

## Premier Nursing Limited

# Premier Nursing Limited

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 11 and 12 May 2017 and was announced.

Premier Nursing Limited provides personal care and nursing care to people in their own homes. At the time of the inspection 13 people received personal care and nobody received nursing care. People were also able to purchase other services which were not personal care such as support preparing meals or domestic help.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection of 13 and 15 April 2016 the provider was in breach of four Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan of how these regulations were to be met. At this inspection we found improvements had been made and each of the requirements had been met.

At the previous inspection of 13 and 15 April 2016 we found the provider had not ensured adequate checks were made regarding the suitability of newly appointed staff. At this inspection we found the provider had taken action to address this and the regulation was now met.

At the previous inspection of 13 and 15 April 2016 we found the provider had not ensured safe care and treatment was always provided to people by fully assessing risks and taking steps to mitigate those risks. We also found at the last inspection that medicines were not safely managed. At the last inspection we found not all staff were trained in the moving and handling of people. At this inspection we found there was a programme of moving and handling training in place and improvements had taken place. This regulation was now met.

At the previous inspection of 13 and 15 April 2016 we found the provider had not ensured staff were appropriately supported by adequate supervision, appraisal and training to enable them to perform their duties. At this inspection we found action had been taken to provide staff with training, supervision and appraisal but this was inconsistent. This regulation was now met, although we noted this is an area still in need of improvement.

At the previous inspection of 13 and 15 April 2016 we found the provider did not have an effective system to monitor, assess and improve the quality and safety of care. At this inspection we found improvements had been made in this area, but that the management of the service had not taken sufficient action to fully address all the areas we identified as in need of improvement.

People and their relatives reported they were very satisfied with the standard of care and said care staff were

skilled in meeting their needs. People said they received safe care and the registered manager kept in touch with them to check if they received the care they needed. People reported the service was reliable and that they liked the consistency of staff the service provided. For example, one person told us, "I'm delighted. It's a very good service I have nothing but praise for the agency."

The provider had policies and procedures regarding the safeguarding of people and staff knew what to do if they considered a person was being abused. People told us they received safe care and said they felt safe with the care staff.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005. The service had policies and procedures regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People's consent to care was sought. Staff were trained in the MCA and a good understanding of the principles of the legislation.

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

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

People and their relatives spoke highly of the behaviour and caring nature of staff. For example, people said they had built close working relationships with staff who listened and acted on what they said. People said the care staff provided them with valuable companionship. Relatives said care staff also provided them with support which they very much appreciated.

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

People were aware of the provider's complaints procedure and the provider had a system for investigating any complaints.

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

## 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.

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

Risks to people were assessed and care plans included details about how to provide safe care.

Staffing was provided to meet people's needs. Checks were made on newly appointed staff to ensure people received care from suitable staff.

People were safely supported with their medicines.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Improvements have been made in the supervision and appraisal of staff but these were inconsistent.

People's consent was obtained before staff provided care. The service had policies and procedures regarding the Mental Capacity Act 2005 (MCA) and staff had a good understanding of the principles of the MCA.

People were supported to ensure they had sufficient food and drink where this was needed.

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

### Is the service caring?

**Good** ●

The service was caring.

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

Care was personalised to meet needs and to suit people's

personal preferences.

Staff promoted people's privacy.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in assessments of their needs. Care plans included details about how staff were to provide care.

Staff provided social support and companionship to people.

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

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had made improvements in the systems to check the effectiveness and safety of the service but these were incomplete and inconsistently applied.

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

# Premier Nursing Limited

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 11 and 12 May 2017 and was announced. We gave the provider 48 hours notice of the inspection because it provided personal care to people in their own homes so we needed to be sure the registered manager or staff were in the office.

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

The inspection was carried out by one inspector.

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

We spoke with six people, or their relatives, to ask them for their views on the service provided by Premier Nursing Limited. We visited two people at their homes at the time they were receiving care and support from staff.

# Is the service safe?

## Our findings

At the previous inspection of 13 and 15 April 2016 we found the provider had not ensured people received safe care and treatment as staff were not always trained in moving and handling. In addition, care plans did not always give staff clear instructions on how to safely support people. We made a requirement for this to be addressed and the provider sent us an action plan of how they were to ensure people were safely supported. At this inspection we found improvements had been made and the regulation was now met. Assessments and care plans included people's moving and handling needs and gave staff instructions on how to safely support people. These were reviewed and updated to reflect changing care needs.

