effectively and safely.

Records we looked at also showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings provide staff with an opportunity to speak in private about their training

and support needs as well as being able to discuss any issues in relation to their work.

We asked the registered provider to tell us how staff communicated with each other and with families and people who used the service when there were any changes in circumstances or conditions. We were told that each staff member had a mobile phone with other care staff and service user phone numbers. We were told this helped to ensure that any change in a person's condition or circumstances could be quickly communicated.

During the inspection we were shown a text message that the registered provider had received from a family member. The text message informed of a request for a change to their relative's visiting schedule. We also heard the registered provider speaking to a relative about an aspect of their relative's care. A relative we spoke with told us, "They are very flexible and that is a huge benefit."

The registered provider, who has a general nursing background, told us they would contact other health care professionals such as GP's or community nurses if they felt there were any concerns about a person's health.

Good

Is the service caring?

Our findings

We received complimentary feedback about the caring attitude of staff. Comments people made included; "They are absolutely wonderful. They are fantastic shining stars. To them it is not just a job" and "They are very caring people and very respectful."

Staff told us that the importance of ensuring the privacy and dignity of people was emphasised throughout their induction and their training. We saw the induction pack re-iterated the importance of ensuring people's privacy, dignity, choice, equality, rights and independence were respected.

The registered provider informed us in the PIR that the agency upholds the principles of citizenship and challenges all types of discrimination and oppression in society. For this reason, all care staff had been carefully chosen for their caring and empathy skills.

The registered provider told us that, to ensure continuity of care, they tried to make sure people who used the service received visits from the same care staff. One of the staff told us that although visits could be subject to change they knew from week to week who they would be visiting. The one person who used the service that we visited at home told us they nearly always had the same care staff member to support them. During this visit we saw the staff member present was supporting the person with respect and kindness. It was evident that they knew each other well.

We saw that people's care records included information about their preferred name, their daily routines and the social activities that they liked to undertake. They also contained information about their families and people and/or pets that were important to them. This helped to ensure staff developed a good understanding of people's social and physical needs and care for them as individuals.

It was evident from looking at people's care records that people were encouraged to be as independent as possible. It was clearly documented about how, and in what circumstances, people were able to manage tasks safely.

We looked at the induction training file and saw that it included a topic on maintaining confidentiality of information. We saw that people's care records were kept securely in a locked filing cabinet in the agency office.

Good

Is the service responsive?

Our findings

People told us that staff responded well to their needs. Comments made included; "They respond very quickly to any changes or concerns" and "They do whatever needs doing. Never a problem."

We asked the registered provider to tell us how they ensured people received safe care and support that met their individual needs. We were told that the registered provider always undertook their own assessment. This was to ensure the person's individual needs could be met by the agency staff and also to assess if the person who used the service and/or the staff could be placed at risk of harm from any hazards.

We looked at two care records that were kept in the agency office. They contained enough information to guide staff on the care and support to be provided. They showed that people were involved in the planning of the support they required. The staff we spoke with told us people also had a copy of their care plan in their own home. The people who used the service that we spoke with confirmed this information was correct. We were told that after every visit staff wrote down in their care records what care and support had been provided.

The registered provider informed us in the PIR that people's care plans were reviewed on a continual basis and if the person's desired outcomes were not being met the care plan was re-evaluated and an action plan put into place to bring about positive change and the desired results.

We were told that the registered provider was on call outside of office hours in order to provide advice and support to both staff and people who used the service.

The registered provider told us that the care and support provided to people varied from minimal personal care to support with activities, companionship, household duties, preparing meals and drinks and shopping. We were told that staff provided activities such as; reminiscence therapy, yoga, music therapy and singing.

The registered provider informed us in the PIR that care workers tried to reduce social isolation by encouraging people who used the service to go out for social activities. This included such things as; going for a walk around the park, visits to garden centres and taking to Tai Chi sessions. We were told that each person had different preferences; whilst one enjoyed shopping trips to Bury Market, another enjoyed going to a local pottery class in a local community school. One of the people we spoke with told us how their relative enjoyed their walks to the park.

The registered provider told us that no complaints had been made about the service, however they acknowledged that the service was still very new and it would be unrealistic to assume that no complaints would ever be submitted. Therefore, at the start of service provision, each person who used the service was given an instruction leaflet about how to raise a complaint. We saw that the procedure explained to people how to complain, who to complain to and the time it would take for a response. The people we spoke with told us they had not had to make a complaint but would have no hesitation about speaking with the

registered provider or any other staff if they needed to. Although no complaints had been made, the registered provider had a system in place to record the complaint and the action taken to resolve the issue raised.

Good

Is the service well-led?

Our findings

The Commission do not require a service to have a registered manager when the registered provider is in day to day control. The registered provider was present on the day of the inspection and confirmed to us that they managed the service. People who used the service were complimentary about the registered provider. Comments made included, "[The registered provider] is always very helpful" and "I have every confidence in her." People who used the service were given a pamphlet that contained information about the facilities and services the agency provided.

We asked the registered provider to tell us how they monitored and reviewed the service to ensure that people received safe, effective care and support. They showed us the audit calendar they had set up to ensure all aspects of the running of the service were checked. These included record keeping, medication, accident /incidents, staff training, practice observations (spot checks), and infection control.

The registered provider told us they sought feedback from people who used the service during practice observations, any reviews of their care that were undertaken and through the satisfaction surveys that were sent out routinely every six months. We looked at six surveys that had been sent out during the last six months. All the comments were positive and included comments such as, "I am very satisfied", "I am very happy with things to date", "I am very pleased. The standards are a great improvement on others" [previous services used] and "Very satisfied indeed."

The registered provider told us in the PIR that they felt the satisfaction surveys had been helpful in identifying where improvements could be made, for example one suggestion was to have a monthly feedback/ communication form for the person's next of kin. This was introduced and is now e-mailed out along with the invoice.

Comments from the staff showed they felt included and consulted with. Staff spoke positively about working at the agency. Staff told us they were in regular contact with the registered provider and that she was supportive and approachable. We saw that staff had access to policies and procedures to support them in their practice. The policies were reviewed at least annually to keep information up to date.

We were also shown the questionnaires that were sent out to staff. Staff were given the opportunity to complete them anonymously. The responses were positive and included comments about feeling valued and supported.

We asked if staff meetings were held. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. We were told that because there was such a small staff team and the registered provider was regularly available they had not previously been held. The registered provider told us however, they were aiming for formal staff meetings to be held every three months. Staff confirmed to us that staff meetings had been discussed following a recent training session and that they were to be implemented in the near future.

A discussion with the registered provider showed they were aware of their responsibility to ensure that any accidents or incidents that may occur must be reported to CQC.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. The registered provider was aware of the need to make the awarded rating available on their website and in their office.