

Premier Community Care Limited

# Premier Community Care

## Inspection report

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Tel: 01388458991

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16 February 2023  
30 March 2023

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12 June 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Premier Community Care is a domiciliary care agency. The service provides personal care to younger adults and older people. It supports autistic people, those with learning and/or physical disabilities, sensory impairments, mental health needs and those living with dementia. At the time of our inspection there were 232 people receiving personal care from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

People received safe care and support in their own homes. Staff received training in safeguarding and knew how to protect people from the risk of abuse. People's individual risks were assessed and recorded. Staff reported accidents and incidents which were followed up appropriately and reviewed by the management team. The registered manager had effective systems and processes in place to ensure oversight of the safety and quality of the service. Most people and relatives were happy with the care and support provided. More staff were being recruited so there could be less reliance on agency staff and more consistency for people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care

When people showed behaviour which may indicate distress, staff knew how to offer care and appropriate support. Staff were recruited safely and people received support from a small team of consistent staff wherever possible. Medicines were managed safely and effectively. People's individual choices were recognised and respected.

### Right Culture

The registered manager encouraged an open and positive culture. The service was well managed and provided high quality, consistent care to people in their own homes. The registered manager had

established effective reporting mechanisms for staff responsible for key aspects of the service. This had improved communication and led to a more robust overview of the service. Effective quality monitoring systems ensured improvements were identified and acted upon for the benefit of people using the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (published 29 March 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Premier Community Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Premier Community Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

One inspector and 2 Experts by Experience conducted this 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 February 2023 and ended on 30 March 2023. We visited the service's office on 16 February and 30 March 2023.

#### What we did before the inspection

We reviewed information we had received about and from the service since the last inspection. We sought

feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, deputy manager, one of the directors, the training officer, the administration manager, the care planner manager, and the head co-ordinator. We contacted all care staff via email to ask for their feedback; we received 6 responses.

Two Experts by Experience spoke with 15 people who use the service and 12 relatives on the telephone on 22 and 24 February 2023.

We reviewed 12 people's care records, 20 people's medicine records and 3 staff recruitment files. We reviewed records and audits relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People felt safe when they were supported by a consistent staff team. When people were not supported by a consistent staff team, for example when agency staff were used, some people felt less safe. When we discussed this with the registered manager, they acknowledged that continuity of care was a constant challenge whilst trying to retain existing staff and recruit more staff.
- People and relatives we spoke with were understanding of the pressures the service, and the care sector as a whole, was experiencing. We found that agency usage for the size of the service and total hours of care provided, was relatively low. The registered manager had developed links with local colleges and job centres and was working closely with them to recruit new staff with positive results.
- People said home visits mostly happened on time and lasted the correct duration. People told us if staff were running late, they were usually informed of this, but they understood if staff were absent due to last minute sickness or if staff were supporting a person in an emergency situation.
- Safe recruitment practices for staff had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care.
- Staff recorded all support provided via an app on their mobile phones. Key information about people's needs and how they liked to be supported was stored in the app so staff could easily access this. Some relatives told us how much they liked being able to access their loved one's calls on this app, so they could check if staff had been.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe. One person told us, "My regular carer is consistent and they're very good." Another person said, "I have good interaction with my carers. We have a laugh and a joke and they are very caring, in fact they are like family to me. They protect my privacy and dignity when washing me and encourage me to do as much as I can for myself." A relative said, "All the carers who have come have been competent and I feel [family member] is very safe."
- Staff had completed safeguarding training and had access to relevant policies and procedures. They understood how to raise any concerns about poor practice.
- The management team and staff were clear about when to report incidents and safeguarding concerns to other agencies.

### Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks associated with people's care were identified and managed safely. People said staff were good at alerting them to trip hazards in people's homes and ensuring people's mobility equipment was close at hand for people to use, which made them feel safe.

- People's care plans included risk assessments about current individual care needs and their home environment. Control measures to reduce risks, such as trip hazards, were set out in care plans for staff to refer to.
- There were systems in place to reflect on events and ways of working. Staff were encouraged to share their learning and discuss best practice.

#### Using medicines safely

- People were happy with the way they received their medicines.
- Medicines were administered safely. People's care plans included information about how to support them to take their medicines as prescribed. People received their medicines when they needed them.
- Staff completed training in medicines administration and their competence to administer medicines was assessed regularly.
- There were robust processes in place to check medicines administration. Where there had been issues, for example with recording, these were identified promptly and appropriate action had been taken.

#### Preventing and controlling infection

- The provider had relevant policies in place to support effective infection prevention and control.
- Staff completed training in infection prevention and control.
- Staff had access to appropriate personal protective equipment.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us the service was mostly well managed and they were happy with the care provided. Permanent staff knew people well and supported them to make decisions about care and support.
- The provider used various electronic systems to record information about people's assessed care needs, capture any risks and share updates about changes in people's presentation so these could be acted upon.
- Staff were committed to promoting positive outcomes for people who used the service. Staff were familiar with the aims of the service and the quality of care expected. Staff told us the management team were approachable and supportive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

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

- The management team undertook a range of regular audits and checks to help ensure high standards were maintained. All aspects of the service, including spot checks on staff practice and people's safety were monitored. Where further improvements were identified these were acted on promptly.
- The management team understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities in a timely way.
- Staff were clear about their roles and responsibilities, and knew how to contact managers for support, and when to raise concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- The registered manager was open and responsive to our inspection feedback. They were passionate about the service and committed to continuous improvement.
- The provider was committed to protecting people's rights regarding equality and diversity.
- People's feedback was sought and acted upon.

## Working in partnership with others

- The service worked in partnership with other professionals and agencies to enable effective co-ordinated care for people.