Premier Care Limited

Premier Care Limited - Salford Homecare Branch

Inspection report

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15 November 2017
16 November 2017

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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

This service is a domiciliary care agency in Salford. It provides personal care to older people living in their own home. At the time of inspection the service provided a regulated activity to 611 people living in the Salford area.

At the last inspection on the 04 and 05 August 2015 the service was rated as good. At this inspection we found the service remained good.

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

People told us they felt safe in their own homes whilst being supported by staff employed at Premier care. Staff received safeguarding training and knew how to keep people safe and raise concerns if they suspected someone was at risk of harm or abuse.

Individualised risk assessments were in place to identify any assessed possible risk of harm to a person or staff member through areas such as people's lifestyle choices or items of equipment.

Staffing levels were appropriate and people told us they received calls as agreed with the local authority.

The service had a training matrix to monitor the training requirements of staff. Staff received appropriate training, supervision and appraisal to support them in their role. Appropriate documentation was maintained to confirm when these sessions had taken place.

The management of medicines was safe. Staff received training in medicines administration and the service had detailed policies to guide staff how to ensure a person received safe support in this area.

People were supported in line with the Mental Capacity Act 2005 (MCA).

People's consent to care and treatment was sought prior to care being delivered and they were encouraged to make decisions and choices about their care and had their choices respected.

Care plans were tailored to meet people's individual needs. People were encouraged to be involved in the development of their care plans, which were updated regularly to reflect people's changing needs.

People were encouraged to maintain a nutritionally balanced diet and had access to sufficient amounts to eat and drink, at times that suited them.

People's health care needs were monitored and relevant health and social care professionals were informed when required.

The provider had a complaints procedure in place and we saw examples of people's complaints being dealt with in line with the services complaints policy.

The registered manager and provider carried out regular audits of the service delivery. We saw areas of improvement were identified and disseminated promptly throughout the staff team to demonstrate action had been taken in a timely manner. Feedback of the service was sought and used to drive continued improvements.

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? At last inspection this domain was rated as Requires improvement. Following this inspection the domain is now rated as 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 comprehensive inspection took place on 13, 14, 15 and 16 November 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 someone would be at the office to facilitate the inspection.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC), one primary medical services inspector. An assistant inspector, a specialist advisor (SPA) who was a Pharmacist and four experts 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.

Inspection site visit activity started on 13 November 2017 and ended on the 16th November these dates consisted of site visits and telephone interviews to people using the service and ended on 16 November with telephone interviews for staff members. We also visited the office on 14 and 15 November 2017 to see the manager and office staff; and to review care records, policies and procedures.

Before the inspection we asked the local authority safeguarding and quality performance teams for their views about the service. We also looked at the information we had about the registered provider, including people's feedback and notifications of significant events affecting the service.

We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with; 46 people, 14 relatives and 13 staff which included; the registered manager, head of governance and a director of the service. We reviewed 14 care files which included people's risk assessments and care plans, Medicine Administration Records (MAR), 18 staff personnel files, 30 staff rotas, training matrix, audits, minutes of staff meetings, complaints, comments and compliments records.

Good

Is the service safe?

Our findings

People we spoke with as part of the inspection and their relatives told us they had no concerns regarding their personal safety and the safety of their loved ones whilst being supported in their homes by staff from Premier Care. Comments from people included, "I feel very safe with them. I wouldn't have a wrong word said about them. It's not an easy job they do but they are conscientious and reliable. They are lovely people." A second person told us, "I feel very safe with my carers. They are really lovely. More like my friends. They are really careful and help me walk with my frame and I feel very secure when they are with me." Similarly people's relatives we spoke with also told us they considered their family members safe under the care of the agency. One family member commented, "[My relative] is very safe with the carers. I have absolutely no worries at all about safety."

Safeguarding training was current and up-to-date and staff we spoke with during the inspection demonstrated a good knowledge of different types of abuse. Staff could describe the signs and behaviours they would look out for that would alert them to the possible consequence of abuse. One staff member stated, "Signs of potential abuse might be bruising, marks or them appearing scared." We saw examples where the service had acted appropriately when suspecting abuse may have occurred.

Staff described local safeguarding and whistleblowing procedures (reporting poor practice) and knew how to raise a concern. Records confirmed that safeguarding concerns had been reported timely to the Local Authority. Staff told us they would, "Report safeguarding concerns to the office staff or the managers."

Where accidents occurred, these were investigated and preventative measures put in place to keep people safe. Accidents and incidents were recorded and reviewed by the registered manager, this ensured any trends/themes were identified and appropriate action was being taken. Incidents showed where applicable health care professionals such as the falls prevention team or district nurses were informed and information shared to minimise the risk of repeat incidents and accidents.