The last report also identified staff were not adequately trained in moving and handling as this consisted of on line training and did not include any face to face demonstration or practical instruction for staff. The provider had taken action to address this and there was a programme of training for staff in moving and handling. However, only four of the staff had completed this training at the time of the inspection. Following the inspection the provider confirmed all staff who were involved in the moving and handling of people would complete the moving and handling training course by the end of June 2017. Three staff who were involved in the moving and handling of people, such as by the use of hoists, said they had completed the on line training in moving and handling and were due to complete the practical course with a trainer. These staff said they felt able to safely move people and in one case worked with a relative to do this. The relative said the staff always used moving equipment safely and said staff were skilled in using the hoist and knew how to position the equipment.

At the previous inspection of 13 and 15 April 2016 we found the provider had not ensured medicines were safely managed. We made a requirement regarding this and the provider sent us an action plan of how this was to be addressed. At this inspection we found improvements had been made and this regulation was now met. Staff completed a record when they supported someone to take their medicines. Staff had signed a record to say they had read a revised medicines policy and procedure. The provider had implemented a system of assessing the competency of staff to safely administer medicines by observing them working with people. Records of this were maintained. Staff confirmed they were observed and assessed regarding their competency to administer medicines. A care staff member also confirmed they had completed a workbook regarding the safe handling of medicines.

At the previous inspection of 13 and 15 April 2016 we found the provider had not followed safe staff recruitment procedures as adequate checks were not carried out as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We made a requirement regarding this and the provider sent us an action plan of how this was to be addressed. At this inspection we found improvements had been made and this regulation was now met. Newly appointed staff had completed an application form and the provider had obtained two written references and carried out a check with the Disclosure and Barring Service (DBS). The DBS maintains records of those people who are not suitable to work in a care setting as well as any criminal convictions.

People and their relatives said they received safe care and felt safe with the service's staff. When we asked

people and their relatives if they felt safe with the care staff, replies included the following: "Yes. Very much so," and, "Oh yes. Absolutely." People said they were able to contact a member of staff from the agency at any time of day if they needed to and that this was always responded to.

The service had policies and procedures regarding the safeguarding of people which included local authority guidance. Staff were aware of their responsibilities to report any concerns of a safeguarding nature to their manager and knew they could contact the local authority safeguarding team. Staff also stressed the importance of protecting the people they provided care to. Training was provided for staff in safeguarding procedures and records were maintained of this. Staff confirmed they received training in safeguarding procedures and that this was included in their induction when they first started work.

Staff helped people with shopping and said they provided receipts and maintained records of any money they spent on behalf of people to purchase items. People said this system worked well. This ensured people's finances were handled safely.

There were assessments of risks to people and to staff when providing care. These included an assessment of the person's home environment and any risks which staff needed to be aware of. Assessments were also completed regarding the risk of pressure areas developing on people's skin due to prolonged immobility using a recognised tool called a Waterlow assessment. Care plans included guidance for staff on monitoring any pressure areas on skin so they did not develop into wounds. A relative described how the care staff and provider responded to an injury their relative had developed on their skin by making arrangements for an assessment and treatment by the community nursing services.

Sufficient numbers of staff were provided by the service to meet people's needs. People said staff always provided care at times agreed with them. People were given a schedule in advance which included the times and names of staff who would be attending to them. People said they were kept fully informed if there were any changes to the staff who would be attending to them. For example, one person said, "The staff are always reliable and let me know if they are going to be late. Another person said, "I get a rota of the times and names of staff. I'm kept informed of any changes. The service is reliable from familiar faces, which is nice. They are all local girls." Records were made each time staff provided care and support to people and these matched the times in the schedule. Staff told us there were enough staff so that people received care at the agreed times and that they received a duty roster of their care appointments with people.



## Is the service effective?

### Our findings

At the previous inspection of 13 and 15 April 2016 we found the provider had not ensured staff were adequately trained and supervised. We made a requirement for this to be addressed and the provider sent us an action plan of how they were to ensure people were safely supported. At this inspection we found improvements had been made and the regulation was now met, although some improvements were still needed. The provider confirmed a system of supervision, including observation checks of staff and supervision meetings was in place but that not all staff had received this yet. The provider stated, eight of the 30 staff had received an observational check on their work. We looked at the system of staff supervision for six staff and these were inconsistent. Examples of the inconsistencies in the supervision of staff included a staff member who had a record of an appraisal of their work but there were no records of any supervision or observation spot checks on the staff member working with people. This staff member said they felt supported in their work and could easily ask for advice when they needed it. Another staff member had a record of staff supervision, an appraisal and a spot check of their work in the last 12 months. The staff member said they felt supported in their work. Two staff said they had not received supervision but said they could ask for advice and support when they needed it. One of these staff felt they did not need any supervision and said they had not been assessed working with people. We noted this staff member had started work at the service since the last inspection and had neither a record to show they received an induction nor an assessment of their competency to work with people. Another staff member, however, had an induction handbook which was completed. The provider stated there had been delays in organising the supervision and appraisal of staff but that a programme to complete this was in place. Whilst improvements have been made in this and the regulation is now not met this is an area which is still in need of improvement.

