Premier Personal Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an announced inspection on 25 May 2016.

Premier Personal Care is a domiciliary care service providing personal care support to people living in their own homes.

There was 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.

At an inspection in December 2014 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the
provider sent us details of how they would meet their legal requirements relating to the three breaches.

At this inspection we found improvements had been made. Staff had received up dated training and there was a system in place to monitor staff to ensure they had the skills and knowledge to meet people's needs. Staff understood their responsibilities to identify and report concerns relating to the abuse of vulnerable people. Care plan reviews were carried out monthly to ensure they were up to date and reflected people's needs. However at this inspection we found people's medicines were not always managed safely and risk assessments were not always complete or up to date.

People were positive about the quality of the service and the caring approach of the care staff supporting them. People had developed meaningful relationships with care staff who knew them well. People knew who was coming to provide their support and received a weekly rota. There was a system in place to schedule and monitor calls and people told us they had not experienced any missed visits.

People knew how to make complaints and were confident to do so. Complaints were dealt with in line with the providers complaints policy.

Care staff were well supported by the management team and benefited from regular supervision and team meetings. There was an on call system that provided support for people and staff when the office was closed.

People were supported in line with the principles of the Mental Capacity Act 2005. However, records did not always follow the principles of the Act. People were included in the development of care plans and support was provided in the way they chose. People were positive about the flexibility of the service.

People's views on the service were sought through regular questionnaires and reviews. Feedback was used to improve the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the end of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's medicines were not always managed safely.

Risk assessments were not always up to date.

There were systems in place to ensure people received their care visits.

Is the service effective?

Good

The service was effective.

People were supported in line with the principles of the Mental Capacity Act 2005.

Staff had the skills and knowledge to meet people's needs and were supported through regular supervision.

People were supported to access health professionals when needed.

Is the service caring?

Good

The service was caring.

Staff were kind and treated people with dignity and respect.

People benefitted from consistent staff and had built meaningful relationships.

People and relatives were involved in the development of care plans.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans reflected how those needs would be met.

Reviews were carried out and care plans updated to ensure people's needs were met.

People and their relatives knew how to make a complaint and were confident to do so.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems for monitoring the quality of the service were not always effective.

People were positive about the service and the registered manager.

Staff felt valued, supported and listened to.

Premier Personal Care 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. We undertook an announced comprehensive inspection on 25 May 2016. This inspection was carried out to check improvements had been made by the provider after our comprehensive inspection on 9 December 2014. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

Prior to the inspection questionnaires were sent out to 17 people and four responses were received. We also sought feedback from commissioners of the service.

This inspection was undertaken by one inspector. We spoke with three people who used the service and two relatives. We looked at six people's records, medicines records and records relating to the management of the service. We spoke with the registered manager, a senior care coordinator, a care coordinator and three care workers.

Requires Improvement

Is the service safe?

Our findings

At our inspection in December 2014 we found people were not always supported by staff who had sufficient knowledge in relation protecting people from abuse. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan to tell us how they would meet their legal requirements.

In December 2014 not all staff had received up to date training in safeguarding people from abuse and medicines. At this inspection on 25 May 2016 inspection we found improvements had been made. We saw all staff had received up dated training in safeguarding adults. Staff files contained certificates to show staff had completed training. Staff we spoke with were clear about their responsibilities to identify and report any concerns relating to the protection of vulnerable people. Staff had completed medicines training and were observed as competent before administering medicines unsupervised.

At this inspection we found people's medicines were not always managed safely. The call log for the out of hour's system included an entry on 6 April 2016 which identified a medicine error had been reported by a care worker. There was no record of any action being taken by the member of staff responsible for covering the 'on call' service to ensure the person suffered no ill effects by the omission of prescribed medicines. The medicine policy had a procedure to follow for any errors including omissions. The medicines policy had not been followed. We spoke to the registered manager who was not aware of the incident and told us they would take immediate action to investigate the incident.

People's prescribed medicines were entered on a medicine administration record (MAR) and staff signed the MAR to confirm people had received their medicines as prescribed. However we found several gaps on MAR where staff had not signed to say they had administered people's medicines. We looked at people's daily records and found that it was not always recorded on the daily record whether people had received their medicines as prescribed. For example, one person's MAR had seven gaps in a six week period. There was no record on the daily record for three of these occasions. We could not be sure this person was receiving their medicines as prescribed. This could impact on the person's health. Staff had not followed the providers medicines policy.

People's care records did not always contain risk assessments associated to aspects of care that may have presented a risk to the person or others. For example, one person had experienced a fall in January 2016. There was no falls risk assessment completed following the fall to determine how risks of further falls could be managed. Where risk assessments were in place these were not always updated. For example, one person's moving and handling needs changed following a review. The risk assessment and moving and handling care plan had not been updated to reflect the changes.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe with the service. Relatives comments included; "Oh gosh, yes very safe. I'd

happily leave [person] with them and wouldn't give I a second thought" and "I am confident [person] is safe".