We looked again at risk management and found there was a continued positive approach to risk management. The service had embedded practices that identified risks, assessed and monitored them regularly. Staff were given clear guidance on how to manage risks and the steps to take to mitigate the risks. We looked at risk assessments and management plans and found these were comprehensive and updated timely to reflect people's changing needs. Lone worker and individual home risk assessments were evident which covered any perceived risk within the person's home or lone working. Risks were also managed around people's life choices and religious beliefs.

There were sufficient numbers of staff on duty to safely meet people's needs. We looked at people's call times and staffing rotas for 40 staff members over a three week period and noted call times were in the main adhered to with only few exceptions of lateness. This was also captured when speaking with people who told us staff were usually on time but could have times where staff were late, mainly during the weekend.

We looked at nine MAR (Medication Administration Records) of people receiving medicines support from the

agency and we found these were accurately completed by staff. We found there were no omissions of signatures to demonstrate medicines had been administered as prescribed. Policies and staff training/ observations were also in place and in date. This helped us confirm people had received their medicines as prescribed.

Staff had received training in infection control and food hygiene. People's comments supported that staff had been adequately trained in these areas. Staff were required to wear identification badges and full uniform along with having in their possession disposable gloves, aprons and hand cleansing gels to minimise the risk of cross infection. People we spoke with confirmed staff would leave their houses clean and tidy.

Good

Is the service effective?

Our findings

We asked people who used the service if staff were well trained and had the skills and knowledge to provide effective care. One person said, "I feel the staff are trained well as they know what they are doing." Another relative added, "They are well trained and they make mum feel at ease. I'm happy and so is she."

Staff continued to receive a thorough induction when they first began working for the service. The induction was centred on the care certificate which is a set of standards that social care and health workers stick to in their daily working life. Staff were expected to shadow more experienced workers, to gain an understanding about how the role should be carried out. The staff we spoke with confirmed an induction was provided when they first began employment. One member of staff said, "At my induction I did three days training, three days shadowing and they answered all my questions."

Appropriate systems remained in place to ensure staff received sufficient training as part of their on-going professional development. Staff received initial mandatory training as part of their induction and this was then updated approximately every 12 months. The training covered topics such as understanding the role, duty of care, equality and diversity, person centred care, communication, moving and handling, medication, infection control, health and safety, safeguarding and fluids/nutrition.

During the inspection we looked at 10 staff training files and saw certificates to demonstrate these courses had been completed. Staff we spoke with told us they had enough training and felt supported in their roles. One member of staff said, "After training sessions our manager goes over it with us again to ensure we have understood and they ask if we have any questions."

Staff received supervision as part of their on-going development. Each staff file we reviewed had several supervision records from throughout the year, which was in line with the service's policy and procedure. Topics of discussion included any training due for renewal, feedback about staff performance, safeguarding and how their rotas were being managed. This provided staff with the opportunity to discuss their work in a confidential setting and discuss any concerns they may have.

Appraisals with staff had also been undertaken. This provided staff with the opportunity to review their work over the past 12 months and receive feedback on their performance.

The service had systems in place to ensure staff were skilled and competent in their roles. This included a spot check/observation system which allowed senior members of staff to watch staff delivering care and offer feedback about how their practice could be improved. Competency assessments of staff administering medication were also undertaken to ensure medicines were given to people safely.

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.

We saw people's capacity was considered as part of the care planning process and took into account if people were able to make their own decisions, retain the information and communicate their own choices. People had been given the opportunity to provide written consent to the care they received and this was clearly signed for in their care plan by either themselves or a family member. People spoken with told us staff always sought their consent before carrying out any care interventions. One person said, "I think the carers are marvellous. They never do anything without asking me if it's alright even though they do the same things most days".

The people we spoke with told us staff helped them to maintain good nutrition and hydration. People's care plans contained 'food management plans' which provided an overview of the support people required to eat and drink. People's nutritional needs were also covered as part of the initial assessment process and took into account if people had any allergies, were able to do their own shopping, were at risk of poor nutrition and if they had any swallowing difficulties. This meant staff would have information available to them about people's care needs.

Good

Is the service caring?

Our findings

People we spoke with and their relatives were positive about the care provided and told us they received good care. People's comments included, "Very caring staff, cannot do enough for me" and 'My carer needs some kind of award. She is just brilliant. I think she is the very best in the agency." Similarly people's relatives told us they felt the care received was that of a caring and patient nature.

People's privacy and dignity continued to be maintained. People told us staff would always knock on people's houses before entering and would shout to the person to let them know they were entering their property. Staff gave appropriate examples of ensuring people were supported to maintain their dignity when assisting with personal care routines and would always respect the person's wishes and feelings throughout the visit.

Involvement of people who used the service was embedded into everyday practice. The views and opinions of people were actively sought and information was presented in a way that enabled people who used the service to fully participate and make informed decisions. People told us they had a care file in their homes and we verified in some cases that it contained appropriate information to enable staff to sensitively help them with their daily routine.

