Premier Personal Care Limited

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Inspection report

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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

Overall summary

Premier Personal Care is a domiciliary care agency that provides care and support to people in their own homes. On the day of our visit there were approximately 61 people using the service. The agency provides support to people with a range of care needs, which include older people, people living with dementia and people with physical disabilities.

This inspection took place on 9 December 2014. The provider was given 48 hours' that the inspection was going to take place. We gave this notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Summary of findings

At our previous inspection on 9 December 2013 the provider was meeting the requirements of the law in all the standards.

The registered manager has been registered since May 2013. 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 and associated Regulations about how the service is run.

People told us they felt safe with the care they received. Staff demonstrated understanding of how to identify abuse and what they should if they suspected it had occurred. Staff administered medicines to people safely. However some staff had not received refresher training in safeguarding adults and medicines. The service carried out appropriate recruitment and criminal checks procedures. People said staff turned up to their homes on time. We have made a recommendation about environmental risk assessments.

The service did not always act in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make specific decisions, consent was sought by people not authorised to give it. There was no evidence to show the service had not applied the recent court ruling in regards to DoLS in their work practice. People received care and support from staff who received effective supervisions and appraisals. However, some staff had not undertaken relevant training and could not demonstrate how the MCA related to their job roles. People's nutritional needs were met; staff demonstrated how they supported people who were malnourished to gain weight. This was also evidenced in care records. The service worked closely with health professionals to enable people to receive the support they required.

People gave mixed responses in regards to whether they had received a review of their care. Some people said this had occurred whilst others could not remember the last time took place. A review of care records showed care reviews did not occur on a regular basis for some people. People said the service was responsive to their needs and they know how to make a complaint if they had concerns. We saw complaints received were responded to appropriately.

Some quality assurance systems to monitor the quality of the service were not effective. For example, there was no evidence of care audits of care records to ensure information was factual and accurate. The service sought feedback from people, those who represented them and staff.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

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 safe.

People told us they felt safe with the care they received and staff seldom missed calls.

Some staff had not received refresher training in safeguarding adults and medicines.

The service carried out appropriate recruitment and criminal checks procedures.

Requires Improvement

Is the service effective?
The service was not effective.

The service did not always act in accordance with the Mental Capacity Act 2005 (MCA).

Some staff had not undertaken relevant training and some staff who had undertaken training could not demonstrate how the MCA related to their job roles.

People received care and support from staff who received effective supervisions and appraisals

Requires Improvement

Is the service caring?
The service was caring.

People said they received care from staff who were caring, compassionate and understood their needs.

Staff told us they had attended the relevant course which enabled them to uphold people's dignity. Training records reviewed supported this.

People said they were given choice and were encouraged to be independent.

Good

Is the service responsive?
The service was not responsive.

Some people said they had a review of care. However, other people said they could not remember the last time this had occurred.

Care records in relation to reviews of care were not factual, accurate and up to date.

Complaints were responded to appropriately.

Requires Improvement

Is the service well-led?
The service was not well-led.

Requires Improvement

Summary of findings

Some people thought the service was run well whilst other people said constant changes in staffing was a cause for concern.

The service sought feedback from people, those who represented them and staff.

Some of the quality assurance systems to monitor the quality of the service were not effective.

Premier Personal Care 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. 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 inspection took place on 9 December 2014. The provider was given 48 hours' that the inspection was going to take place. We gave this notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise related to older people. The expert by experience conducted telephone interviews after the inspection to gather people's views about the service.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it. The provider completed a Provider Information Return (PIR). The information in this form enables us to ensure we address potential areas of concern and any good practice.

We received feedback from the local commissioner of the service as part of the inspection process. We sent questionnaires to out to people who use the service and their relatives to get their views about the service. We received 12 responses.

During the inspection we spoke with five people, three relatives, one team leader, four care workers and the registered manager. We looked at four people's care records, five staff records and records relating to management of the service.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe with the care and support received. We heard comments such as, "Yes, I feel very safe with my carers.", "Yes, I feel safe, if I didn't I would not have them in the house."

Staff knew how to identify abuse, report any concerns and told us what action they would take to keep people safe. For example, one staff commented, "If I noticed unusual marks on a person's body, I would make a note of it and report it to the office." We reviewed the service's 'whistle blowing and safeguarding policy'. This policy outlined what people, staff and visitors should if do if they had concerns about the work practices in the home. The safeguarding policy gave staff guidelines on what they should do when dealing with suspected or alleged abuse.

