

Premier Care (Plymouth) Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection on 17 December 2018. Premier Care (Plymouth) is a domiciliary care service. They provide assistance to older people, and people living with disabilities who require support with personal care and daily living tasks.

The service has two separate departments, one managed the domiciliary care and the other managed the supported living service. As both services are registered at one location this inspection covers both departments. The agency is based in Plymouth and provides a service to people living in Plymouth and the surrounding area. At the time of this inspection they provided personal care to 43 people using the domiciliary care service and 31 people in supported living receiving support with personal care tasks. Supported living is where people live either on their own or with a small group of others, and have their own tenancy agreement. Care and support is provided in order to promote their independence. The care people receive in supported living settings is regulated by CQC, but the accommodation is not.

We checked the service was working in line with 'Registering the Right Support' which makes sure services for people with a learning disability and/or autism receive services that are developed in line with national policy. For example, how the service ensures people care is personalised, maintains their independence and supports links with people's community.

At our last inspection we rated the service as Good overall. The evidence continued to support the rating of Good overall and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

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. The registered manager had overall responsibility for both services but there was another manager who ran the domiciliary care service (DCA) on a day to day basis. (The report refers to the registered manager- for supported living and overall responsibility and the manager for the DCA).

People told us they felt safe. Care was taken to recruit and select the right staff for the job. Recruitment processes helped the provider choose applicants with the right values and caring qualities for the job. Staff had received training on safeguarding and knew how to identify and report any concerns about potential abuse.

Risks to people's health and safety had been assessed and staff had been given information and training about these as well. Staff understood specific health conditions and knew how to recognise signs of illness and when to seek medical intervention. People were supported to manage their medicines safely.

People told us the service was effective. Comments included, "I think they have enough training they are very skilled", "They make sure she's got her shoes and socks on and that she's warm and cared for, brilliant!" and "Very satisfying, I have no complaints." People received a reliable service from small teams of staff who knew them well and understood their needs. Staff were well trained and well supported. Staff had the skills and information they needed to ensure people's needs were fully met. People said, "They always come on time and we have a chat and they make me smile which is good", "All the girls do a fantastic job" and "I get regular carers, they're really good, do anything I want. They always make sure I'm ok, they are friendly and kind to me. Sometimes it's a bit of company, they will sit and chat with me and that makes me feel good."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Consent to care and treatment was always sought in line with legislation and guidance. The service understood their legal responsibility to ensure they complied with the Mental Capacity Act. People receive support from staff who respected and promoted equality and diversity.

People told us the staff were always caring. Comments from people included "No worries, they are really friendly", "Get on well with them all, no problems happy with care", "They know how to protect my Mum's dignity, they are very good that way, always taking time and chatting so she understands" and "It's the little personal things that they do that make a difference."

Staff were compassionate and understood the things that mattered to people. We heard examples of how they had made a positive difference to people's lives and how the staff sometimes went above and beyond their regular duties to make sure people were happy and safe.

People received a service that was responsive to their changing needs. People received personalised and responsive care from staff who knew and understood their needs. For example, the manager said, "They may want a cup of tea but we know they would like it in a particular cup. Everybody is different. Some people are very specific, I want to capture everything." Support plans were drawn up and agreed with people before the service began. The plans were regularly reviewed and updated to ensure staff always had access to up-to-date information about all aspects of the person's needs. People were given information about the service, including a copy of their support plan.

People told us the service was well managed. The provider was very involved in the service, visiting the office regularly and had quality monitoring processes in place to ensure the service was constantly improving. Spot checks were carried out regularly by a member of the management team to check the quality of the care staff provided to people. This also meant the management team were very knowledgeable about people's needs.

The provider's electronic care system enabled the management team to monitor the service throughout each working day. For example, to see which 'run' staff were doing and which people they were supporting as well as where vacancies were available.