People and their relatives said they got help from staff who had the right skills and were well trained. For example, a relative said, "They've given me all the support I would want. Both care staff are thoroughly professional, have good skills and are experienced." Another person said, "I'm very well supported indeed. The staff are extremely good, efficient and very nice people." People and relatives said staff had a good knowledge of people's needs. For example, a relative said, "The staff pick up on all the little things. They are a consistent staff team who know the care needs. They have a good rapport. They discuss all care needs. We are fully consulted."

People said they were consulted about what support they needed and that staff gained their consent before helping them. For example, one person said, "I'm consulted. Staff always listen to what I say and I don't need to repeat it."

The provider had an induction manual which included procedures regarding confidentiality, dealing with abuse, lone working and record keeping. A copy of this was held in staff member's files. Each staff member also had a handbook with details of the training staff were required to attend and the performance monitoring of staff.

The provider maintained a record of training which was considered mandatory for staff. These were on line

training courses in the following subjects: moving and handling, food hygiene, health and safety, mental health, Deprivation of Liberty Safeguards (DoLS), safeguarding and medicines. Practical moving and handling training is covered in the Safe section of this report.

The provider confirmed that ten of the 30 care staff were trained to National Vocational Qualification level 2 or 3 or had the Diploma in Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Three staff were registered nurses, although the service did not provide nursing care. Staff also attended training in other subjects, such as, first aid, care of people living with dementia and stroke awareness. Staff gave mixed views on the training. One staff member said they were supported to attend training courses. Another staff member said they had not attended any training in 2016 and 2017 but the provider's training records showed the staff member had received training.

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

At the previous inspection of 13 and 15 April 2016 we recommended a system was introduced to ensure staff were trained in the MCA devise systems to assess the capacity of those unable to consent to their care and treatment and implement any procedures to ensure people's rights are protected as set out in the MCA and its Code of Practice. People's care records included a section to say whether people agreed with their care plan and people told us they were fully involved in any decisions about their care. The service had policies and procedures regarding the MCA. Staff had completed training in the MCA and had a good understanding of the principles of the MCA.

People's care records included an assessment of their nutritional needs, which gave a score of any risk of malnutrition. Care plans included details of the support with the preparation of meals people needed. People told us care staff helped them to prepare meals. A relative said the support of staff ensured their relative was well fed and hydrated, which included monitoring and supporting the person to have sufficient fluids. People said the support with meals was flexible to fit in with their changing daily needs. For example, one person said, "I get help with breakfast and have poached egg on toast or whatever I want. Sandwiches at lunch and an evening meal. Sometimes I have fish and chips which I enjoy."

Care records showed care staff worked in conjunction with other health care professionals to support people. For example, one person's care plan included instructions on liaising with the person's nearest relative and community health professionals. A relative told us how the care staff were skilled in noticing any changes in people's medical needs, which were followed up.

## Is the service caring?

### Our findings

People spoke highly of the attitude and caring nature of the staff. People said the care staff made them feel valued and provided companionship. For example, one person said of their care worker, "She's like a friend. It's companionship for me. We talk about my family history." A relative said the staff provided an important social contact and knew about local issues which helped their relative keep in touch with what was going on. We observed a staff member talking to a person about the local wildlife on the river Arun which was of great interest to the person.

People said they were treated well by the staff. For example, one person said, "The staff are very kind, respectful and have a good manner." People said the registered manager was skilled in matching care staff who would get on well with them. One person for example, said the provider was, "Very good at choosing staff that I would like....they are all well trained and nice people."

Relatives told us that staff provided them with valuable emotional and practical support. For example, one relative said, "They've been all the support I would want. We have two care staff. Both are very caring people and have given me a great deal of support. It is a morale boost each time they come."

Staff demonstrated they had a caring attitude and that they valued the people they provided a service to. Staff told us they treated people in the same way they would treat a family member. Staff also recognised the importance of good communication with people and of having a good rapport with them. We observed two care staff visiting people in their homes and noted the staff and people were familiar with each other and that staff communicated well. People also said they were able to contact care staff or the registered manager at any time who were available to speak to people and provided support at times outside of their appointment times.

People told us they were consulted about their care and said staff listened to what they said. People were able to exercise choice in how they received care whether this was in the provision of meals or in the way care and support was provided. People and their relatives said they were able to change the times of care to suit their daily lives. Staff said they knew the importance of promoting people's privacy when they provided care to people.

