Premier Community Care 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

About the service: Premier Community Care is a domiciliary care service which provides support with personal care to older people and people with physical disabilities living in their own homes. At the time of this inspection 473 people were using the service.

People's experience of using this service: People told us they felt safe. Medicines were managed effectively. Staff understood their responsibilities about keeping people safe. Risks were identified and managed well. Incidents and accidents were monitored to inform practice and make improvements to the service. Staff understood their responsibilities to prevent the spread of infection whilst working in and between people's homes.

Staff had completed training in key areas and were supported to carry out their roles. People had confidence in staff and were content with the care they received. Staff supported people to access health services if needed. Dietary needs were assessed and, where required, people received support with their meals.

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.

People told us staff were kind and caring. Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept securely.

People's care plans were up to date about their individual needs and preferences. People received support that met their needs.

The registered manager had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. There were a number of quality assurance systems in place to monitor the quality and safety of the service. There was a focus on continuous improvement.

Rating at last inspection: Good (report published 1 October 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: This service is a domiciliary care agency. It provides personal care to older people and people with physical disabilities living in their own homes.

Not everyone using Premier Community Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to contact them for their feedback. Inspection activity started on 14 February 2019 and ended on 1 March 2019. We visited the office location on 14 and 28 February 2019 to see the manager and office staff; and to review care records and policies and procedures. Telephone calls to people and their relatives took place on 26 February and 1 March 2019.

What we did: We looked at information we held about the service, including notifications the provider had made to us about important events. We also reviewed all other information sent to us from other

stakeholders, for example, the local authority and members of the public.

During the inspection we spoke with 19 people and five relatives to ask about their experience of the care delivered. We spoke with the registered manager who is also the provider, the operations manager, the training officer, two team leaders, two care co-ordinators and seven care workers. We asked staff to complete a survey; 21 responses were received. We looked at care records for six people, six staff recruitment records and records relating to the quality and management of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.
- People told us they felt safe with the staff that supported them. One person said, "I feel very safe with them."
- There were effective safeguarding processes in place and staff understood their responsibilities for keeping people safe and the processes for reporting any concerns they had. Safeguarding records showed appropriate and prompt action had been taken where any potential or actual safeguarding incidents had occurred

Assessing risk, safety monitoring and management.
- There were effective risk management systems in place. People's care plans included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the risks identified were clearly set out for staff to refer to.
- Assessments of specific risks within people's homes had been completed and staff were provided with guidance on how to manage these risks.

Staffing and recruitment.
- Safe recruitment procedures were followed. Applicants' suitability for the job was assessed thoroughly before being offered a job. New staff were required to successfully complete a probationary period and had regular meetings to check their progress.
- People received care and support from the right amount of suitably skilled and experienced staff.
- People told us that staff were mostly on time and stayed for the right amount of time. People told us they understood how staff could sometimes run late, for example if they were stuck in traffic or took longer with a previous call if a person was suddenly unwell.

Using medicines safely.
- Medicines were managed safely. Staff who had completed the relevant safe handling of medicines training were deemed as competent to undertake the task safely.
- Medicine administration records (MARs) were completed as required and signed to show people had received their prescribed medication at the right times. Where there were differences between people's MARs and their daily notes, the provider had already identified this and taken appropriate action.
- People told us they received their medicines at the right times.

Preventing and controlling infection.
- Staff had access to personal protective equipment, and knew how and when to use this.

Learning lessons when things go wrong.

- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of recurrence. For example, a number of previous medicine recording issues had led to the development of a new format MAR to make it easier for staff to use.
- Accidents and incidents were recorded and investigated thoroughly, and analysed to look for trends.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet.
- People received support with eating and drinking, where people had needs in this area.
- Eating and drinking care plans were personalised and included details of people's preferred way of being supported, such as what food people liked and how they liked to eat it.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.
- People received ongoing health care support. Referrals were appropriately made to health care services when people's needs changed. People said care staff contacted health professionals with their permission when their health had declined.
- Records showed staff worked with a range of community professionals to maintain and promote people's health.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
- People's needs were assessed before the service began to provide support.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate.
- People's needs were planned and reviewed regularly to ensure they received support that met their changing needs.