The views of people who used the service, relatives and staff had been sought in various ways and these were acted upon. Concerns and complaints, however small, were responded and listened to and used to improve the quality of care. For example, a recent survey had noted that sometimes care workers did not

always put the bin bags in the bin and this had been dealt with immediately.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

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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 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 was a comprehensive inspection. The inspection took place on 17 December 2018 and was announced. We gave the service 48 hours notice of the inspection visit because the location provides a domiciliary care service. We needed to ensure the registered manager would be available during our inspection to enable us to look at records they are required to maintain. We also wanted to give them enough time to seek agreement with people using the service to allow us to visit them in their homes and telephone some people.

The inspection was carried out by two adult social care inspectors. An expert by experience also telephoned five people using the service and five relatives during the week of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we had received about the service since the last inspection, such as notifications about significant incidents, and information from people who use the service, staff, relatives and other professionals.

Before the inspection we sent out questionnaires to people who used the service, relatives and staff and their responses helped us to reach our judgements about the service. We also received a response from a community health professional.

We visited the agency office where we met with the registered manager, the DCA manager, training manager and four care workers. We looked at three recruitment files, staff training records, staff supervision and monitoring records, staff weekly rotas and four individual's care plans. We also visited two people in their supported living home.

Is the service safe?

Our findings

People continued to receive a safe service. People told us they felt safe. Comments included, "No worries about harm, they are really friendly", "Get on well with them all, no problems happy with care" and "I'm very happy with what they do." A relative said, "Fantastic girls, very polite and well-mannered, they are great with my Mum."

People were protected from the risk of abuse because there were robust safeguarding procedures and practices in place. Staff received training on safeguarding and told us they felt confident any concerns they raised would be picked up and addressed promptly by the management team. They could visit or telephone the agency office during office hours for advice or support. There was an 'on call' system out of office hours which enabled staff to speak with a member of the management team with any concerns or queries outside of normal office hours. Staff knew about local reporting arrangements if they wanted to raise a concern directly to the relevant local agency. Any issues relating to individuals were recorded in their electronic diary including actions taken and amendments to care files. For example, one care worker had called the office to check that one person's visitor was in fact their relative as the person was living with dementia. This showed staff were vigilant about protecting people.

People were supported by suitable staff. Safe and thorough recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. The agency asked for three references. Recruitment files included relevant recruitment checks, for example disclosure and barring service checks. This ensured the registered manager could minimise any risks to people as staff were competent and safe to work with vulnerable people. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. These were re-done every three years.

Where incidents occurred, we saw evidence that lessons were learned and improvements were made. The provider and registered manager understood their responsibility to report all incidents and accidents to the Care Quality Commission (CQC). For example, to manage one person's care the agency, with the person's permission, now worked together with other services supporting the person's complex needs. The manager now met regularly with the other provider to ensure partnership working for the benefit and safety of the person.

Risks to people's health and safety were monitored and managed safely. Before people received a service an assessment of their needs was carried out. This included an assessment of any risks to their health and safety. The agency used a secure online application which enabled staff to see who they were visiting and when and a summary of their care needs on their smart phones. Each care file provided staff with information and instructions on all potential risks and any measures they must take to minimise them. Care plans gave instructions on skin care, moving and handling, weight loss, dehydration, and risks associated with conditions such as diabetes, dementia or poor vision. For example, messages and updates could be sent to all staff quickly including reminding staff that one person was blind and to be aware.

Staff worked closely with people, relatives and other professionals to ensure people received the best

possible care and treatment. They gave us examples of positive outcomes for people such as ensuring advice from visiting community nurses was followed up, with daily records noting "ankle no longer swollen" for example. The new training manager role also included meeting with people and their relatives if possible to ensure all staff had the necessary training required for that person. They also ensured hospital passports (documents containing important information when moving between health services) were comprehensive.

People received a safe and reliable service because there were sufficient staff employed to meet peoples' needs. They said, "They always come on time and we have a chat and they make me smile which is good", "All the girls do a fantastic job" and "I get regular carers, they're really good, do anything I want. They always make sure I'm ok, they are friendly and kind to me. Sometimes it's a bit of company, they will sit and chat with me and that makes me feel good."