Staff training records showed some staff was not up to date with relevant training. Two out of four staff training records reviewed showed relevant training was not up to date. For example, one staff member had last attended safeguarding vulnerable adults training on 27 July 2011 and another staff member had last attended the training on 5 November 2010. This meant not all staff were provided with up to date training.

Risk assessments were undertaken to reduce the risk of people receiving unsafe or inappropriate care and support. 'Safe systems of work' covered people's home environment, physical health and equipment used. The team leader commented, "Risk assessments are carried out on equipment and on property." Staff told us risk assessments were easy to understand. One care worker commented, "Risk assessments are clear enough for me to understand what I need to be aware of." We noted a environmental risk assessment used for one person to ensure their and staff's safety was partially completed.

Staff administered medicines to people safely. However care records were not always accurate. For example, in one care plan it was recorded very clearly what assistance the person needed. Staff were to assist the individual with reading labels, removing packaging, administer the person's medicine, store and dispose of the medicines safely. However, we noted it was also recorded the person had the ability to manage their medicines.

The team leader told us told us all medicines had to be in a monitored dosage aid prepared by a pharmacist before they could be administered. Medicine administration records (MAR) documented the names of the people the medicines were prescribed to, the time and quantity given and who administered them. For example, whether it was administered by staff, the people's family members or whether the medicines were refused. This was supported by one care worker who commented, "Dossett boxes are stored safely, staff administer and record what they have given on a MAR sheet, if people refuse, we record it." A review of staff training records showed not all staff had received up to date medicines training. For example, we saw two staff members had not received refresher training since 2012. There was no evidence to show further training had been arranged for them. This had the potential of placing people at risk of unsafe care and support.

This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate recruitment and criminal records checks had been undertaken before staff were recruited. Staff records showed criminal convictions checks were undertaken, written references were obtained and employment histories and medical questionnaires were fully completed. One staff member stated what happened before they began employment with the service. They commented, "They (the service) contacted my previous employer."

People gave mixed comments about the numbers of staff employed. Comments included "I think they could do with more staff because there appears to be a number of changes of the rota, at weekends", "I think they have enough staff, and I have not had any problems at all. I think they give a brilliant service. "Well you can always do with more staff, it is inevitable, people leave, and have holidays, off sick and whatever. I think they do well enough, but I think if they had more staff then we could have more consistency, so yes, more staff would be helpful." "Yes I think they manage well. I had no problem getting my help back when I was discharged from hospital."

There were sufficient staff to meet the needs of people who used the service. The registered manager told us about the measures they had taken to ensure there were enough staff to provide people with care and support. They explained they had a rolling recruitment programme and constantly advertised in the local newspaper. The registered manager

Requires Improvement

Is the service safe?

acknowledged the challenge they faced with staffing levels and told us what else they were doing to manage this. They commented, "If someone (staff) leaves or are on long term sick, we do not take on any care packages. We also do not take on care from 20 December because of Christmas. We never have three care workers off work at the same time." On the day of our visit the staff rosters showed the staffing levels were sufficient.

People told us care workers kept to their allotted time and had not missed calls. We heard various comments such as, "They (staff) are very punctual. They even sit outside the house in their car and as soon as it is time, they come in to help me. They don't go early and they have never let me down and missed a call." "Sometimes a minute or two late but there is always an apology and because it is so little and not very often, it is acceptable." I have never been missed a call, and they always stay their full time." "Regular as clockwork and never missed coming, and stay till they have done everything needed doing."

Requires Improvement

Is the service effective?

Our findings

The service did not act in accordance with the Mental Capacity Act 2005 (MCA). The MCA ensures the human rights of people who may lack capacity to take particular decisions are protected. Care plans showed care documents were signed and dated by some people involved in their assessments of care. Where people were unable to be involved in making decisions about their care assessments, there was no evidence mental capacity assessments had been undertaken. This would show the specific areas people were unable to make decisions in and what actions were taken in their best interest. For example in one care plan, it indicated a person's next of kin helped the person to make decisions and choices. This was signed and dated by the next of kin and the member of staff who carried out the assessment. However there were no records to confirm what legal powers of authority the next of kin had. Such as, whether they had legal powers to make decisions in regards to the person's finances and property or health and welfare.

