

Premier Care Limited

Premier Care Limited - Cumbria Branch

Inspection report

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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

We carried out this announced inspection between 10 and 25 May 2017.

The registered provider for the service changed in May 2016. This was our first inspection of the service since the new provider was registered.

Premier Care Limited - Cumbria Branch provides personal care and support to adults living in their own homes. The agency is based in Kendal and provides support to people living in Kendal, Barrow-in-Furness, Dalton and the surrounding areas. At the time of our inspection the service was providing support to 66 people.

There was a new manager employed to run the agency. The new manager was in the process of registering with the Care Quality Commission. The previous registered manager left the service in April 2017. 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.

People received a good quality service from staff who they knew and liked. The staff were well trained to be able to provide people's care safely and to a high standard. People were treated with kindness and looked forward to the staff visiting their homes.

People were safe receiving support from the service. Hazards to people's safety had been identified and managed and they were protected against the risk of harm.

Medication was handled safely and people received the support they required with taking their medicines.

People were protected from abuse. New staff were recruited safely to ensure they were suitable to work in people's homes. There were enough staff to provide the support people required.

People's rights were protected. They made decisions about their support and the choices they made were respected. People were supported to have maximum choice and control of their lives and the staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Where people required help to access health care services, this was provided.

People were treated with respect and their privacy, dignity and independence were respected. They were asked for their views about the support they received and knew how they could complain about the service if they needed to.

People were included in planning and agreeing to the support they received. The staff knew how to support individuals because this was detailed in care records held in their homes. People's care records were reviewed regularly to ensure they remained up-to-date to guide staff.

There were appropriate arrangements for the management of the service. There was a manager in post, supported by two care coordinators. People knew the management team and found them to be friendly and helpful. The management team had good systems in place to maintain oversight of the quality of the service.

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.

There were enough staff to provide the support people needed. People received support from a small team of staff who they knew.

People were protected against the risk of abuse and hazards to their safety were managed.

New staff were recruited safely to ensure they were suitable to work in people's homes.

Is the service effective?

Good ●

The service was effective.

The staff were trained and provided a high standard of care.

The principles of the Mental Capacity Act 2005 were followed and people's rights were respected.

People were supported to have meals that they enjoyed and to eat and drink enough to maintain their health.

Is the service caring?

Good ●

The service was caring.

The staff were kind and caring to people. People knew and liked the staff who supported them.

People were supported to maintain their independence and staff respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were included in planning and agreeing to the support provided.

Where people asked for changes to their planned care these were agreed where possible.

People knew how they could complain about the service and action was taken in response to any concerns raised.

Is the service well-led?

Good ●

The service was well-led.

There were appropriate arrangements for the effective management of the service.

People knew the management team in the service and how they could contact them.

The management team maintained good oversight of the quality of the service.

Premier Care Limited - Cumbria Branch

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 between 10 and 25 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the manager would be available to speak with us.

The inspection was carried out by one adult social care 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. The expert-by-experience had personal experience of caring for older people and people living with dementia.

We visited the agency offices on 10 and 25 May 2017 and looked at the care records for four people who used the service, recruitment and training records for three staff and records relating to how the service was managed. During these visits we spoke with the manager of the service, the registered provider's area manager and one of the agency's care coordinators.

We spoke with nine people who used the service and nine relatives of people by telephone to gather their views of the service. We also contacted four staff members by telephone to gather their views.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including the information in the PIR, before we visited the service. We also contacted the local authority commissioning and social work

teams and local health care services to obtain their views of the agency.

Is the service safe?

Our findings

Everyone we spoke with said they were confident that people were safe receiving support from this service. One person told us, "We feel totally safe in every way." Another person said, "I am absolutely safe with them [care staff]."

People told us they received support from a small team of care staff who they knew and trusted. People said, "I get two or three people coming to the house" and told us, "We trust them [care staff], they are extremely good and efficient the best we have ever had."

The service sent people a rota each week that showed which staff would be visiting their homes for each visit. People confirmed they knew who would be visiting their homes and said they were contacted if there were any changes to their rota. They also said they were informed if the care staff were going to be late. One person said, "If they are going to be a little late because of traffic they always ring to let me know." People told us that it was important to them to know who was going to be providing their care and said the agency was good at keeping them informed.

