Premier Care Services Ltd

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Inspection report

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Date of inspection visit:
18 October 2016
19 October 2016

Date of publication:
24 November 2016

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

This inspection took place on 18 and 19 October 2016 and was announced. We told the provider two days before our visit that we would be coming. Premier Care Services provides personal care services to people in their own homes. At the time of our inspection 36 people were receiving care from this service. At our last inspection in May 2014 Premier Care Services were meeting the regulations inspected.

The service had a registered manager in post. 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 and their relatives told us they trusted staff and felt safe when staff were there. There were processes in place to help make sure people were protected from the risk of abuse and understood how to safeguard the people they supported.

There was an out of hours on call system in operation, this made sure support and advice was available for staff working outside office hours.

People's individual risk was assessed to help keep them safe. Staff supported people to attend appointments and liaised with their GP and other healthcare professionals to help meet their health needs.

Staff were up to date with training and the service followed appropriate recruitment practices. However, some information was not recorded in staff files that should have been. We have made a recommendation about the information that is needed in staff files.

The provider told us they tried to match care workers with the people who use the service and to keep the same staff with the same person when possible.

We saw people were involved in making decisions about their care, treatment and support and the care plans we checked reflected this. People told us their privacy and dignity was respected by staff. Staff we spoke with explained how they would always ask for consent before assisting people and explained the methods they used to help maintain people's privacy and dignity.

People were asked about their food and drink choices and staff assisted them with their meals when required.

People and their relatives said they would complain if they needed to, they all knew who the manager was and felt comfortable speaking with them about any problems.

People were contacted regularly to make sure they were happy with the service and spot checks helped

review the quality of the care provided.

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 processes in place to help make sure people were protected from the risk of abuse. Risk assessments were completed for people using the service. Recruitment processes ensured suitable staff were employed.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005. People were supported to eat and drink according to their plan of care.

People's health and support needs were assessed and care records reflected this. People were supported to maintain good health and had access to health care professionals, such as doctors, when they needed them.

Is the service caring?

Good

The service was caring. People and their relatives told us they were happy with the standard of care and support provided by the service. People's privacy and dignity was respected by staff.

All the staff we spoke with had a good knowledge of the people they were caring for.

Is the service responsive?

Good

The service was responsive. People received care, treatment and support when they needed it. Assessments of care were completed when people first started to use the service and changes in people's healthcare needs were recorded.

Complaints were recorded and acted upon. The service provided information to people about how they could make a complaint if they wished and the manager took concerns and complaints about the service seriously.

Is the service well-led?

Good

The service was well-led. People's views and comments were listened to and acted upon. Staff felt supported by their manager and were encouraged to report concerns.

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Premier Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 18 and 19 October 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

The inspection was completed by an adult social care inspector. Before the inspection we reviewed the information we held about the service. This included notifications, safeguarding alerts and their outcomes and information from the local. During our inspection we spoke with the registered manager, the deputy manager, we met two company directors and spoke to four members of staff. We examined five care plans, five staff files as well as a range of other records about people's care, staff and how the service was managed. After our inspection we spoke with five people using the service and three family members.

Good

Is the service safe?

Our findings

We spoke with people and their relatives. They told us that they trusted staff and felt safe using the service. One person told us, "[The staff] treat me fine, I trust them". Another person told us, "[The staff] are ok, I trust them, nothing has happened yet."

We spoke with the registered manager and staff about safeguarding adults. They all demonstrated an understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse or harm including who they would report any safeguarding concerns to. Staff told us they would report any witnessed or suspected abuse to the manager. Staff had received training in safeguarding vulnerable adults.

We found there were arrangements in place to deal with foreseeable emergencies. During office hours people could contact the office to speak with staff. Out of office hours calls were automatically diverted to an emergency contact. The out of hour's phone was covered by office staff 24 hours a day and seven days a week. Care staff we spoke with were aware of how to respond in the event of an emergency to ensure people were supported safely.

