

Premier Care (Midlands) Limited

Hampton House

Inspection report

17-19 Hampton Lane
Solihull
West Midlands
B91 2QJ

Tel: 01212951017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hampton House is an extra housing scheme comprising of 33 self-contained flats which can be rented by younger adults and older people. The service can support people with personal care which is provided by a team of care staff through pre-arranged calls. At the time of our inspection 21 people were receiving personal care. CQC only inspects the service being received by people provided with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The provider is also registered as a domiciliary care agency. This part of the service was not inspected, or rated during this inspection, as they were only providing support at Hampton House.

People's experience of using this service and what we found

People and relatives spoke positively about the service they received. Staff knew how to keep people safe and protect from harm. Risks associated with people's care and their home environments were identified and assessed. Staff were recruited safely, and medicines were administered safely, by staff trained in medicine management.

People and their relatives had confidence in the ability of staff to provide effective care. Staff development was supported through an induction when they started work. Ongoing training was provided to the staff team to ensure their skills and knowledge remained up to date. People had access to healthcare professionals to ensure their ongoing healthcare needs were met.

People received person centred care and developed positive relationships with staff, who had a good understanding of their care and support needs. People's right to dignity and privacy were respected and their independence was promoted.

People and relatives were involved in their care plans to ensure they reflected people's preferences, religious and cultural beliefs and values. People knew how to make a complaint and feedback on the service was encouraged and used to drive forward improvements and learn lessons.

The registered manager had processes in place to monitor and review the quality of the service provided, for example, audits of care records. The provider had a contingency plan in place, to minimise any risks to the service running safely in the event of, for example adverse weather conditions. Staff felt supported by the management team.

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

Rating at last inspection

This service was registered with us on 21 January 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating for the service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hampton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and two Experts 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. The inspectors visited the service and the Experts by Experience gathered feedback about the service from people and their relatives via the telephone.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we had received about the service since registering with us in January 2021. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, team leader and care staff. We reviewed a range of records, including four people's care records. We looked at three staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

Is the service safe?

Our findings

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

This is the first inspection since registration. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans and risk assessments were in place for people. We identified one care plan which lacked guidance to inform staff when to call for an ambulance if a person had an epileptic seizure. Despite this shortfall, staff demonstrated they knew how to support the person to keep them safe. The registered manager immediately updated the care plan following our feedback, to ensure more detail was included.
- In contrast, other risks associated with people's care and home environments were assessed and well managed. Detailed risk management plans were in place to inform staff how to provide safe care.
- People and relatives told us staff supported them safely and their care needs were fully met. One person said, "I am definitely supported safely."
- Staff recorded incidents and accidents, and these were reviewed by the registered manager and action taken to prevent reoccurrence. One staff member told us, "We were reminded to always empty (person's) kettle when not in use, as they had previously knocked it over, when they had fallen and if the water had been hot, they would have been injured."
- The provider had a contingency plan to minimise any risks to the service running safely in the event of, for example adverse weather conditions.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe with staff. One person told us, "I feel exceptionally safe with all the staff, they are very caring." One relative said, "I feel that [person] is 100% safe with the staff, they are so happy living there."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to managers.
- The registered manager understood their responsibility to report any concerns to the local authority and to CQC to ensure any allegations or suspected abuse were investigated.

Staffing and recruitment

- There were enough staff to provide people's planned care calls. People received their care and support from staff they knew, at the agreed time. One person said, "The staff have never missed a visit and they always stay for the full time."
- Staff were recruited safely. The provider sought references and completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. There were systems in place to ensure this was done safely. One person told us, "They never miss my tablets, they write every single thing down, to the last paracetamol."
- Staff completed training to administer medicines and competency assessments were completed to confirm they did so safely.

Preventing and controlling infection

- People and relatives told us staff wore personal protective equipment (PPE). One person said, "they wear all the appropriate PPE for personal care and dispose of it afterwards. I have no worries about it."
- Staff received training in infection control and understood their responsibilities. They told us that PPE was available to maintain good infection control practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection since registration. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the ability of staff to provide effective care. One person described the staff, "as well trained." One relative told us, "The staff are excellent, they do everything that is asked of them."
- Staff provided mixed feedback regarding the training they received. One described it as "basic training", while others told us the training "was good". However, we found staff to be knowledgeable and able to give examples of good practice.
- New staff received an induction and worked with an experienced staff member to get to know people and understand their care needs.
- Staff spoken with demonstrated a good understanding of people's needs and knew how to provide effective care to meet people's needs.
- The management team carried out spot checks of staff practice to ensure they were providing care, in line with their training.