The management team in the service understood the need to ensure there were sufficient staff to provide people's support. They planned calls to ensure people received their visits at the agreed times and by staff who they knew and who knew how to provide their care. During our visits to the agency office we saw that the manager refused to accept new referrals for care if they were not confident they had capacity for staff to carry out the visits required. This helped to ensure people received their calls as arranged.

All of the staff we spoke with told us they were confident people were safe. They understood how to identify abuse and how to report any concerns about a person's safety. Providers of health and social care services have to inform us of any allegations of abuse. The records we hold show the manager of the agency had informed us of any allegations as required. We could also see that the manager had taken appropriate action in response to concerns to ensure people were safe.

Hazards to people's safety had been identified and actions taken to manage any risks. Risk assessments had been completed to identify if there were any hazards in a person's home such as risk from fire or use of equipment. The manager of the agency ensured people who used the service and the staff employed were protected against foreseeable harm.

All of the staff we spoke with knew the procedure to follow if they visited a person's home and were not able to gain entry to provide planned care. We also saw from records at the agency office that staff had followed safe procedures if they had been unable to access a person's home when they visited. They had reported the concern to the office and a member of the management team had maintained oversight of the issue until they were satisfied the individual was safe and not at any risk of harm.

People who required support from the care staff to manage their medicines said they received this. They told us the staff who visited them handled their medication safely and said they received the assistance they

required. One person told us, "The staff make sure I take my tablets and record it all in the book." Another person said, "I manage my medicine myself but they [care staff] will assist me if I ask for their help and they put it all down in the book."

Records we looked at showed that staff completed training in the safe handling of medicines. We also saw clear records of the assistance that staff had provided with medication. This helped to ensure the manager of the service could check people were receiving their medicines as they needed them.

The registered provider used safe systems when new staff were recruited to ensure they were safe to work in people's homes. All new staff had to provide references so their conduct and performance in previous employment could be checked. All new staff were also checked against the records held by the Disclosure and Barring Service. This identified if they were barred from working in a care service or had any criminal convictions that would make them unsuitable to work in people's homes. People who used the service and their families could be confident all new staff had been thoroughly checked to ensure people were safe admitting them to their homes.

Is the service effective?

Our findings

People who used the service and the relatives we spoke with told us the staff employed by the service were well trained and good at their jobs. People told us the staff understood how to support them and provided a high quality of care. One person said, "They [care staff] are certainly trained they know exactly what to do." Another person told us, "The staff know what they are doing."

Some people who used the service were living with dementia. A relative we spoke with told us the care staff had a good understanding of how to support people with dementia. They told us, "The staff know about dementia and recognise [relative's] needs." They also said, "The staff will have a chat with her and are very sensitive to her needs and will talk about things from the past with her" and told us, "[Relative] likes them [care staff] and they deal very well with her dementia."

The staff we spoke with said they felt well supported by the management team in the service. They said there was always a senior person that they could contact for advice, as they needed.

The staff had received a range of training to give them the skills to provide people's care. Where people had more complex care needs the staff had received additional training to support the individual. Training records we looked at showed that staff had received appropriate training including handling medicines, using equipment in people's homes and infection control.

The manager of the service was knowledgeable about her responsibilities under the Mental Capacity Act 2005 (MCA). 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.

We checked whether the service was working within the principles of the MCA. People told us the staff who visited their homes always asked what support they wanted and respected the choices they made about their care. Relatives we spoke with confirmed that the staff encouraged people to accept their planned care but respected the choices people made.

The care records we looked at gave guidance for the care staff to ask people what assistance they wanted and to support them to make decisions about their care. The staff we spoke with told us they asked people at each visit what support they wanted. One staff member told us, "I ask what the client [people who used the service] wants me to do." The staff also told us that people could refuse any part of their planned care if they wished. They told us, "People can refuse care if they want, we have to respect people's choices." The staff also told us, "If someone refuses care I record it and report it to the office." This showed us that the staff respected people's rights and took appropriate action to ensure people received the support they needed.

People who required assistance to prepare meals told us staff gave them the support they required. They

told us the staff knew the foods they liked and how they wanted these to be prepared. People who had particular meals that they enjoyed said the staff made these for them. A relative we spoke with also told us, "The staff make sure she eats and drinks ... and they record it all on the charts." People received the support they needed to have meals that they enjoyed and to maintain their health.