The provider and registered manager told us there was ongoing recruitment and care packages were only accepted when the agency had good capacity. In an emergency they may accept to support someone quickly but this was rare and time was taken to ensure staff had the information to enable them to support people. There was a stable staff team with low staff turnover. When care staff were on holiday or absent due to sickness there were sufficient staff employed to ensure all planned visits were carried out, although this could mean occasional split shifts. People told us they had never experienced a missed visit. The manager said this had not happened and people confirmed that staff rang them to say if they were running late.

People received safe support with their medicines. If people were unable to manage their own medicines, assessments had been carried out to identify the level of assistance they needed. Staff had received training on safe administration of medicines and their competence was monitored regularly. Medicine administration records were brought back to the office monthly for auditing. This meant the risk of errors or omissions was significantly reduced. If errors were identified these could be acted on quickly and care workers also informed the managers if they noticed any issues. In supported living services, people generally kept their medicines in a communal cupboard. The registered manager was going to ensure that people were happy with this arrangement or whether they would prefer a locked space in their rooms.

People were protected from the risk of infection because staff had received training and instructions. Staff were supplied with protective equipment such as gloves and aprons, and the management team carried out regular spot checks to ensure staff were following safe procedures. This included random spot checks by the managers also at weekends.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Staff were competent and had received training and support to enable them to carry out their roles effectively. People praised the staff and told us they were very happy with the service. People told us the service was effective. Comments included, "I think they have enough training they are very skilled", "They make sure she's got her shoes and socks on and that she's warm and cared for, brilliant!" and "Very satisfying, I have no complaints."

People received a reliable service. They generally had a regular team of care workers and the office would ring people if this changed such as during absence or sickness. This included the supported living service where people received support 24 hours a day. People using the DCA told us staff usually visited within a few minutes of the expected time and stayed for the correct amount required. Therefore, people received care from a small group of staff they knew and trusted.

People received care from staff who were well trained. All staff received an induction at the start of their employment and ongoing training and updates. They were expected to complete the Care Certificate at the start of their employment which ensured they had a good understanding of all aspects of the job. There was a new training manager who sent updates each month to the managers to ensure training was booked for staff when the training spreadsheet indicated they were due. Training included training on emergency first aid, catheter care, and moving and handling. Two people currently required a hoist for moving and handling with two staff. Training specific to individual's needs was also included such as autism and managing behaviours which could be challenging for staff. Staff held meetings with children's community support services for one younger person. They worked together until staff had got to know the person. The person had requested similar age staff and the service was trying to meet that request where possible. Staff had also received mental health training.

Staff told us they were well trained, supported, supervised and monitored. Comments included, "I get enough training", "I'm doing the care certificate", "We make sure people are supported and cared for" and "We make sure people remain as independent as they can and do as much for themselves as possible."

Staff received regular supervision and an annual appraisal. There was good communication between the management team and staff. A member of staff said, "We can always go to the office to look at care plans or ask questions." Staff were seen popping in and out during the inspection. They attended regular staff meetings with sandwiches and cakes and socialised with each other, for example enjoying a Christmas party. Staff meeting minutes showed how training topics were included such as refreshers on the medication procedure and ensuring staff were happy with their knowledge and support.

Consent to care and treatment was always sought in line with legislation and guidance. The service understood their legal responsibility to ensure they complied with the Mental Capacity Act (2005). Records showed they had obtained people's consent to provide care before the service began. Staff had received training on Equality and Diversity and Human Rights. During our inspection we heard how staff had supported people equally regardless of their background, beliefs or individual circumstances.

Communication needs were well documented showing the service took into account the accessible information standard.