Staff support: induction, training, skills and experience.
- People and relatives we spoke with said they felt staff had the right skills to provide the care and support they needed. One person said, "Staff have had enough training. I feel safe when they use the hoist."
- Staff training in key areas was mostly up to date. The training officer told us some training had been due to take place in December 2018 but had to be postponed due to staff sickness. This had been rearranged for March/April 2019.
- Most staff we spoke with felt they had received enough training for their role. One staff member told us, "I've had enough training for my role. I think this is one of the best home care companies out there in that respect."
- Staff practice was assessed through regular spot checks or direct observations of the care they provided.
- New staff had completed an appropriate induction to the service.
- Staff received regular supervisions and an annual appraisal.

Ensuring consent to care and treatment in line with law and guidance.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- At the time of the inspection no one currently using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- Staff had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised and they understood the importance of gaining a person's consent before providing any care and support. One person told us, "They always ask me first before doing anything."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People told us staff were kind, caring and treated them with respect. One person said, "My two main carers are fantastic. All the staff treat me with kindness and respect." Another person told us, "Staff are very kind."
- Care plans reflected people's communication needs. Guidance was in place for staff to follow. For example, where people had a sensory impairment or other disabilities which affected their ability to communicate.
- People and relatives we spoke with were happy with the care provided. One person commented, "This is the only care company I trust. They've been brilliant."
- Information about people's religious and cultural needs was included in care records for staff to refer to.

Respecting and promoting people's privacy, dignity and independence.

- People told us staff knew their preferences well. One person told us, "I want to be as independent as I can. Staff know this and help me to maintain a level of independence."
- Staff understood the importance of treating people as individuals and referred to people in a respectful way.
- Staff spoke positively about their role. One staff member told us, "It's great making a difference to someone." Another staff member said, "It's rewarding knowing you've helped someone to stay in their own home."
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care.
- People's records were stored securely to maintain their confidentiality.

Supporting people to express their views and be involved in making decisions about their care.

- People were supported to express their views and were involved in making decisions about their care.
- The provider had a 'service user forum.' This had recently started to support people to express their views outside the usual annual survey and be involved in making decisions, such as staff recruitment. The registered manager said, "We hope to expand on the focus group so more people can be involved in decisions that affect them."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
- The provider was in the process of transferring to a new care plan format. The new format had been devised to make the care plans more person-centred, that is specific to the needs and wishes of the individual supported.
- Care plans were person centred, up to date and reviewed regularly. They were well written and contained detailed information about people's daily routines and specific care and support needs. Plans guided staff to focus on the person's wellbeing and what outcomes they wanted to achieve from their care package, such as to improve their confidence and to remain as independent as possible.
- Staff we spoke with knew people's needs and preferences well.
- Staff were responsive to people's changing needs. People said staff were observant and helped them recognise when changes needed to be made to their level of support.

Improving care quality in response to complaints or concerns.
- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff based in the office.
- People who used the service were given a copy of the provider's complaints policy when they started using the service. This contained clear information about how to raise any concerns and how they would be managed.
- People and relatives told us when they had raised concerns about anything this was dealt with quickly and to their satisfaction.

End of life care and support.
- Nobody using the service at the time of the inspection was receiving end of life care.
- People were asked about their wishes regarding end of life care at the time of their initial assessment and this was recorded in their care plan.
- Staff told us senior staff would liaise with other health professionals in the event someone needed palliative care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The management team demonstrated a commitment to providing good quality care.
- The provider was aware of their responsibility to be open in communications with people and others involved in their care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Managers and staff understood their responsibilities for ensuring risks were quickly identified and mitigated. Risks to people's health, safety and wellbeing were effectively managed through ongoing monitoring of the service.
- Staff performance was monitored during spot checks and discussed at supervisions, or before if issues were identified. Where performance issues had been identified the operations manager had acted promptly to provide additional support and training.
- CQC were notified of incidents and events as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People's feedback was sought regularly and acted upon.
- Staff meetings were held, although staff said these did not happen regularly as it was difficult to identify a time when the majority of staff could attend due to the nature of the service. Staff said they felt able to raise concerns at any time, either by speaking to team leaders or senior managers, or during supervisions.
- People, relatives and staff we spoke with felt the service was well-led. One staff member said, "[Registered manager] always makes time to chat and is supportive. They bend over backwards to help you and they're good if you've got personal issues."

Continuous learning and improving care.

- There was an effective system in place to check on the quality and safety of the service. All aspects of care were audited regularly.
- Actions arising from audits carried out by the provider and manager were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.
- People's feedback was sought regularly and acted upon. Comments gathered through the use of questionnaires were used to improve the service people received.

Working in partnership with others.

- Managers and staff worked well with external health and social care professionals, where needed.