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

## Is the service responsive?

### Our findings

People told us they were consulted about their care and were involved in decisions about how they were to be supported. People said staff were good at listening to what they said and then acting on this. For example, one person said, "The staff do everything to make me feel comfortable." Another person said, "They will do anything I want." People were satisfied with their care arrangements, which they said were reliable and could be changed to suit their wishes. People told us they also received personal care and support with more household tasks as they needed them done.

Relatives and people said the provider made frequent checks by telephone calls regarding their satisfaction with the service. Staff said they asked people what they wanted help with each time they visited and were prepared to complete any tasks requested. For example, one staff member told us, "Care can vary according to preferences and changing needs. ....we need to be sensitive to these."

Care records showed an initial assessment of people's care needs was carried out. During the inspection we observed the registered manager collating and assessing information following a referral for a possible care package. The provider was aware of what the service could provide. Staff told us they were briefed by the registered manager about people's care needs and that they consulted the person's care plan.

At the last inspection we identified that care plans did not always reflect the person's care needs in sufficient detail. Since the last inspection the provider has implemented a system to review and update the care plans. We saw care plans included details about personal care needs and help with household tasks. There was a record of people's preferred daily routines which demonstrated a responsive and personalised service was provided. Care plans showed people were consulted and had agreed to their care. The care plans were recorded to a good standard in most cases with detailed guidance for staff to safely support people. We noted one care plan lacked detail about how personal care was to be provided as it stated the following: 'needs assistance with personal care. Goal. To deliver personal care.' The provider confirmed that the care plans were still being reviewed and updated.

People and their relatives said staff provided emotional and social support including help with shopping and outings. A relative said how staff were skilled at engaging with people and provided valuable social contact for people. This meant the care and support provided by staff reduced the likelihood of people feeling isolated.

People said they knew what to do if they were not satisfied with the service they received. They said they had a copy of the complaints procedure. The provider had a system for recording any complaints and the outcomes of any investigations. The service has not received any complaints.

## Is the service well-led?

### Our findings

At the previous inspection of 13 and 15 April 2016 we found the provider did not have adequate systems to effectively monitor and assess the service including the risks to people's health and safety. This included a lack of monitoring on staff performance and a lack of checks that safe care was being provided. Care records were also not immediately available to us when we last inspected. We made a requirement for this to be addressed and the provider sent us an action plan of how this was to be implemented. At this inspection we found improvements had been made in this and whilst the regulation was met, we also identified not all the actions the provider intended to complete had been done. The provider said there had been some changes in the office management team which had delayed implementation of the objectives. Consequently, the provider set new time scales for completion of the objectives. For instance, a timescale for the completion of practical moving and handling training was originally set at January 2017 but was amended to July 2017. We also identified the system of checks on staff performance when providing care in people's homes as well as staff supervision had not been completed for all staff. This showed the provider needs to make improvements in this area by implementing their current plan of objectives.

Since the last inspection the provider has enhanced the management of the service. At the last inspection there was a registered manager and a deputy. The deputy has left and has been replaced by a team of two administrators with the following responsibilities: ensuring the provider meets the requirements of the Care Quality Commission, coordination of staff duty rosters, marketing and business growth and administration. These staff had only recently started work, which meant their impact on the service was so far limited. We spoke to members of the management team who were experienced in health and social care and outlined how they would be making improvements. The registered manager also told us there were plans to implement a system whereby two senior care staff would have responsibility for carrying out observational assessments of staff working with people. The provider had also sought the use of an external consultant to check the how the service was meeting standards.

People and their relatives said they were asked to give their views about the service by completing survey questionnaires. We saw copies of surveys completed and returned to the provider, which asked for feedback on a number of areas, such as whether people were satisfied with the care they received and if care staff were on time. One hundred per cent of people said they were satisfied with the care they received and 96 % said they were supported well. We saw three issues had been raised by people regarding the completing of time sheets by staff, receipts when staff shopped for people and staff staying for the agreed time. There was a record to show the provider had looked into each of these and had addressed them to ensure improvements were made.

Relatives and people said they had regular contact with the provider by telephone to check the service was meeting their needs. For example, two people said the registered manager contacted them frequently and took action to ensure care was provided in the way people preferred it. The registered manager demonstrated attention was paid to ensuring people received person centred care.

The provider carried out an audit of staff views of the way the agency operated. The results of these included

an action plan to address any issues. Staff said they felt supported in their work and had frequent contact with the registered manager. This included attending the agency's office and having discussions about the care of people with the registered manager.