People we spoke with did not routinely require support from care staff to make or attend health care appointments. People told us that, if they were unwell or if the staff were concerned about their health, they contacted appropriate health care services for advice. This was confirmed by the relatives we spoke with. One person told us that they had been unwell and said, "The staff called the doctor for me, they are very helpful." A relative we spoke with told us, "They [care staff] actually pick things up that may be wrong with her ... and have contacted the doctor for her." People who used the service received the support they needed to access health care services.

Is the service caring?

Our findings

People who used the service and the family members we spoke with made many positive comments about the staff employed by the service and how they treated people. People told us, "The staff treat me ever so well, all of them are very nice", another said "They are smashing, just like friends and I can have a good laugh with them, we have a lot of banter." People also told us, "They [care staff] treat me brilliantly" and "I am absolutely delighted with them, they are extremely helpful and polite."

Everyone we spoke with told us that people were well cared for by the service. People who used the service and the relatives we spoke with told us they valued the support provided and said the staff were "friendly" and "caring". One person said, "They [care staff] are polite, cheerful and bring the rest of the world into our home." Another person told us, "The staff are like my friends" and said, "I could not do without them, they are a smashing crowd."

People told us that the staff who supported them knew the support they required and their preferences about their care. They told us the staff were polite and treated them with respect and said this was important to them. One person said, "The staff know my ways and how I like things done." We were also told, "They [care staff] treat me with respect which I never expected and I have a high regard for them."

Family members we spoke with told us the care staff understood their relative's needs and how to support them if they were anxious. They told us the staff also contacted them if they were concerned about their relative's wellbeing. One family member said the staff were, "Very good because they treat [relative] as an individual and they are sensitive to her needs." We were also told, "They [care staff] are very respectful with [relative] and will call me up if there is a problem."

People told us the staff who visited them respected their privacy and dignity and helped them to feel comfortable receiving personal care. One person told us, "I am not at all embarrassed, which I was at the beginning, but now no problem at all."

The relatives we spoke with confirmed that people were treated with dignity and respect. One told us, "They [care staff] have such a personal manner with [relative] and they maintain her dignity." Another relative said the care staff treated their family member "with dignity and respect".

People who used the service told us the staff supported them to maintain their independence. One person said, "They [care staff] will ask if I want to do some things myself." Another person told us "The staff encourage me to do things."

We also saw that people's records included information for staff about people's preferences about their support and guidance about how to promote people's independence.

People who used the service and the family members we spoke with told us they were asked for their views about the support the care staff provided. They said this included the staff asking them if they were happy

with their care and also members of the service management team asking for their views. People told us that a member of the agency management team, "Ring or call round to see if I am alright." Another person said, "About every six weeks they [member of the management team] ring up to see if everything is okay." We also saw this during our visit to the agency offices. People who telephoned to speak to a member of the agency management team were asked if they were happy with the care they were receiving or if there was any aspect of their care that they wished to change.

The manager of the agency was aware of local advocacy services that could be contacted if people required support to express their views or to make important decisions about their lives or care. Advocates are people who are independent of the service who can support individuals to make or to express choices about their lives.

Is the service responsive?

Our findings

People told us the service provided was responsive to their needs and wishes. They said they had been included in agreeing to the support that the agency provided and said this was recorded in care records held in their homes. People told us that, if they asked for changes to their planned care, the management team in the service tried to agree to the changes they requested. One person told us, "We can choose when they come, they are very flexible", and another person said, "If I ring to change a time they are very helpful and flexible."

People told us that a senior person from the agency reviewed their care plan regularly, to ensure they were up-to-date and guided staff on how to provide their support.

During our visits to the agency offices we looked at four people's care records in detail. We saw that each person had a detailed care plan that identified the support care staff were to provide. The care records included information about people's preferences about their care such as the gender of staff they wanted to support them. There were also instructions for staff to ask people at each visit what tasks they wanted support with. People told us the care staff always asked about the support they wanted. One person told us, "They [care staff] will do anything for me, they will not see me stuck." Another person said the care staff "put themselves out to help us".

The care staff we spoke with told us people's care plans gave them good information about how to support individuals. They understood when to seek guidance from one of the managers of the service if someone asked for support that was not in their care plan. One staff member explained the type of additional tasks they would perform if asked, such as assisting someone who felt unwell to call their doctor or to make a drink. They said, "If there was anything major, like a new piece of equipment in the house that I was asked to use, I'd call the office or on call for advice."

