

Premium Community Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 07 September 2017 and was announced. At our last inspection in June 2016, we identified three breaches of the regulations. This was because people could not always be confident they would always receive their calls as planned and their medicines as prescribed. Systems were not always effective to respond to people's complaints and feedback or to ensure the quality and safety of the service. At this inspection, we found the previous breaches of regulation had been met and improvements made, although further progress was required to achieve ratings of a consistently good service.

The service provides care and support to people in their own homes. At the time of our inspection, 51 people were using the service. There was a registered manager in place who had joined the service in October 2016 and registered with the Commission 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 told us they felt safe when staff provided care and support. People received safer support due to improved recruitment processes and medicines management systems developed by the provider since our last inspection. Staff understood how to help manage people's risks, although risk assessments did not always contain enough information about the support people needed to remain safe and well. People we spoke with told us they received their calls on time and as planned. The registered manager was addressing concerns identified through their systems of some staff occasionally being late for people's calls and leaving calls too early.

People were supported to have their needs met by staff who received training and guidance for their roles. Staff spoke positively about their training and induction. People were supported with their meals and to access additional healthcare support as needed. People were supported to make their own choices and decisions.

People spoke positively about staff and we saw that staff demonstrated care and respect for people they supported. Further improvements were required however to ensure this was a consistent experience for all people using the service and to ensure people's feedback was always responded to and addressed.

Our discussions with people and staff demonstrated that people's needs and wishes were responded to. People had opportunities to express their needs and wishes. People and relatives were able to have their complaints addressed through the provider's complaints process.

Since our last inspection, a new registered manager had joined the service and a senior care team had been introduced to ensure clear leadership and support mechanisms for staff. Systems had been developed since our last inspection and had helped the registered manager begin to address ongoing areas of improvement and some concerns impacting the quality and safety of the service some people received. Further

improvement was required to how some records and processes were completed. During this inspection, we identified a breach of legal requirements because the provider had failed to display their inspection ratings clearly and in line with our guidance. We are still considering what action we are taking in response to this and we will issue a supplementary report once this decision has been finalised.

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.

People felt safe using the service and staff were aware of their risks. Improvements had been made to recruitment processes and medicines management.

People were supported by staff who understood their risks and helped them to manage these, although some records required improvement to always support this practice.

People told us they received their calls on time and staff confirmed calls were planned well to enable this. Some occasional concerns where people had not received their calls as planned were being monitored and addressed.

Is the service effective?

Good 

The service was effective.

People's choices and needs were met by staff who had the skills and guidance for their roles.

People received care and support in line with their expressed wishes and their choices were promoted, with input from relatives and healthcare professionals as appropriate.

People were supported by staff to prepare their meals and to access additional healthcare support as needed.

Is the service caring?

Requires Improvement 

The service was not consistently caring.

Further improvement was still required to ensure people were always treated with care and respect, plans were ongoing to address this. Further improvement was still required to ensure all people's feedback and views were responded to and addressed.

People spoke positively about the staff supporting them and staff described how they promoted people's dignity and independence.

Is the service responsive?

Good 

The service was responsive.

People and relatives were able to have their complaints addressed through the provider's complaints process which was under further development.

Our discussions with people and staff demonstrated that people received care and support in line with their needs and wishes.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Quality assurance processes introduced since our last inspection were not fully embedded to always drive ongoing improvements to the service. Further improvements were required to ensure all records and processes were always completed as planned.

There was a registered manager and support mechanisms in place for staff. Ongoing improvements were planned and people spoke positively about their care and support.

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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.

The inspection took place on 07 September 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 care records and staff were available to help inform our inspection. The inspection was conducted by 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. The expert-by-experience's area of expertise related to the care of people living with dementia.

As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. 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. This information helps us to plan our inspection.

As part of our inspection, we contacted the local authority who commission services and the local Healthwatch to seek their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also issued a questionnaire we issued in advance of our inspection to gather the views and experiences of the service from people, friends and relatives, staff and community health professionals. We received fifteen responses in total and considered this feedback when planning our inspection.

During our inspection, we spoke with four people who used the service and three relatives. We spoke with

five care staff, the care coordinator, the registered manager and the registered provider. We sampled three staff files and records relating to the care of four people using the service. We also looked at records maintained by the service relating to the safety and quality of the service.

Is the service safe?