People told us staff promoted their independence where possible and allowed them to do things themselves. One person said, "I try to be as independent as I can and I think they encourage that." Another person added, "I try to do as much as I can for myself to try and be a bit independent but it's good to know they're there if I need them." A relative also added, "Staff promote her independence and encourage her to do as much as I can."

Information about advocacy was offered to people and people were supported to access such services should they require so. The registered manager told us there was no person accessing this type of service at time of inspection to his knowledge. However, we acknowledged that the service would only know of those people who had asked for support in this area and not those who had sought this type of help unsupported.

Good

Is the service responsive?

Our findings

The manager of the service told us they received assessments from the local authority about the level of care people required. This was then followed up with a visit from the service so they could meet people and their families prior to the care package commencing. People told us they had been involved in their care plan and had felt able to contribute towards the care they received. One person said, "They came and talked to us about the care plan. They've made it very clear that if we find we need more support they can come and review things with us." Another person said, "When we first started with them, they came and went through everything I need. They made a few recommendations for me to think about and they said that if anything changes they will come and talk to me about it."

Each person had their own care plan with a copy held both at their home and a duplicate copy at the office. During the inspection we looked at 13 care plans of people who used the service. The service used a 'Care needs and risk assessment' document and this provided an overview of the care and support people required from staff. The care plans provided personal information about people such as where they were born, their previous employment and details about their family.
People's equality, diversity and human rights requirements were also captured. For example, if people had any particular religious or cultural beliefs and if there were specific dietary requirements staff needed to be aware of. Staff were responsive towards people of different cultures, faiths or nationalities and respected their choices and decisions.

We saw evidence that reviews of people's care needs had been completed. The review provided a focus on the content of the care plan, medication, risk assessments/goals/outcomes and if there was any feedback people wanted to provide. This provided people with the opportunity to be involved in their care and make changes where necessary.

The service had a complaints procedure in place. People we spoke with said they would know how to make a complaint if they were unhappy and would tell their care workers or the agency office. A system was in place for the recording of complaints, which outlined the areas of concern and any actions taken as a result of an internal investigation, as well as a response to the complainant. The service user guide referenced complaints and who people could contact if they were unhappy with any aspect of their care. Compliments were also collated where people had expressed their satisfaction with the service they received.

We asked people who used the service about their experiences of making a complaint to the service. One person said, "If I was worried about anything I would have no problem in ringing them. I think the communication from them is pretty good. I must say though that I've got no complaints at all." Another person said, "I have no complaints. This is a very good service. I don't know what I'd do without them."

At the time of our inspection, the registered manager told us they did not currently support anybody to attend activities or access the local community. The staff we spoke with demonstrated a good understanding about how to protect people from the risk of social isolation. One member of staff said, "I sit and talk to people, one service user doesn't need me to do much so I just sit and talk to her. I'm one of her

only visitors so she loves talking." Another member of staff said, "We encourage people to go to day centres, bridge clubs, bingo and drop in centres. Some of our clients also go to a Friday chip shop club which they all enjoy."

The service did not provide end of life care directly, but where applicable, could continue to provide a domiciliary service in support of other relevant professionals such as district nurses, who may be involved in supporting a person at this stage of life.

Good

Is the service well-led?

Our findings

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

People told us they were happy with the way the service was provided to them, with the exception of a few people who had raised on-going complaints which were being dealt with in line with the complaints procedure. Some people told us they were unsure of who the registered manager was at time of inspection, however we noted this was because the registered manager had been newly recruited to the role. The registered manager acknowledged this and told us he was to create a document which would be distributed to each person's house to inform them of his presence within the service.

A newly devised care plan had also been created and this was scheduled to replace people's existing care files in January 2018. This paperwork was designed to allow for a more streamlined and informative assessment of people's needs.

There continued to be an appropriate internal quality audit system in place to monitor the service provided. Audits or checks were completed by the registered manager on records, including medicines, accidents, risk assessments, care plans and daily records. A quality monitoring form was also evident, addressing any concerns or problems the audits highlighted.

We looked at the systems in place to seek feedback from people who used the service. We saw a telephone survey had been conducted in August 2017 in order to seek people's views and opinion about the quality of service they received. This asked people about the timing of their calls, attitude of staff, the standard of care they received, if staff always turned up and if people felt they received good continuity of care. A summary of the responses received had been completed, which detailed what action had been taken to improve service delivery.

Meetings were conducted regularly with staff. Records showed the service reviewed feedback from people and their relatives and where required appropriate action was taken to respond to concerns and improve the quality of care provided.

Providers of health and social care services are required by law to inform the Care Quality Commission of significant events which affect the service or people who use it. The registered manager had sent us the required notifications promptly. This meant we could check that appropriate action had been taken.

The service was also displaying their previous rating on the provider website

The ethos of the newly appointed registered manager was to place people who used the service at the heart of everything they do. He had a clear vision about continued improvements he wanted to make. He was

being supported by his line managers and the newly appointed head of governance to achieve these outcomes.