Staff told us they had undertaken relevant training but some could not confidently demonstrate their understanding of the MCA in relation to their job roles. We heard various comments from staff such as, "I can't remember the training", "I have not had MCA training", "I think it's when someone is not able to understand what you're telling them" and "It's about whether a person had the mental capacity to make decisions." A review of training showed the majority of staff had undertaken relevant training. We checked the training records for the staff who said they had not received MCA training and found they had undertaken it in 2013. However, we noted one staff had not had refresher training since 2009. We noted the service did not have a policy for the Mental Capacity Act 2005. This would inform staff of what the MCA is and how to apply it to their job roles. This showed some staff did not have a good understanding of the MCA and were not informed of the best way to work with people who lacked capacity.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for by staff who were appropriately inducted, supervised and appraised. Staff spoke positively about their induction and supervision. Comments included, "The induction training was adequate, I had three to four days shadowing experienced staff and was given time to read care plans to familiarise myself", " I received my induction from the previous manager, it was good and gave me what I needed to carry out my care tasks" and "Supervisions gives me a chance to get things off my chest, I would always speak to my manager. I also get feedback on my performance." Staff records confirmed all staff undertook an induction and were regularly supervised and appraised.

People were supported to have enough to eat and drink and their hydration needs were met. Care records evidenced the types of support people received and who provided it. For example, one person had a live-in care from another agency who prepared all their meals and drinks. The care record documented the person had no issues with food and drink. The team leader told us about another person who they supported after it was identified the person had steadily lost weight. The team leader said, " We were allocated one and half hours to do shopping. We bought what they liked to eat and regularly recorded their weight. This resulted in their weight gradually increasing."

Staff worked in partnership with other organisations. The team leader commented, "We work with district nurses and on occasions occupational therapists. We also liaise with social workers." This was supported by a care worker who commented, "We have a lovely team of district nurses. I can phone them up if I have any concerns. They are very supportive." Care records showed visits from external health professionals and how they worked with staff to provide care and support to people who used the service.

Good

Is the service caring?

Our findings

People spoke positively about staff. We heard various comments such as, “Yes, I am happy with my carer, she is an angel”, “Lovely girls, and very kind indeed, I really look forward to them coming to help me. They do everything I ask them to do and sign in the book when they visit”, “We have a good chat when my carer comes. We talk about all sorts of things, she keeps me up to date”, ”My carer is so very kind and helpful. She never ever leaves without asking me if there is anything else I would like her to do” and “Wonderful carers, helps me stay in my own home – I would never ever want to go into a care home. I like my home and my independence and they help me to keep it.”

People and their relatives said staff treated them with care and compassion. Comments included, “If you went the world over you would not find a more caring person than X (staff member), she is an angel” and “My carers are brilliant, they do everything they can to keep me comfortable, they go that extra mile, so very caring and understanding, particularly when I am not feeling so good.” This was demonstrated by a care worker who told us about the concerns they had about person they provided support to. They commented, “I worry about X not having help from family.”

Staff demonstrated a good understanding of people’s care needs and family history. For example, one care worker commented, “X does not like to talk about their past and has never been married.” We noted this information was recorded in the person’s care records.

People said staff respected and treated them in a dignified manner. We heard various comments such as, “Oh yes, I am treated with respect. I call my carers by their Christian names and they call me by mine. That way you form good relationships. When I am being helped to have a shower, they keep me covered, they help keep my dignity for me” and “Yes, my carer does exactly what I ask of her, she is wonderful and yes, she is, very respectful, when she helps me bathe I don’t get embarrassed now, she helps me keep my dignity.” One care worker commented, “I work with a person who is bed bound, when I give them a daily bath I ensure they are covered.”

People and their relatives told us they had a care plan in place, they had been fully involved in the making of the plan, had read it, signed it and had a copy within their home. Comments included, “My daughter was involved when the care plan was made”, “I was present with my brother when the care plan was made. He has learning difficulties but understands to a degree what he needs and what he will accept. I feel he manages with the support he gets which is very good” and “I did not need any help in making my care plan.” Staff told us how they involved people in their care. One care worker commented, “Some people are not able to make decisions about their care. One person has family members that assist them and if I have any issues, I will contact their family.”