Our findings

At our last inspection in June 2016, we rated this key question as 'Requires Improvement'. We identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems were not effective to ensure people always received their calls as planned. We also identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not always supported safely with their medicines. Improvements were also required around risk management and recruitment processes. At this inspection, we found both breaches of regulation had been met and improvements had been made in these areas. Our inspection findings supported a rating of 'Good' in this key question.

Since our last inspection, systems had been developed to help arrange people's calls more effectively to help ensure they could always receive their calls on time and for the required duration. People we spoke with confirmed satisfaction in this area. One person told us, "There is no rushing, we have plenty of time, sometimes [staff] will stay for longer if I need them to." Another person told us staff stayed as long as the person needed them and commented, "They are prompt every morning." A relative said they were given enough notice if staff were ever late. All staff also told us they were given sufficient travel time to attend people's calls on time and stay for the agreed duration. One staff member told us, "[There are] enough staff. All runs seem to be set out as needed, with travel time." The registered manager confirmed they were investigating some concerns identified through their systems, around some staff occasionally turning up late for people's calls and leaving calls earlier than agreed. For example, one person said in August 2017 that they wished staff would stay for the length of the care call. Further improvements were underway by the registered manager to prevent further reoccurrences and ensure this was a consistently improved experience for all people using the service.

Since our last inspection in June 2016, improvements had been made to how people's medicines were managed. For example, medicine records provided clearer information about people's prescribed medicines and creams. Audits had also been introduced since our last inspection to effectively monitor the support people received. One person told us, "They assist me with my medication and I have blister packs so they take the medicines out for me to take." Staff told us they felt confident with this task and had received further training and guidance about safe practice since our last inspection. We saw audits had helped reduce medicines recording errors over recent months, for example having identified and addressed those additional support needs for individual staff in this area. Medicines records we sampled were completed clearly and correctly and systems were in place to support people to take their prescribed medicines safely.

Since our last inspection in June 2016, we saw the registered provider had reviewed how staff were recruited to the service and had introduced systems to ensure all recruitment checks were completed as planned. Recruitment processes included checks through the Disclosure and Barring Service (DBS) and character references checks, with additional assessments in place as needed. Staff told us they had undergone recruitment checks before starting in their roles and all records we sampled confirmed this. This helped protect people using the service by ensuring they were supported by staff who were suitable.

People were supported to manage their risks safely. A relative told us, "[Staff] are absolutely fantastic. [Person] is definitely safe with the carers and has not had any falls." People were supported by staff who showed a good understanding of how to help meet people's needs and manage their risks. For example, staff described how they supported people safely when using equipment and ensured this equipment remained safe and suitable for them. Staff told us they sought and followed advice from healthcare professionals involved in people's care to help manage their identified risks. People were supported to safely manage their risks, however records did not always provide sufficient information where possible about some people's risks to always promote this safe practice. For example, one person received support and monitoring from staff and district nurses to remain safe and comfortable, however their risk assessments did not always help ensure staff always had the information they needed to monitor and manage the person's risks safely. The registered manager told us they would review their records to help promote consistent and safe care for people across all staff.

People and their relatives told us they felt safe being supported by staff. One person told us, "I feel safe with my carers." Another person told us, "I feel safe and they treat me with dignity and respect." Staff showed good knowledge of how to identify and respond to safeguarding concerns and confirmed they had received training in this area. A staff member described possible signs and indicators of abuse and told us they would inform the registered manager of any concerns. The staff member told us they would make alert the Commission or make a safeguarding referral independently if necessary although they were confident the registered manager, "Definitely would address" possible safeguarding concerns. Safeguarding alerts and other referrals had been made where necessary to promote the safety of people using the service.

Is the service effective?

Our findings

At our last inspection in June 2016, we rated this key question as 'Requires Improvement'. This was because people's choices were not always respected and staff were not always aware of their responsibilities under the Mental Capacity Act 2005 (MCA). We had also found some people's nutritional care plans were not always followed as planned. At this inspection, we found improvements had been made in these areas and our inspection findings supported a rating of 'Good' in this key question.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Court of Protection and in line with the MCA. People using the service did not require this level of support although the registered provider and registered manager were aware of these processes. We checked whether the service was working within the principles of the MCA.

People's ability to make decisions had been considered as part of their care planning and staff showed awareness of how people communicated their wishes. The registered manager told us that where some people were not able to make decisions, they were supported in line with their care plans which they had agreed to and developed with people, their relatives and healthcare professionals involved in their care to ensure any decisions could be made in their best interests.