Assessments were undertaken to evaluate any risks to people and the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their beds. One person required the use of a hoist and advice had been sought from an occupational therapist. A hoist plan was in the persons care records to ensure staff were aware of how to use the hoist safely together with advice for safe methods of transfer around the home.

At the time of this inspection the agency employed 25 care workers and there were seven vacancies. The manager explained how they ensured there were sufficient numbers of staff available to keep people safe and various initiatives they had tried to attract more people to apply for vacancies. Staff sickness and leave were covered when necessary by the manager or office staff that had been trained appropriately. People told us that they were informed in advance of unexpected changes such as staff sickness or holiday. Staff told us there was flexibility within the team to ensure people's support needs were consistently met. For example, if a person's usual care worker was unavailable or if the person required the call at a different time.

We looked at a selection of staff records and saw documentation including a job application form, interview notes, qualifications, training certificates and proof of identity. We looked at checks undertaken with the Disclosure and Barring Service (DBS). We noted these had not always been requested by the service in a timely manner and they were still waiting for the results of one application made two months previously. When we looked at staff application forms we noted gaps in staff employment had not always been recorded. We spoke with the registered manager as we were concerned people may not be protected from

unsuitable workers. The registered manager explained that there had been ongoing delays in the results of DBS checks being returned to them and we saw evidence to support this. In the meantime staff were not able to work unsupervised and we looked at a sample of staffing rotas to confirm staff were not working on their own. When asked the registered manager was able to explain the gaps in staff employment history but agreed, in future, this information should be recorded in staff files.

We recommend that the service consider current guidance on the information required in respect of persons employed or appointed for the purposes of a regulated activity.

People were supported to take their medicine safely. People had a medication record in their homes and this noted details including any known allergies, a list of the person's medicine and the date and time this was received. The registered manager explained, depending on the person's needs, staff would either prompt, support or help administer people's medicines. Where staff provided this support the service requested that medicines were supplied in monitored dosage system (MDS) pack. Staff recorded when medicines had been given. Staff were trained in medication awareness and the service conducted regular spot checks specifically around medicines management to check the competency of staff and confirm records were completed appropriately.

Good

Is the service effective?

Our findings

People told us their regular carers supported them well and met their needs. One person said, "I used to have the same carer all the time, she was brilliant…I've had good carer's since, it just a few that don't know things." Another person said, "Most [care staff] are fantastic and know just what to do." A relative told us," We are happy with the care staff at the moment, they know what to do."

We spoke with staff who had worked at the service for a long time as well as staff who were new to it. A newer member of staff felt their induction was thorough and well organised and covered everything they needed to know to do their job properly. The registered manager explained new staff received weekly supervision to assess their training and identify any further training needs. Staff were encouraged to undertake relevant qualifications such as a Level 2 Qualification and Credit in health and social care. Staff told us that training was available and they were supported by the manager regarding their learning and development needs.

We saw that most staff had received relevant training such as health and safety, food hygiene, medicines awareness, safeguarding adults, moving and handling and infection control. The service had a system in place to monitor staff training needs and identify when training was due or needed to be refreshed. We were shown evidence of future training events that had been booked to ensure all staff had met their mandatory training requirements.

Staff told us they had regular supervision with their manager. Records confirmed supervision was carried out on a one to one basis and during 'spot checks' where senior staff would assess the quality of care provided by staff in people's own homes.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked if the service was working within the principles of the MCA. People were asked to give their consent for care this included consent for the agency to provide care, record information and share information with some professionals. Mental capacity assessments were recorded and where people lacked capacity contact details were noted for family or healthcare professions to be contacted when a decision about care was required in the persons best interests. For example, one person's records gave details of their relative as having lasting power of attorney for them. This meant they were able to make decisions about the persons welfare when the person was not able to do so themselves.

When people needed assistance to eat and drink there was a care record in place to outline the support required. This provided information about people's likes and dislikes and how they should be assisted.