People told us they benefitted from consistent care staff. No one we spoke with had experienced a missed visit and told us they were contacted if carers were running late. Comments included: "They are always on time and if they are late they let you know"; "They always turn up on time" and "They are always on time, my goodness yes". People told us they received a weekly rota which enabled them to know which care staff would be supporting them.

The registered manager had an electronic system in place that ensured all care visits were scheduled and that where people required the support of two care workers this was provided. During office hours the office staff could monitor the system to check that staff had arrived for care visits. Outside of office hours an on call system was available to support people and staff.

Staff told us they had sufficient time to meet people's needs and were allocated time to travel between care visits. Staff were sent a weekly rota which ensured people's care visits took place. Any changes made to the rota were notified by telephone or through email.

Care plans contained details of people's medicines and the support they required with medicine administration. Where people were able to manage their own medicines care plans contained details of what the person could do for themselves and what they needed support with. For example, one person could administer their own medicines from a monitored dosage system (MDS) but required support with the application of topical medicines. Topical medicines are medicines applied to body surfaces such as the skin. For example, creams and ointments.

The provider worked to the local authority shared care protocols. Shared care protocols required staff to receive specific training to meet people's needs where they supported people with delegated health tasks. Records showed that staff had been trained and signed as competent before being allowed to support people with these tasks.

Records relating to the recruitment of new staff contained relevant checks that had been completed before staff worked unsupervised in people's homes. This was to ensure staff were of good character. These checks included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

At our inspection on 9 December 2014 we found people were not supported in line with the principles of the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan to tell us how they would meet their legal requirements.

In December 2014 we found people's care plans did not contain mental capacity assessments in relation to specific decisions. People without legal authority were signing to give consent in relation to some aspects of people's care. Staff had not had updated training in MCA and did not know how to apply the principles of the Act. 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 this inspection we found some improvements had been made. Staff had completed training in MCA and had prompt cards to remind them of the principles of the Act. Staff were able to describe how they would support people who may lack capacity and how they would promote choice. Where people had appointed lasting powers of attorney to give someone legal authority to act on their behalf, this was documented in people's files. Care plans contained information relating to people's capacity to make decisions, however there were not always capacity assessments completed to support decisions being made in a person's best interest. We spoke to the registered manager who told us they would address the issue immediately.

People were supported by staff who had the skills and knowledge to meet their needs. People told us they felt staff were well trained and were knowledgeable about their care needs. One person told us, "The staff are trained, they know what they're doing". One relative told us, "I'm very confident with them all. They know [person] well".

Staff told us they felt well supported and had access to regular supervisions. One member of staff told us, "Supervision is useful. It's an opportunity to discuss any issues". Staff were clear they did not have to wait for supervision if they had any concerns and could contact the management team at any time. Staff had an annual appraisal which included identifying any development needs.

Staff had completed training which included: first aid, safeguarding, moving and handling, diabetes, dementia care and administration of medicines. Staff told us they were able to request additional training and had opportunities to complete national qualifications in social and health care. Staff had a positive attitude towards training. One care worker who had worked for the provider for many years told us, "We can always learn something new".

New care staff completed a four day induction provided by an external training company. Following the training staff shadowed more experienced staff until they were confident to work alone. The senior care

coordinator and the care coordinators carried out regular spot checks on staff to monitor competence. We saw that any issues identified during spot checks were addressed and followed up.

Where people's care needs included support with nutrition this was detailed in people's care plans. People told us staff supported them with a choice of food. One relative told us care staff were 'concentrating on feeding' as the person was losing weight. The relative told us they were sensitive to the person's needs and took their time to encourage the person to eat and drink.

Care plans showed that people were supported to access health professionals appropriately. Care plans showed the service had liaised with district nurses, G.P's, and occupational therapists.

Good

Is the service caring?

Our findings

People were positive about the care staff supporting them. Comments included: "Staff are lovely. Certainly caring" and "They are so caring, absolutely wonderful". Relatives were equally complimentary about the care staff. One relative told us, "They are very caring. Always bright and happy. You can be assured we are being looked after very well".

People benefited from support provided by consistent care staff. This resulted in caring, meaningful relationships. People told us staff felt 'like family' but were quick to tell us staff were always professional in their approach.

Staff spoke with kindness and warmth when speaking about people. One care worker told us, "I love the job. I love the clients. They're like family to me". Staff who had been in post for several years spoke fondly of people and their families they had supported over their period of employment and clearly valued the relationships they had built.

People told us they were supported to be as independent as possible and that staff understood how important this was to them. One person told us, "I like to do things for myself and they encourage me to do it".

People were treated with dignity and respect. Care workers told us how they protected people's dignity when providing support with personal care. For example, by covering people with a towel and keeping doors and curtains closed. Staff understood the importance of respecting people's choice and providing support in a way that suited the person. One person told us, "They do things the way I want. I'd tell them if I needed to. I know them well enough, we always have a laugh and a joke". One care worker said, "It's about what's important to the person".