People were supported in line with their needs and wishes. Staff we spoke with showed they respected and promoted people's choices. One staff member told us, "[Some] people can't go and pick clothes up from the wardrobe but we can show [options]," to the person to help them choose what to wear, for example. Staff had received training relating to the MCA since our last inspection and the registered manager told us they continued to encourage consistent practice whereby people's choices were respected and promoted.

Some people using the service required support with preparing meals. One relative told us, "[Staff] make breakfast and dinners if I am not here." Another relative confirmed that staff knew a person's risks associated with eating and how to help keep them safe. Staff told us they checked people had enough to eat and supported people with their meals as they wished. One staff member told us, "I offer a range of breakfast and encourage variety, I show and tell [the person] options." Another staff member told us, "If people are able to walk, I bring them to the kitchen [to help with meals and tasks]." The staff confirmed they left food and drink out readily available as needed if people chose not to have these during their care call. Staff showed awareness of people's dietary requirements and preferences and records we sampled showed guidance was made available to staff in people's care plans to support this knowledge.

People told us staff supported them as needed. A relative told us, "[Staff] are well trained to meet my relative's needs, everything works like clockwork." Another relative described how staff met another person's needs and commented, "They know what [the person] likes, they understand about [the person's]

condition. Staff seem very competent." Staff showed awareness of people's needs and preferences and described tailored approaches they took to meet these. Two staff gave examples of how they had applied their dementia training in practice to help some people feel safe and remain calm. Our discussions with people, relatives and staff reflected people were supported by staff who were equipped for their roles and knew their needs. Compliments received since our last inspection praised the approach of individual staff and the support provided. One compliment read, 'The carers are great and have become like members of the family.'

Staff spoke positively about the training and support they were provided with. A staff member told us, "[They are] really good at delivering training and if we don't get it the first time, they could do [the training] practically. I feel supported and had recent supervision, I call the office if unsure or people's more regular carers." Staff received training for core areas to support their understanding of dementia care, caring for sore skin and providing person-centred care. Staff also completed training in safe working practices such as First Aid, medicines management, infection control moving and handling. People were supported to have their needs met by staff who were supported to develop the skills and guidance for their roles.

Staff received a service induction which involved shadowing and meeting people using the service, in addition to completing the Care Certificate. The Care Certificate provides a set of minimum care standards for new staff to cover as part of their induction. Additional systems were in place to monitor and develop staff performance, for example, support through occasional spot checks and supervision was undertaken more regularly if there were any concerns about staff conduct.

People were supported to access healthcare support as needed. One person told us, "I was not well and they phoned an ambulance for me." Staff told us they informed the registered manager and people's healthcare professionals as needed, for example if people were developing sore skin or if they may have needed new equipment. Some people were assisted by staff to their routine healthcare appointments in addition to the personal care they received.

Is the service caring?

Our findings

At our last inspection in June 2016, we rated this key question as 'Requires Improvement'. This was because people could not be confident they would always have their views heard and addressed and that they would always be treated with respect and dignity. At this inspection, we saw improvements in this area, although further progress was required.

At our last inspection in June 2016, people's feedback and views were not always addressed and used to drive improvements to the service. At this inspection, we saw improvements in this area and the provider had introduced quality assurance calls and other systems to help gather and address people's feedback more routinely. Further improvement was still required however to embed and sustain these improvements and ensure all people's feedback was always responded to. Systems had not ensured people's feedback was directly addressed and acted on following their involvement in quality assurance calls, including where their feedback had demonstrated possible concerns or areas of improvement relating to their care and support. In one example, where one person had given feedback in March 2017 specifying that care staff were friendly and courteous most of the time rather than all of the time, their feedback had not been explored further to establish what this meant. The registered manager also confirmed that quality assurance calls had not taken place as regularly as planned at the time of our inspection, in order to embed and sustain improvements and means of responding to people's feedback and views.

The registered provider told us they considered people's feedback to help identify objectives and areas of improvement and we saw some improvements since our last inspection as to how people's views about their care and the service were listened to and responded to. One person described feeling comfortable with staff and commented, "They give me advice when needed." A staff member confirmed that quality assurance calls and other means of sharing feedback had helped ensure people's needs were met, for example by identifying their changing needs, by arranging support from consistent carers and helping to resolve some issues that arose. Staff described ways they supported people in line with their expressed preferences and needs. For example, a staff member described how one person directed their support in expressing how they wanted to be supported. The staff member also showed awareness of other important ways to keep the person safe and well. Some people had referred to an improved experience of using the service during their quality assurance calls and had been given the opportunity to express their views and to receive information they needed about the service. For example, one person had advised they were happy with their care overall and that the few issues they had experienced were getting better. Further progress was required to ensure all people using the service could have their views listened to and addressed through effective systems.

