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Premier Healthcare Solutions

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 this inspection on 14 March 2016. It was announced two days in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The service was last inspected in August 2014; we had no concerns at that time.

Premier Healthcare Solutions is a Domiciliary Care Agency that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in Hayle, Redruth, Camborne, Penzance and surrounding areas. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 28 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

People we spoke with told us they felt safe using the service and told us, "Its perfect [the service] I couldn't ask for anything more" and "I've got no complaints at all."

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Staff were aware of people's preferences and interests which enabled them to provide a personalised service. People and their relatives spoke well of staff, comments included, "The girls [staff] are well trained" and "The standard of care is very high." Care plans provided staff with clear direction and guidance about how to meet people's individual needs and wishes.

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People had a team of regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "They [the service] are very reliable" and "If staff are running late they [the service] always ring to let me know."

Staff had completed training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture in the service, the management team provided strong leadership and led by example. Management were visible and known to staff and all the people using the service. Staff told us, "The management are very approachable and supportive" and "I am proud to work for the company. I enjoy the wide diversity of service users and I believe we have a good solid group of carers, all of whom enjoy the job."

People and their relatives said they knew how to make a formal complaint if they needed to but felt that issues would be resolved informally as the management and staff were very approachable. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People, and their relatives, were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care

and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to raise a complaint about the service and reported that any concerns they raised had been resolved appropriately.

Is the service well-led?

Good

The service was well-led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People were asked for their views on the service. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Premier Healthcare Solutions

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 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.

This inspection took place on 14 March 2016 and the provider was given two days notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we met and spoke with the five people who used the service, three relatives, four members of the care staff, two senior care workers and the registered manager. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and commented, "Its perfect [the service] I couldn't ask for anything more" and "I've got no complaints at all."

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The registered manager recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. Staff had regular 'runs' of visits in specific geographical areas and when a space became available in 'runs' these were highlighted. This meant the management knew the location and times where new packages could be accepted.

A staff roster was produced every two weeks to record details of the times people required their visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes at the agreed times. If they were delayed, because of traffic or needing to stay longer at their previous visit, management would always let people know or find a replacement care worker if necessary.

People told us they had a team of regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "They [the service] are very reliable" and "If staff are running late they [the service] always ring to let me know."

The two senior care workers were on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of the hours the office was open.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the health and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. Staff told us management always informed them of any potential risks prior to them going to someone's home for the first time.

Sometimes the service took on new care packages at short notice. This meant that it was not always possible for a manager to visit the person's home and complete a risk assessment prior to a care package starting. In these situations a senior care worker carried out the first few visits. This enabled them to complete a risk assessment and pass any relevant information to other staff before they visited the person's home.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. There was a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. All staff had received training in the administration of medicines.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately. A summary of the service's safeguarding policy and the local reporting arrangements were in the staff handbook, which was given to staff when they started to work for the service. Different safeguarding scenarios were regularly discussed at staff meetings to help ensure staff maintained their knowledge and confidence to report abuse.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, "The girls [staff] are well trained" and "The standard of care is very high."

Staff completed an induction when they started employment. Premier Healthcare had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards in April 2015.The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. New employees were required to go through an induction which included training identified as necessary for the service, familiarisation with the service's policies and procedures. New staff worked alongside a more experienced care worker until such a time as they felt confident to work alone.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. Staff received regular supervision and appraisal from the registered manager or senior care worker. This gave staff an opportunity to discuss their performance and identify any further training they required. One care worker told us, "We have appraisals with our manager and hold area group meetings at least once a month."

Care plans recorded the times of people's visits. People and their relatives told us they had agreed to the times of their visits and staff always stayed the full time. A relative told us, "A few months ago some staff would leave early. When this was reported to the manager this stopped happening and there have been no problems since."

Premier Healthcare worked successfully with healthcare services to ensure people's health care needs were met. Care records showed staff shared information effectively with healthcare professionals, such as GPs and community nurses, and involved them appropriately. A relative told us, "Staff are very good. They noticed a red spot on [person's name] leg and let the community nurses know about it."

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes if they declined care.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 checked whether the service was working within the principles of the MCA.