People were supported to remain healthy. Staff worked closely with health and social care professionals to ensure people received the best possible care and treatment. Staff knew people well and recognised any changes in their health and well-being. Staff meetings included discussion about people with complex needs to ensure these were being met and staff were happy knowing what to do. Those staff who were absent were also followed up and information shared. Where concerns were noted they sought people's permission to contact relevant agencies if the person was unable to seek help themselves. Staff worked well with other professionals, for example community nurses and social workers. One health professional told us, "We find Premier to be responsive, clear and concise. They are quick to respond and requests are carried out professionally in the agreed timescale. They work well as a team and staff are caring, helpful and polite. I cannot say there are any negatives."

Is the service caring?

Our findings

People continued to receive a caring and compassionate service. Comments from people and relatives included "They make sure she's got her shoes and socks on and that she's warm and cared for. Brilliant!", "They treat me with dignity and respect, I have no worries about them", "They always ask what I need, for example- Do I need anything? And they are always making me smile" and "Pleasant, friendly, they sit and chat with me and keep me company." People in the supported living service said they liked the staff and that they liked going out doing things friends do.

The provider and managers had an ethos of valuing and caring for their staff team as well as the people who received a service as stated in the service booklet. "Premier Care (Plymouth) Limited aims to provide the highest quality care to people and their families and to place people first at all times respecting their differences." The manager told us, "We try to look after the staff, we make sure they are happy before letting them work alone helping them to settle in. We all keep in contact and support each other, for example when someone dies." Supervision notes showed staff were cared for and supported including with personal issues so they could provide the best care possible. The staff we spoke with told us they felt valued by the provider and managers and this gave them a sense of pride in their jobs. Staff said, "I feel I have the relevant support when and if required. I had a family member supported by the service and I have no complaints only positives to say about my employment", "They are a brilliant company to work for and people all seem to be happy which is our aim" and "I am a new care co-coordinator (senior staff). I have felt fully supported. I would not work for a company that did not put people first."

Staff described how their colleagues went out of their way to make sure people were happy and comfortable. For example, they had worked with relatives for one person to ensure they had a little Christmas tree in their home. The relatives told the manager, "Thank you so much for all you do for [person's name]. Please send my good wishes and thanks to all the wonderful carers." Staff were praised and recognised for good work, including through a carer of the month initiative. One winner praised for supporting a new staff member said, "Thank you for rewarding me for something that some naturally to me and thank you for your support and patience, I hope I continue to improve in this industry." The new staff member had given positive feedback saying how well the care worker looked after people.

Staff knew the people they visited well, and understood the things that were important to them. Staff also understood the things that may cause a person to become upset. Staff expressed compassion and understanding when describing people with complex needs and disabilities. They understood the importance of supporting people to retain as much independence as possible, and allowing people time to carry out tasks for themselves. Staff understood the reasons why people may feel low, and knew how to gently support the person and enable them to feel happier. People were involved and consulted in all aspects of the service they received. Choices were offered and privacy and dignity were respected.

We heard examples of how the management team and staff worked together to improve people's health and well-being. Relatives commented, "They make my Dad a cup of tea and a sandwich and always check he is ok", "They help get [person's name] out of bed and take time with her, they give her a strip wash and

get her clean clothes" and "One time [person's name] had a red mark under her breast so they let me know, documented it and got some cream for her and it's much better now."

Staff had sourced a mobility car for one person who now was able to drive up over the moors. There were photos of the car in their care plan so they could indicate they would like to go out. Staff were also working on improving the person's sleep pattern so they could enjoy their days more. Another person was being supported with their family to manage regular routines and support the family to support the person with these. One person liked to welcome people with a particular handshake so staff followed this to ensure a positive start to the day.

Staff regularly went 'above and beyond' their expected duties. Staff were willing to work extra hours to help people when needed, for example during periods of ill-health or crisis. Staff were thoughtful, and often carried out small acts of kindness that made a big difference to people. For example, they worked with another provider to ensure the person was able to see their friend in the other service regularly. One person wrote to the service saying, "I would like to let you know how impressed I am with [care worker name]. She is excellent and I really enjoyed her visit" and "[Care worker name] is a brilliant carer and I like her very much indeed. She is a ray of sunshine."