The care staff told us that, if the support a person required changed, their care plan was updated promptly. They said they knew to inform a member of the agency management team if they identified a person's needs had changed. We also saw from the records we looked at that staff had taken appropriate actions when an individual's needs had changed. One person had sustained a minor injury that they had treated themselves. The staff member who visited them was concerned that the injury may have required medical treatment. We saw they had reported their concern to the management team in the agency and they had requested the local district nursing team to visit to assess the injury. This showed that the care staff took appropriate and responsive action if the support a person required changed.

The registered provider had a procedure for receiving and responding to concerns about the service provided. People we spoke with said they would speak to a member of the agency management team if they had any concerns about the care. They told us this had not been necessary as they were happy with the support provided. One person told us, "I have no complaints." Another person said, "They [the service] are very good, I have no complaints."

We looked at records around how complaints the service had received had been investigated and managed. We saw clear records of any concerns received and of how these had been investigated and resolved. We saw that people who had raised a complaint had received an apology from the service manager. Where a complaint raised concerns regarding a staff member's performance appropriate action had been taken such as additional training for the individual or disciplinary action. People could be confident that, where they raised a concern about the service, this would be investigated and action taken to resolve the issue raised.

Is the service well-led?

Our findings

Everyone we spoke with told us this was a good service and said it was well managed. People told us they would recommend the service to others. One person said, "I have no hesitation in recommending them." Another person told us, "They are absolutely fabulous we are very lucky to have them. They are organised so well."

The manager had been in post for approximately two weeks when we carried out this inspection. She had previous extensive experience of managing a care agency and had worked with the previous registered manager to ensure a smooth handover of the management of the service. She was aware of her responsibility to apply to be registered to manage the service and had submitted her application for registration in a timely way. People knew the manager and told us that they were confident contacting her as they needed.

The manager of the service was supported by two care coordinators. The care coordinators supported the manager in the day-to-day management of the service. They also oversaw care planning and delivery in the different geographic areas where care was delivered. One care coordinator oversaw care in the Kendal area and the other in the Barrow area. This meant there was a senior staff member available in each area for staff and people who used the service to contact if they needed.

Everyone we spoke with knew the management team and we received very positive comments about them. People told us, "The Management ... is excellent, it is very well run." We were also told, "The office [staff] are brilliant I can't fault them. They are friendly and like family, we are on first name terms with them they are fantastic."

People told us that if they needed to contact the service, the management team were "helpful" and dealt with any queries promptly and efficiently. One person told us, "The office [staff] always respond to my phone calls or emails and they are quick to reply." Another person said, "[Named member of the management team] is very helpful and I deal with her most of the time." People also told us, "[Named members of the management team] are in charge, they are very helpful" and said "I ring up and [named members of the management team] are very helpful."

This was a small service, employing 28 care staff at the time we inspected. Members of the management team carried out some care visits and also provided support to the care staff and people who used the service when the agency office was closed. This meant they had a good overview of the service and became familiar with the people the agency was supporting. It also meant that people who used the service saw members of the management team regularly and knew them well.

Everyone we spoke with told us they were asked about their views of the service provided. People said their views were sought in a variety of ways which included telephone calls from a member of the agency management team, at meetings to review their care and by completing a quality survey to share their experiences. One person told us, "I have had a survey and I filled it in and everything was positive." Another

person said, "We do get surveys which we always send back." People also told us, "They [a member of the service management team] sometimes phone me to see if everything is alright" and "[Named member of the service management team] will ring to see if I am okay."

The manager had a range of methods for assessing the quality of the service provided. As well as speaking to people on the telephone and visiting them to provide their care, members of the management team carried out "spot checks" on staff as they worked in people's homes. This allowed the senior staff to assess how the care staff were supporting people. At these visits the senior staff also checked the records that care staff completed, to check accurate records were being maintained of the support provided to people.

We also saw that the management team reviewed care records and risk assessments regularly to ensure they were accurate and up-to-date.

The registered provider had electronic systems for monitoring aspects of the service. The manager of the service showed us how these could highlight issues so they could be addressed promptly. These included highlighting if a planned call was not showing as completed. This meant the manager could check to see if the care worker had arrived as planned or arrange for another staff member to attend if required. The electronic system also identified if a staff member needed to renew any required training, so that this could be arranged.

The manager told us that the electronic monitoring system also produced reports that the registered provider used to identify where the service was performing well and any areas that required improving. The manager and the provider's area manager used the reports to plan any action required to further improve the service. The registered provider had systems to monitor the quality of the service and to identify and address areas that could be further improved.