Staff were aware of their responsibility to ensure people's rights were respected. Cultural needs were identified and respected. For example, one member of staff explained the importance of one person's religion to them and how they supported the person.

Care records were written in a respectful manner and were securely stored in the office to ensure confidentiality of information was maintained. Copies of care plans were kept in people's own homes. All electronic records were stored securely and were password protected. Electronic records could only be accessed by those with authority to do to so.

People and their relatives were involved in the development of care plans. Records showed care needs had been discussed with people and regular reviews were carried out.

Good

Is the service responsive?

Our findings

At our inspection in December 2014 we found the service did not always keep accurate, up to date records. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan to tell us how they would meet their legal requirements.

At this inspection we found some improvements had been made. Records showed that telephone reviews were carried out every month and either telephone or face to face reviews were carried out every six months. A review plan showed when reviews had been completed and when the next review was due. Reviews were recorded in people's files and where issues were identified these were addressed. Where changes to people's needs were identified at review the care plan was rewritten to reflect the changes. However, we found that one person's care plan had not been updated following a change in the equipment used to support the person to transfer. We spoke to the registered manager who showed us an updated care plan completed electronically. The registered manager arranged for the updated care plan to be put in the person's file. We spoke to staff who told us about the new equipment and how they used it. This was in line with the updated care plan.

People were assessed prior to using the service and assessments were used to develop care plans that detailed how people's needs would be met. Assessments included information relating to: communication; nutrition; personal care; keeping safe and choice and control. Care plans contained details of the frequency of care visits and the length of time allocated to each visit. People's support needs and how those needs would be met were detailed for each visit. However, care plans did not always include information relating to people's life histories, likes and dislikes. Staff we spoke with knew this information about people. We spoke to the registered manager about this who told us they would review this information in people's care files.

People were positive about the flexibility of the service to meet changing needs and to respond to emergency situations. For example, additional support was arranged for one person when a family member went into hospital. One relative told us, "They are very flexible. They always help by supporting my needs as a carer".

The registered manager told us a party was held for people at the office each year. Although no one we spoke with had attended the party, we saw photographs displayed in the office of people and staff enjoying the social activity.

People knew how to make a complaint and were confident complaints would be dealt with promptly. One person said, "They would deal with complaints, they definitely would". A relative told us, "Issues are always resolved. They are very responsive to any concerns".

The provider had a complaints policy and procedure in place. People were given a copy of the complaint policy when they started accessing the service. The policy included the details of the local government

ombudsman should people not be satisfied with the way the complaint had been responded to. There had been no recorded complaints since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

At our inspection on 9 December 2014 we found that systems for monitoring the quality of the service were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us an action plan to tell us how they would meet their legal requirements.

At this inspection we found some improvements had been made. Systems to monitor staff training had been introduced. This ensured staff received regular training to keep their skills and knowledge up to date. Regular spot checks ensured staff were competent to meet people's needs. Audits of care plans were completed when monthly telephone reviews with people were completed. However, this system did not include auditing daily records and medicine administration records. This meant that systems had not identified some of the issues we found during the inspection.

People were positive about the registered manager and the way the service was managed. Comments included: "I talk to [registered manager] very frequently. They all (staff) put themselves out. It is a well-run organisation"; "I ask questions and they (staff) are so helpful"; "The office staff are so helpful. They call us to check things are OK" and "[Registered manager] is very helpful, always willing to sort things out for me".

Staff felt well supported by the registered manager and were positive about working for the provider. Comments included: "It is a very good company. We get a lot of support. I could definitely go to [registered manager] for help. We have a good team"; "The office staff are very good to us (care workers), very supportive"; "I trust [registered manager] and could talk to her about anything" and "It's a good company. Problems are sorted and they are always there for you. [Registered manager] is the best manager. She talks to us, is very fair and will always help you".

People's views were sought about the service through six monthly questionnaires, monthly telephone reviews and spot checks carried out with staff. People told us they were asked about the service and any issues raised were dealt with. We saw that action had been taken following a quality questionnaire sent out in December 2015. One person had requested that written communication be provided in larger print for people with sight impairment. The registered manager had reviewed the format of written communication and had offered a larger print version to people. Two people were receiving communication in the large print format.

Staff felt valued and listened to. Staff told us there were regular staff meetings where they felt able to share concerns and suggest areas for improvement. The registered manager had introduced a 'carer of the month' award. We saw certificates displayed in the office showing who had won the award. The registered manager told us staff received a gift card and certificate. One member of staff we spoke with had received the carer of the month award and told us, "It's nice to be acknowledged".

A staff survey was sent out six monthly. We saw that one care worker had requested the opportunity to complete a national qualification in social and health care. This had been achieved.

Accidents and incidents were reported and recorded. There had been one accident recorded since our last inspection and appropriate action had been taken to prevent further incidents.

The provider had an emergency contingency plan which included actions to be taken to minimise disruption to the service of emergency situations. For example, bad weather.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the safe and proper management of people's medicines. The provider did not ensure risks to people were assessed and all action was taken to mitigate risks. Regulation 12 (1) (2)