At this inspection, the registered provider told us they had developed clearer means of promoting caring practice and tackling any poor practice identified in respect of how people were supported. The registered manager described ongoing action they were taking in response to some concerns they had identified whereby some staff failed to show people a consistently caring and respectful approach. This had included meeting with some staff in August 2017 to confirm expectations that people were always provided person-centred and respectful care, and commencing disciplinary processes as necessary if improvements were not

made.

At the time of our inspection, people could not always be confident therefore that they would receive a consistently caring service, however the registered manager was aware of and addressing such concerns. One relative told us, "Most of the carers are pleasant." The relative had complained about the approach and conduct of staff members which the registered manager had responded to. Other people and relatives spoke positively about the approach of care staff. One person told us, "The staff are very polite and don't rush me." A relative commented, "[Staff] are understanding and kind, we have a good relationship." Staff described a kind and caring approach in how they supported people. One staff member told us, "I treat people how I like to be treated, like they're my family, but [keeping] professional boundaries, be a bit of sunshine to their day." The staff member commented this approach was encouraged during training and the example set by a senior carer. The registered manager continued to promote caring standards through encouraging staff to become Dignity Champions and Dementia Friends to further develop their approach and understanding of people they supported. Staff had got to know the people they supported and affectionately described some people's personal interests and preferred routines. People were often supported by staff who were kind and caring and who knew their needs and wishes and this practice was encouraged by leadership.

Our discussions with people, relatives and staff demonstrated their experience that people's dignity and independence was promoted. One person told us, "They treat me with dignity and respect." A relative told us, "The staff always close the doors when dealing with my [relative's care] and they show kindness." Staff described how they supported people as needed and promoted their abilities as far as possible. A staff member told us, "I give [people] choices about how they want their home," such as asking the person if they want a window opened or the heating turned up. Staff gave examples of how they escalated information about people's changing needs, for example where they considered people may have needed additional equipment to help continue to promote their independence as far as possible.

Is the service responsive?

Our findings

At our last inspection in June 2016, we rated this key question as 'Requires Improvement'. This was because the people's complaints and concerns were not always addressed fully and effectively. At this inspection, we found improvements in this area and our findings supported a rating of 'Good'.

Since our last inspection, the provider had improved their complaints procedures to help people and relatives always have their complaints listened to and addressed. A relative told us, "If I had any concerns for my relative's care I would speak to the manager, but I have no reason to make any complaints." We saw another relative had expressed their satisfaction to the registered provider, about the positive impact of their action taken in response to a complaint. The registered manager described suitable action they had taken to investigate and address one person's concerns and the person's subsequent care review had confirmed they were satisfied with their care. Records we saw showed people and relatives' complaints had been addressed in a timely way with a response outlining the learning taken. Some staff had received additional guidance and training for example, to encourage learning and improvement through the complaints process. The registered provider had ongoing plans to develop their systems further to help address common themes and issues raised by people and relatives. The registered manager was also reviewing the complaints policy to ensure people always knew how to escalate their concerns if they were dissatisfied with the response received through the complaints process.

Since our last inspection, the registered provider had developed people's care plans, such as their risk assessments further and feedback we gathered reflected that people received care in line with their needs and preferences. People confirmed they had been involved in reviewing and discussing their care to ensure this met their preferences. One person told us, "[They] came to discuss my needs and [the registered manager] told us they knew a carer that would suit me and know how to look after me." The person confirmed staff knew their needs and supported them as needed. Another person had commented during a care review, 'I'm very happy with [my] care, can't fault [it].' A staff member told us the care planning processes involved gathering important details of people's preferences and sharing these with staff in order to promote person-centred care, records we sampled reflected this. Staff also knew people's support needs and wishes and described helpful ways they helped to meet these. To help meet people's cultural needs, staff told us how they listened and learned the particular ways some people wanted to be supported with the personal care. Another staff member said they regularly supported people whose first language was not English as they could also speak their language and ensure their needs and wishes were understood. Most people and staff told us their care calls were consistent which meant people were supported by staff they were familiar with and who knew their needs. People and relatives expressed satisfaction with the service and the service endeavoured to meet people's needs and wishes.