Where there were concerns about people's weight or appetite, care staff maintained records so this information could be shared with relevant professionals, such as the GP or dietician. People and their relatives told us how staff helped them with their meals and we heard how staff knew people's likes and dislikes. One staff member told us about one person's preference, "We have a system, Monday to Saturday we go into the kitchen and choose breakfast and on Sunday they like to have a full English breakfast cooked for them."

People's personal information about their healthcare needs was recorded in their care records. Care records contained details of when healthcare professionals had been involved in people's care, for example, information from the GP and occupational therapists. Staff told us how they would notify the office if people's needs changed and we noted instances where additional support from healthcare professionals helped people maintain good health. For example, the service had liaised with the district nurse about one person's care and we saw guidance for staff so they could recognise signs that indicated that person's health may be deteriorating.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the standard of care and support provided by their regular care staff. One person said, "When I get my regular [care staff] they are lovely, I can't sing their praises enough…everything runs smoothly." Another told us, "I am happy with the service [the staff] are caring." Relatives told us, "The staff are very good, very nice", "The care is fantastic, really good" and "Magnificent, they were very gentle with [my relative] when they were in pain, and I have nothing but praise for them."

Staff had a good knowledge of the people they were caring for and supporting. Staff understood the importance of building positive relationships with people and demonstrated how they provided more than just basic care to people. One staff member told us how she had supported one person when they became confused about the time of day, they patiently explained why they were there, what time of day it was and gave the person time to adjust. This enabled the staff member to make breakfast for the person so they were able to take their morning medicines. The manager described how the service supported another person when they experienced low moods by spending time talking and chatting with them and encouraging them to get out and about in the community.

People and their relatives were involved in making decisions about their care, treatment and support and the service recognised the need to support people emotionally as well as physically. One relative told us about the care assessment the service had completed at the start of their relatives care package. They told us, "When [my relative] first went with them they asked about faith and tried hard to pair [my relative] up with a staff member who was an active Christian…they knew it was important to [my relative]."

Care records contained information about what was important to people and how they wanted to be supported. For example, one person's details described how the person liked to engage and interact with staff such as reading together, talking or participating in crosswords and quizzes. Another person's care record guided staff on the best way to provide personal care, detailing what that person needed and ensuring that "choice and independence is always given."

All the staff we spoke with told us they enjoyed working with the people they cared for. Comments included, "The people are the best thing…this job has really brought me out of myself", "I enjoy every bit of [my job], some clients are so happy, they give you a smile, I want to make sure they are happy" and "I enjoy working with people, I like the job, I like to help."

People told us staff respected their privacy and dignity. Staff told us how they made sure people's privacy and dignity was respected. They said they addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. One staff member told us, "I close the door and ask that any visitors leave the room, I always use a towel to cover people."

Managers and staff worked closely with healthcare professionals when people were reaching their end of life. The manager explained they worked hard to respect people's wishes and adapt to people's changing needs. One person told us how gentle and caring staff had been with their relative making them as

comfortable as possible in their final days.

Good

Is the service responsive?

Our findings

People told us they felt supported by staff who were responsive to their needs. One person told us, "[Staff] do as I ask." Another person said, "[The staff] have a sheet and that tells them what to do." Relatives explained they felt involved in their family member's care and told us how the service had asked for information when they first started with them.

People received their care, treatment and support when they needed it. Everyone we spoke with told us care staff turned up and stayed the right amount of time. People told us that sometimes care staff were late but understood this was usually because of delays in public transport. The manager confirmed public transport could be a problem and that where necessary the service would provide taxi's to get staff to people on time. During our inspection the registered manager and the deputy manager both drove staff to people's houses to help them arrive at the call promptly.

The manager explained that they provided a program of re-enablement to many of the people that used the service. This lasted from four to six weeks and gave people the opportunity and confidence to relearn and regain some of the skills they may have lost because of poor health, disability or after a spell in hospital. The local authority provided information concerning the person including any background history, medical conditions and the support required by the service. The manager told us the service would do their own assessment within 24 hours of receiving a care package such as this, or on a Monday morning if the package was received during a weekend. We heard how the service made sure there was additional staff allocation to cover people returning from hospital at weekends at short notice and we saw a checklist given to staff to ensure people had exactly what they needed when they were discharged.