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their changing needs. People's needs were carefully assessed at the start of the service and a care plan was drawn up and agreed with them. The care plans were personalised to each person and provided clear and easy to follow guidance to staff about how the person wanted to be assisted. The plans were regularly reviewed and updated.

Each person had a printed copy of their care plan in their homes along with other essential information about the agency. People were given information about the service, including the last inspection report, aims and values and statement of purpose. These could be requested in audio, braille, large print and easy read format for example. They were willing to supply information in any format to suit people's individual needs. This meant the provider was fulfilling their legal responsibility to reflect the Accessible Information Standard.

People told us they knew how to make a complaint and were confident any concerns or complaints would be listened to and acted upon. These were logged in people's electronic diaries showing actions taken. Each person received a copy of the complaints procedure at the start of the service within their care plan file. People said they had no current complaints, and that any minor concerns or complaints they have had in the past had been quickly and efficiently addressed to their satisfaction.

Where the agency had provided care to people at the end of their lives, people had been supported to have a comfortable, dignified and pain-free death. The manager told us they would draw up a specific and detailed care plan for any people who required support to die in their own home.

Staff responded to people's changing needs including their living circumstances. For example, they worked with a housing authority to ensure that one person who was at risk of self neglect was living in a clean environment. The social worker said, "I have to say a big thank you to your team for your support as I have never seen such big progress made in such a short period of time." The housing authority would now inspect the property regularly to ensure the person was living in the best environment for them. Another health professional said, "I have many clients successfully supported by this agency. They have a good quality of life and have opportunities within the local community."

People were also supported to use technology and attend appointments. People's routines were respected and staff delivered care in the way people wanted it. For example, some people liked their meal at a table laid with a tablecloth and cups and saucers as they had always done. The manager said this was particularly important for those people living with dementia so they followed their set routines.

People were seen as part of the Premier community. There had been a raffle for people and staff had collected people to attend a Christmas party. Each person had been able to 'win'. The provider was also investing in a service user group to further bring people together. It was important that people were happy with their care and the ethos was one of continually learning and improving. They sought regular feedback from people and their relatives and were now including health professionals in the annual survey. This was

through new client follow up calls, regular face to face reviews with families and telephone audits.

Is the service well-led?

Our findings

People continued to receive a service that was well-led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager had overall responsibility for the service but was supported by another manager who ran the DCA service on a day to day basis.

People and staff praised the managers. All comments said how happy people were with the service and support. Comments from staff included, "We all work well together, the managers will cover calls and work at the weekends" and "If you need help with the computer we can come in at any time. There is always someone to help you." People, relatives and staff all told us the provider and managers ensured the service ran smoothly.

There were systems in place to monitor all aspects of the service. Care files were brought to the office regularly to update and review and managers or seniors met with people and their families to go through the care plans. Any changes could also be made when needed and the managers would go out to visit people, for example to ensure they were receiving the correct amount of time to meet their needs. Daily notes and medicine administration charts were audited monthly. We saw that staff were vigilant in noticing changes and let the office know. Managers often worked in the community so they knew people very well. There was also very good communication and relationships with other services who provided support for people in the community. This was confirmed by health professional's comments.

Staff told us they enjoyed their jobs and were proud of the work they did. They all said they enjoyed working for Premier Care (Plymouth). There were clear visions and values and a strategy to deliver a high-quality service. On the provider's website it stated, "Our mission statement is to be recognised as the preferred provider of quality services that are bespoke packages of support meeting individuals' needs; adapting as dictated by the person involved in a cost effective and timely manner". We saw this happening and health professionals said they jumped on any vacancies for people.

People who used the service, relatives and staff were involved and consulted about the service and their views were listened to and acted upon to improve the service. Each year people and staff were asked to complete a questionnaire. The results were collated and compared with previous years to help them identify areas where the service had improved, and where actions were needed. People's views were also sought during regular visits by a member of the management team to people's homes to review their needs. The manager said, "It's really important we capture all the little differences and needs people have so their care suits them."

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