People spoke positively about staff who provided their care and told us they understood their care needs. Comments included, “Yes she knows what she is doing – she is brilliant. She helps me have a shower three times a week, more if I want it. She helps me dress and gets my breakfast for me. Usually cereals and toast. She washes the pots and puts everything away. She keeps everything tidy for me”, “Yes, I get help with showering. My carer helps me use my stand, I can no longer just get into a bath. I also get help with dressing, I choose what I want to wear and she assists me" and “Yes, she knows the routine I have, it does not change. Very caring, never leaves without asking if there is anything else I would like her to do – she has always done what she comes to do.” This demonstrated caring relationships were developed with people who used the service.

People were supported to exercise choice and encouraged to be independent. One person commented, “I was given the choice of what time I got up and what time I went to bed. I have carers three times a day. I am fortunate, I get all the help I need” and “Yes, I was given the choice of what time I got up and what time I went to bed. Another person commented, ” I am quite independent and capable. I get the help I need. ” This was supported by a care worker who commented, “ I allow X to do everything she can do for herself.” The team leader said, “I completed a dignity and diversity course which focused on people having choices.”

Requires Improvement

Is the service responsive?

Our findings

People gave mixed responses when asked about the care needs being reviewed. Some people said reviews of their care had taken place. Whilst others said they could not remember as it was completed some time ago. We heard comments such as, "Yes, I had my care plan reviewed a couple of months ago. I had carers coming in four times a day. I felt I could manage the washing, and it was agreed I could have carers three times a day now, it works well", "Yes, two or three weeks ago. Everything is going fine. I don't need any more help but I know if I did all I would need to do would be to ask for it" and "Yes but it was some time ago it was reviewed. I would have to look it up, but we just mentioned it a couple of weeks ago and we thought it must be soon."

The team leader commented, "When care plans are developed and updated care workers will speak to people and their family members to ensure what they say is reflected in them." This was supported by relatives, we heard comments such as, "I am, involved in the care plan, they (staff) always ask before they change anything." The registered manager said care reviews and risks were currently undertaken once a year however, they had recognised this needed to be carried out more frequently and told us they planned to change this to every six months. A review of the 'service user's review' document showed the last dates reviews were undertaken and the dates of next reviews. For example, one person's last care review was dated 7 December 2010 with the next care review to be held on 12 September 2015; Another person's care was last reviewed on 8 August 2011 with the next review to be held on 9 August 2015. We asked the registered manager to explain why these specific reviews were scheduled in this way. However, they could not give an explanation. We noted in some care records, care reviews were up to date but these were not reflected on the 'service user review' document. This meant the service did not always keep factual and accurate records.

This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said the service did not always inform them when there would be a change in care worker. We heard comments such as, "I see the same girls but at the weekend you hardly know who is coming, not the same as the rota says" and "No not always. I think they must have a big turnover in staff. I would like the same carer all the time but I always get some help and the carers who come are good." This showed some people did not always receive a continuity of care at the weekends.

People said the service was responsive to their needs. One person who had recently been hospitalised commented, "I was in hospital and just discharged a few days ago. The nurse got in touch with the office and told them I was being discharged. I was able to go home and I got all my care back. I am very thankful for the help I get." Another person said, "I got in touch with the manager and asked if I could change a date around because of a family get together. There was no problem, she agreed and it was changed."

People said they knew how and who to make a complaint to, if they felt it was necessary to do so. Comments included, "Yes, if I was not happy with the help I was getting, then I would make a complaint and speak to the Manager and have it resolved", "Yes, If I had a problem then I would discuss it with my husband and then get in touch with the office if I needed to" and "I know very well how to make a complaint." Staff said they would pass any concerns people had to management. Comments included, "If someone had an issue, I would relay this to my team leader, who would inform the manager" and "I would speak to my team leader and make a note in their (people's) records. The service's complaints policy clearly detailed the procedure to follow if people wanted to complain.

The service captured complaints and made changes in response to them. For example, one person told us they had raised a complaint about a staff member who had a poor attitude towards them. The person told us since they had made the complaint she was happy because of the action taken by service. This was because the staff member who was described by the service user as "a very good carer and good at her job", was much more pleasant towards her.

Requires Improvement

Is the service well-led?