People's care was assessed when they first started using the service and then reviewed yearly or more often as people's needs changed. Where any changes were identified to people's needs, their records were updated promptly so that staff had access to up to date information about how to support them. We were shown the system used to communicate changes in people's care to staff, including weekly updates, text messages and telephone calls. Staff confirmed they were in regular contact with the main office and were given the support they needed when there were changes with people's healthcare needs. Staff told us about waiting with people for healthcare professionals or ambulances to arrive and having the flexibly to stay longer with a person, if it was required.

People had a choice about who provided their personal care. We saw examples where people had requested different carers for various reasons and the service had tried to accommodate them where possible. Everyone we spoke with told us they were most happy when they had the same care staff and sometimes is was difficult getting used to different care staff. One person told us, "I like to have some routine…If we don't know each other it's hard." Another person told us, "It's got worse recently because I have different carers…New staff don't work in the same way." One relative told us, "Having the same carers mean they know how [my relative] likes things done, so they don't have to keep explaining." The registered manager told us she worked hard to keep care staff with the same people who used the service to maintain continuity and build good working relationships but sometimes this was not possible because of staff

numbers and shift patterns.

The service considered people's diversity, values and human rights. Cultural and religious needs were discussed with people during the initial assessment and described in people's care records. The service worked closely with people and their families to understand and meet their preferences. The manager gave examples of how they had worked with people with specific needs and allocated suitable care staff. For example, pairing people and staff who could speak the same language or who were from the same cultural or religious background.

People and their relatives told us they knew who to make a complaint to if they needed to. Two people we spoke with told us they had made a complaint in the past and felt they had been listened to. The service had a procedure which clearly outlined the process and timescales for dealing with complaints. The registered manager took concerns and complaints about the service seriously with any issues recorded and acted upon. We saw the service had received seven complaints in the last 12 months. Actions had been identified to address key issues to help reduce future occurrences and we saw examples of communication with staff to improve ways of working and to prevent future reoccurrences.

Good

Is the service well-led?

Our findings

People and their relatives told us they felt able to speak with the office if they needed to. Most people felt they were listened to and the office staff acted on what they had to say. One person told us that when they phoned the office "they do try to address the problem but sometimes it doesn't last very long."

People were asked about their views and experiences of the service. Records confirmed that people were contacted on a regular basis for example, during telephone monitoring or when conducting a spot check. One person told us "[The service] do phone now and again to see if everything is OK." A relative told us about the yearly surveys their family member received. We saw the results from the most recent survey sent during 2016. All of the results were positive and where issues had been highlighted the registered manager had investigated and resolved these for people.

Staff we spoke with told us they felt well supported by the manager at the service and were comfortable discussing any issues with them. Comments included, "The managers are very nice…they are very understanding", "We have support from managers, the team is very good, we are like a family" and "The managers listen and support me."

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels. We saw minutes from a number of meetings and memos sent to staff reiterating working practice and procedures. The service had a system to manage and report complaints, accidents and incidents. The registered manager told us about a recent incident and how the service had learnt lessons from the experience. Where lessons had been learnt they were noted and disseminated to all staff.

The registered manager and the supervisors carried out a number of spot checks on staff to review the quality of the service provided. Senior staff would arrive at times when the staff were at people's homes to observe the standard of care provided and to obtain feedback from the person using the service. This included checks on personal care, medication, using equipment, meal preparation and cleaning. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

Weekly Monday handovers with office staff allowed the registered manager to review any issues occurring the previous week including the weekend and to attend to any matters arising in the week ahead. Monthly quality assurance checks were undertaken by the registered manager including supervisions, care records, staff training and people's feedback to ensure standards were maintained in the service and drive improvement.

Records were kept securely and confidentially and these included electronic and paper records.