Is the service well-led?

Our findings

At our last inspection in June 2016, we rated this key question as 'Requires Improvement' and identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems did not always ensure and improve the safety and quality of the service provided to people. At this inspection, we found improvements in these areas and the breach of regulation had been met, although further progress was required.

Since our last inspection in June 2016, the registered provider had developed their systems to improve how people's calls were scheduled and medicines managed. This helped promote the safety of the service people received. People confirmed they received their calls on time and their medicines as prescribed. Staff we spoke with demonstrated confidence in these aspects of their role. Since our last inspection in June 2016, the registered provider had also improved the management structure of the service. A new manager had been recruited in October 2016 and had registered in April 2017. A team of senior carers had also been introduced to provide additional leadership support and oversight of the service quality. Our discussions with people and staff showed people were often supported by caring staff who understood and met their needs and wishes. All staff told us they felt supported in their roles. Staff told us, "You can always pick up the phone to someone," and "You get a lot of support." One staff member told us, "It's a really lovely company. Everyone makes mistakes but we try our best to keep all [people using the service] happy. Anything they need, we do our best." The provider had ensured people were supported by staff who had the training and guidance needed to meet people's needs and preferences.

We found that further progress was still required however to embed and sustain some improvements made since our last inspection. For example, systems developed to help people and relatives share their views and feedback were not always effective. The registered provider had not ensure quality assurance processes were completed as planned and had not demonstrated that people's feedback was always analysed or responded to, in order to always ensure people's confidence in these processes and the service provided. People and relatives had been able to have their complaints responded to, however we found occasions where feedback and complaints had not always led to sustained improvements to the overall quality of the service provided. For example, during a quality assurance review, a relative commented that their previous complaint had not been fully resolved, 'Because of staff not doing what is asked.' Although the relative expressed satisfaction with the service overall and their complaint had been addressed, improvements made in light of their complaint were not always sustained.

We also found that further improvements were still required to ensure records and processes were always completed as planned. Some people's care records we sampled did not always reflect the full extent of people's needs and risks to always clearly guide staff as needed. Records we saw did not always contain assessments for identified risks or ensure guidance was available to staff in line with current requirements. For example, one person's care plan omitted an aspect of the support they received to manage a healthcare condition, and the details of the guidance and training provided to staff to ensure this practice was always safe. In another example, the registered provider had been informed that some people had made advance decisions about their care and had 'do not attempt resuscitation' plans (DNAR CPRs) in place. This

information was not recorded in adherence with the Code of Practice of the Mental Capacity Act (2005) and to always ensure staff understanding and clarity in this area. For example, one person's care plan contained a small written note relating to their advance decision, which did not validate this was the person's choice or provide the full information required. Office staff members who were often a first port of call for staff, did not have a shared understanding of which people using the service had DNARCPs in place. The registered provider told us they would address this to ensure staff would always have clear guidance as necessary.

The registered manager and registered provider showed awareness of their responsibilities to the Commission. We had received notifications for events and incidents as required and found the last inspection ratings were on display at the service. We found however that the provider had not met a legal requirement to legibly display on their website, the rating awarded to the service following our last inspection in June 2016. The provider was aware of this requirement and told us they had endeavoured to display their rating correctly online without success. Shortly after our inspection, the provider confirmed they had since taken action to rectify this. Failure to display ratings on the service's website in addition to the Commission's address and the date that the rating was awarded, is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are considering what action to take in response to this.

The registered manager's oversight of the service had enabled them to identify concerns in respect of the inappropriate conduct of some care staff. Where some people had received late calls on occasion, they had been contacted by the service to check they were safe and had their support needs met. The registered manager told us they had seen some recent improvements in these areas and we saw they remained committed to resolving these issues and ensuring all people received caring and respectful support. This meant that ongoing improvements were planned to ensure all staff met the expectation to consistently provide good quality care and support to people using the service.

The registered provider and registered manager made reference to some adult social care resources to support staff development and inform their approach to some people's care and support. For example, although some people did not require support with their medicines, the registered manager still endeavoured to share information with staff and healthcare professionals about the medicines these people took. The registered manager was aware that doing so was in line current good practice guidelines to help provide a fuller picture of people's support needs to staff and other healthcare professionals as needed.