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

- People's needs were assessed before they started to use the service. This information was used to develop care plans and risk assessments. Staff told us, "This information helps us to get to know the person and understand their needs and how they want to be supported."
- People and their relatives contributed to the assessment of people's care needs, to ensure they reflected the person's health, wellbeing and how they wished to be supported. Relatives told us this was an on-going process.
- People had confidence in the ability of staff to provide effective care. One person said, "The staff know how to support me and are patient and always ready to help me."

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

- People told us they made their own healthcare appointments and staff would support them to do this, if needed.
- Staff worked in partnership with other healthcare professionals, such as GP's and district nurses. This supported people's health and wellbeing.
- Staff monitored people's health and wellbeing. Relatives confirmed this, one said, "Staff recognised when (person's) mental health deteriorated and acted on it promptly."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA

- People and relatives confirmed staff worked within the principles of the Act by gaining people's consent. One person said, "Staff never just get on with anything without asking me first, it's automatic for them to ask me."
- Staff have received MCA training and demonstrated an understanding of the principles. One staff member told us, "I always ask and give people time to make their own choices, it's their right to do so."

Is the service caring?

Our findings

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

This is the first inspection since registration. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People said staff were caring and treated them with dignity and respect. One person said, "Staff are kind, caring and compassionate," another person told us, "I think we are privileged to have them."
- People were supported by staff to express their individuality and to live their lives, in a way that was important to them.
- Staff promoted independence. One relative told us, "It's the small but important things like (person) washes herself as much as she can, they don't take over or take that away from her."
- Staff spoke with care and compassion about the people they supported.
- People's personal information was managed securely in line with data protection law.

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

- People and where appropriate their relatives were involved in making decisions about their care. One relative told us, "The staff do respect the choices and decisions my [relative] makes."
- Relatives told us they are kept informed. One relative told us, "I've been involved, certainly. I asked them to increase (person's) care to include showering and cleaning. They acted on this straight way."
- People were encouraged to provide feedback on the service during 'resident meetings' and through annual surveys.

Is the service responsive?

Our findings

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

This is the first inspection since registration. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised and responsive care. One person told us, "The staff are very friendly and help you. When I fell, they came straight away and stayed with me, they kept me going till the ambulance arrived." One relative said, "(Person) gets lots of support, staff are interested in them as a person, they connect."
- The staff team demonstrated a shared commitment to providing good care. One relative told us, "Staff have been amazing with (person) and me. They are looking after them so well, they are so happy here."
- Care records contained important information to help staff meet people's needs including their life histories and things that were important to them. Staff told us if people's needs changed, they would discuss this with the management team. This meant the care plan could be reviewed and kept up to date.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew how to communicate effectively with people. One relative told us, "The staff understood (person) very well, they take the time to listen and respond to their moods sensitively."
- The management team demonstrated a good understanding of the AIS. Information was available in the appropriate format for each person, such as large print and available in different languages.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. One relative told us, "I have spoken to the manager before to raise a concern and they sorted it out straight away."
- Complaints were recorded and analysed by the management team. The registered manager said, "We want to offer a good service, if something goes wrong, we must learn from it and make sure it doesn't happen again."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection since registration. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managerial oversight of the service was good. The registered manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.
- Systems and audits were in place to monitor the service and drive forward improvements. For example, checks of care records, staff competencies and care call times.
- People spoke positively about staff. One person said, "Every one of them are lovely." Another person said, "They are all really nice, so supportive."
- Staff understood what the provider expected of them and they demonstrated a commitment to providing good care.
- Staff felt supported and received the guidance they needed to fulfil their roles through individual and team meetings. One staff member told us, "I love my job, I feel supported which has improved my confidence."
- The service had a registered manager in post who was supported by a deputy. People and staff had access to an on-call duty manager, out of office hours.
- The registered manager understood the need to be open and honest when things went wrong in line with the responsibilities under the duty of candour.

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

- People were happy with the service provided. One person told us, "I'm happy here and would recommend it, we are fortunate to be here." A relative said, "I can't speak highly enough of the staff, they are all brilliant."
- People and relatives were encouraged to make suggestions for the service and were confident their views would be listened to and feedback acted upon. One relative said, "The manager has an open door and always has time to listen to my suggestions. They also have monthly resident meetings to ask them if they are happy."
- Staff gave positive feedback regarding the open, honest and supportive culture of the service. One staff member said, "I feel supported the managers are approachable and staff morale is good."
- The providers' policies and procedures prompted inclusion and diversity and reflected protected characteristics as defined by the Equalities Act 2010

Continuous learning and improving care; Working in partnership with others

- Throughout our inspection visit the registered manager was open and honest. They welcomed our inspection feedback and took action to address the issues identified.
- The management team completed audits and checks to monitor the quality of the service provided and to identify any shortfalls so these could be addressed. This included staff competencies and care call times.
- Staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing as seen in records we viewed.