Our findings

People gave mixed responses when they expressed their views about the service and the registered manager. Comments included, "If the service is not well led, then they will have problems, won't they!", "I don't really know, I am very happy with the service I get and with my carers, so alright I suppose", "Yes, I think so. She is pleasant and helpful, I can't see a problem but I have not needed to be in touch with her very much, not really" and "I think she would be better if she got the rotas sorted out, too many changes of who is coming and then you get someone else. I don't think that is very good."

The service had quality assurance systems in place. However we found some systems were not effective in monitoring the quality of service being provided. The service's training matrix which captured what courses staff attended, the dates they attended and dates when training certificates expired, was not up to date. We noted not all staff had up to date training. For example, safeguarding vulnerable adults, medicines, MCA and DoLS training. The registered manager told us they had problems with their computer system which prevented the correct and updated information from being shown. However, we saw no interim measures taken to ensure up to date and correct information in regards to staff training was available. There were no systems in place to gauge how effective training staff had received had been or what further training was required to support staff. For example, some of the staff we spoke with confirmed they had received MCA/DoLS training but were unable to demonstrate a basic understanding of the legislation and how it related to them individually as care workers.

There was no evidence of audits undertaken on care plans which would have identified gaps in care records and ensured care and risk assessments were regularly updated and reviewed. This meant some of the quality assurance systems to continuously identify, analyse and review risks were not effective and had the potential of placing people welfare and safety at risk of harm.

This was a breach with Regulations 10 of the Health and Social Care Act 2008 (Registration) Regulations 2009, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some quality assurance systems that were effective. For example, the service undertook spot checks. These covered whether care workers arrived to people's homes' on time, worked in clean uniforms, wore identification badges, used equipment correctly, completed daily records satisfactorily and carried out care tasks appropriately. We noted these were conducted regularly, were up to date and signed by the person who carried out the check. A review of the 'accident report' book showed all accidents and incidents were recorded and appropriate action was taken. This ensured people received support from staff who carried out safe working practices.

A review of the complaints log showed all complaints received were responded to appropriately.

The service sought feedback from people, those who represented them and staff. We reviewed the service's 'service user quality assurance questionnaire'. This gave people the opportunity to provide feedback on various aspects of the service they received. People said they were happy with certain parts of the service, such as complaints which they said was handled satisfactorily. However, some thought there could be further improvements with the 'visit rota' which kept on changing. A review of the 'employee quality questionnaire' dated 3 July 2014 showed only three staff members responded. Staff stated their workload was manageable and they would recommend the service to other people for employment but thought there could be improvements with pay. We noted from the minutes of a staff meeting held on 21 August 2014, staff were given a pay increase. This showed the service did respond to some of the feedback received. However, we saw no evidence of action taken in regards to feedback from people who used the service.

The registered manager said they had an open door policy. They commented, "All staff have my work mobile number and team leaders can ring me at the weekends if they need my assistance." This was supported by staff, we heard comments such as "I can call management at any time, they are very approachable" and "I had a problem with a client and was able to talk to the manager about it." However not all staff felt listened to. One staff commented, "They (management) don't always listen. The care co-ordinator arranges the staff rota most of the times but then someone changes it which then causes problems."

Requires Improvement

Is the service well-led?

The service had a 'business continuity planning' policy dated February 2014. This captured critical events that could adversely affect the business and what action should be taken if they occurred. Such as, plan of actions for staffing shortages; bad weather conditions; fire at the office premises and failure of computer equipment. This showed procedures were in place for dealing with emergencies which are reasonably expected to arise from to time.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The service did not follow the Mental Capacity Act 2005 legislation as there was no evidence of mental capacity assessments to determine whether people who lacked capacity could make specific decisions. The service sought consent from those who represented people without having evidence to establish they had legal powers to do this. Regulation 11 (1), (2), (3).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not have appropriate systems for gathering, recording and evaluating accurate information about the quality and safety of care and support it provided. Some staff had received up to date training, audits of care records did not occur. There were no systems to gauge staff understanding of the learning they undertook. Regulation 17 (1), (2) (a). Information in care records relating to care reviews were inaccurate, not factual and up to date. Regulations 17 (2) (d).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Some staff had not received up to date safeguarding, medicines and MCA training. Regulations 18 (2).