Care records showed the service recorded whether people had the capacity to make decisions about their care. For example care records described how people might have capacity to make some daily decisions like choosing their clothes or what they wanted to eat or drink. Where the person may not have the capacity to make certain decisions record detailed who should be involved in making decisions on the person's behalf.

Good

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were very happy with all of the staff and got on well with them. Comments included, "We have consistent staff which is really marvellous", "They [staff] are all very helpful and pleasant" and "We have four main carers who cover most of the visits."

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. Staff were kind and caring towards them, comments included, "All carers are very professional and kind" and "Staff are absolutely brilliant."

During visits to people's homes we saw staff interacted with people in a caring and respectful manner. Staff were friendly, patient and discreet when providing care for people. People told us staff did not rush them and staff always stayed longer than the booked visit if they needed extra time. A relative said, "Staff often stay longer especially if [person's name] is not well."

Relatives told us that staff had often gone 'the extra mile' when they had been unwell or as a result of a sudden change in need. For example, one relative told us about a situation when the person receiving care had broken their leg. This resulted in the need for extra visits and two staff at each visit. The accident occurred during the Christmas period and staff availably was reduced due to annual leave. However, several staff cancelled their leave to ensure that all the additional visits could be covered.

People were able to make choices about their daily lives. Care plans recorded people's choices and preferred routines. Staff respected people's wishes and provided care and support in line with those wishes. One person told us, "Staff always do everything I ask." People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

There was a stable staff team and staff had a good knowledge and understanding of people. They were motivated and clearly passionate about making a difference to people's lives. Staff said, "We all work together as a team", "I would not want to do any other job" and "It's very satisfying making people's lives better."

People told us they knew about their care plans and a manager regularly asked them about their care and support needs so their care plan could be updated as needs changed. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Good

Is the service responsive?

Our findings

Before, or as soon as possible after, people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. People told us the registered manager had visited them to give them information about Premier Healthcare and agree the care and support they needed before or soon after their care package started.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care records gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This meant staff could read the section of people's care plans that related to the visit or activity they were completing.

Care plans were reviewed every six weeks or sooner if people's needs changed. These reviews were carried out with the person and their families. People told us a manager visited them regularly to discuss and review their care plan.

Staff updated care records in people's homes and advised senior care staff whenever people's needs changed. Any changes to people's needs were also discussed at regular staff meetings. People's care plans were updated by senior care staff in a timely manner to ensure current information about people's needs and wishes were available for staff. During the inspection we saw staff coming into the office to receive updates and pass on information to management about people's needs.

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff said, "Care plans are in all our clients houses and are very detailed about their needs and preferences" and "When we take on a new service user we receive a detailed email regarding them and what is to be expected."

The service was flexible and responded to people's needs. People told us about occasions when staff had responded to their changing needs by providing additional visits. For example, staff carried out additional tasks when the main carer for one person had to go into hospital suddenly. The relative, who was the main carer, told us staff took over and carried out the tasks they would normally do without being asked. When they were told about what staff had done it helped to relieve their anxiety about being away from the person their cared for.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. A relative told us, "I have no problem about phoning up and raising any concerns. When I have any issues these have always been dealt with."

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the running of the service. They were supported by the owners, two senior care works and an administrator.

The registered manager had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team. Staff were enthusiastic about working for the service. One worker said, "I am proud to work for the company. I enjoy the wide diversity of service users and I believe we have a good solid group of carers, all of whom enjoy the job."

People and relatives all described the management of the service as open and approachable. People told us, "Rather exceptional service which is why we use them" and "Management are good."

There were effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the registered manager only took on new work if they knew there were suitable staff available to meet people's needs. People told us they felt their staff had been matched to meet their needs and were complimentary about the service's recruitment practices. They also commented that when they had replacement staff they were of the same high standard. One person commented, "They [the service] choose their staff for their compassion and caring approach."

Staff received regular support and advice from management via phone calls, texts, e-mails and face to face individual and group meetings. Staff told us the management team were very supportive and readily available if they had any concerns. Staff told us, "The management are very approachable and supportive" and "The support from my seniors and manager is always there."

Staff were encouraged to challenge and question practice and were supported to make improvements to the service. Staff told us how they would often feedback to the office about different ways of supporting people and this was taken on board and changes made to people's care plans.

The management team monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. People and their families told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. People and their families were given questionnaires to complete regularly.

The senior care workers worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.