

Premier Care Services (EG) Limited

Premier Care Services

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 Care provides personal care to people living in their own homes in the community. It provides support to older people including those with physical disabilities and sensory impairments. At the time of the inspection 68 people were receiving personal care.

People's experience of using this service:

Without exception, people and their relatives were very positive about their experiences of Premier Care. One person told us, "They understand me well. I am totally involved in deciding what they do and they always ask my consent. They are excellent."

Systems continued to support people to stay safe and reduce the risks to them. People told us they felt safe and knew who to contact if they had any concerns and how to raise a complaint. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There were enough staff to support people safely and the registered manager had safe recruitment procedures and processes in place.

People received their medicines safely and on time. Staff were trained in administering medicines. People knew what their medication was for and told us they felt reassured by the support with their medicines. People were protected by the prevention and control of infection. Staff wore gloves and aprons when supporting people.

People were supported to maintain their health and had support to access health care services when they needed to. 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.

Without exception, people and relatives told us that staff were kind and compassionate and we observed friendly interactions between staff and people. Staff had a good understanding of the care and support needs of people and had developed positive relationships with them. People were supported to live as independently as possible and told us that their needs were met.

The service was a family run business and had a strong person-centred culture. Quality assurance systems were in place to monitor the service and drive improvements.

More information is in Detailed Findings below.

Rating at last inspection: Outstanding (report published on 1 December 2016). At this inspection there was not enough evidence to support a continued rating of outstanding in the key questions of Caring and Well-led.

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

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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 was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Responsive findings below.

Good ●

Premier Care Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This comprehensive inspection was carried out over two days by one inspector and an expert 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. The expert at this inspection had experience of caring for older people.

Service and service type:

Premier Care Limited is a domiciliary care service, which provides personal care and support services for a range of people living in their own homes. 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:

This was an announced inspection. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff and people would be available to talk to us.

What we did:

Before inspection:

We reviewed information we had received about the service since their 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection:

We spoke with eight people who used the service and nine relatives about their experience of the care provided. We spoke with six members of staff including the, registered manager who was also the provider, operations manager, care coordinator, office coordinator and care workers. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from three health and social care professionals.

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

- Systems continued to ensure staff had the right guidance to keep people safe from harm. People told us they felt safe. One person told us, "I am absolutely safe. I look forward to the staff coming, they are so nice, and I am never rushed. Before they leave, they always ask if there is anything else that they can do."
- Staff had access to guidance to help them identify abuse and raise concerns in line with the providers policies and procedures.
- Staff received safeguarding training and knew the potential signs of abuse. One member of staff told us, "I would record the information onto the system. Check for bruising, talk to the person and reassure them. Telling the person that I would need to pass it onto the office and explain that I can't keep secrets." Staff were confident to call the emergency services if the person needed medical attention or if a crime had been committed.

Assessing risk, safety monitoring and management

- Risks to people were assessed and their safety was monitored and managed to support people to stay safe.
- Staff supported people to stay safe. One member of staff told us, "When visiting people, I will assess their home for trip hazards and if there are cleaning products left open I will put them away."
- Care plans detailed people's individual risks and gave clear guidance to staff highlighting how the person should be supported to minimise the potential risk such as, medication, falls and moving and handling. The registered manager gave an example, where one person's mobility was poor but wanted to have a bath. The registered manager contacted the Occupational Therapy Team to carry out an assessment and ensure the person had the right equipment. By following the occupational therapist's guidance, and putting in place a risk assessment, the person was able to have a bath twice a week.
- Staff supported people to take positive risks and gave an example, where one person enjoyed going to local charity shops, staff highlighted if it has been raining and remind the person take an umbrella and wear appropriate shoes and clothing.
- Risks associated with the safety of the person's home and equipment were identified and known to staff. For example, how to evacuate the person in the event of a fire.

Staffing and recruitment

- The service had sufficient numbers of suitable staff to support people to stay safe and meet their needs. People told us, staff visited at the agreed times and how they never felt rushed during their care call.
- The registered manager did not use any agency staff and used an electronic app to monitor the number of hours required for people. They told us, "Staffing hours are entered, and caps can be included if staff don't

- want to work more than 35 hours week. The systems allow for holidays, sickness, days off and preferred days of working. It works out staff travel time to ensure that people get their full care hours and that there is enough time to get to the next person." Staff told us that changes to the rota were communicated by phone.
- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
 - Staff recruitment folders included, employment history checks, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the health and social care sector such as Disclosure and Barring Service (DBS).
 - New staff completed an induction, this included a competency checklist to ensure staff were safe and competent to work with people.

Using medicines safely

- The provider ensured the proper and safe use of medicines by staff who were trained and competent to do so. Staff received regular training to ensure their practice remained safe. People told us, they received the support with medication when needed.
- Staff followed policies and procedures to support the safe storage, administration and disposal of medicines. There was guidance for administering 'as and when' required medications.
- We checked the Medicine Administration Records in a person's home and found these were correctly recorded.

Preventing and controlling infection

- People were protected from the risk of infection. People told us that staff always used Personal Protective Equipment (PPE) such as gloves and aprons and we observed this in practice. One person told us, "Staff always use gloves."
- Staff had training in infection prevention and control and information was readily available in relation to cleaning products and processes. One member of staff told us, "I keep people safe from infection by ensuring I have three flannels to use for people's different body parts, when giving personal care. I regularly change the water and my gloves."

Learning lessons when things go wrong

- Systems were in place to record and identify lessons learned and improvements were made when things went wrong.
- Incidents were discussed as they happened with staff and where appropriate additional training was sought where medication errors occurred, for example.
- Staff understood their responsibilities to raise concerns, record incidents and near misses.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out a pre-assessment before people received care from the service. This assessment helped to form the person's care plan and to understand their care and support needs, including their background, interests, hobbies and preferences. For example, people's care plans outlined the tasks that needed to be completed at each care visit and their consent to care.
- People and relatives told us, they were confident that staff understood their needs, and confirmed that staff sought consent before carrying out care and support.
- Protected characteristics under the Equality Act (2010), such as religion and disability were discussed and recorded as part of this process, if people wished to discuss these. One member of staff told us, "I treat everyone as an individual regardless of their disability, gender or religion."
- People used technology to support their independence. Some people had access to technology such as tablets and mobile phones to keep in touch with friends, family and communicate with the service. Some people had other assistive technology such as a 'care pendent'. This meant that people could remain in their own homes, with the knowledge that they always have somebody to help them in an emergency.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction and training programme and had access to face to face and online courses. One member of staff told us, "Always learning and get certificates. We have a mixture of e-learning and classroom-based training."
- The registered manager had good systems to monitor training to ensure staff training was up to date and staff received regular refresher training. Staff received training in key areas such as, moving and handling, safeguarding, medication and health and safety. The registered manager told us, "We have recently had dementia training where staff used different types of sensory equipment and shoes. This helped staff to experience some of the effects that dementia can have on people and what signs to look out for."
- People and relatives told us they thought staff were knowledgeable and skilled.
- Staff received regular supervision and told us they felt supported on a day to day basis.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. Where people needed support with eating and meal preparation, this was detailed in their care plan. One member of staff told us, "I liaise with the person and their family to ensure they have fresh fruit and veg. I always make sure people have fresh water and I sit and have a cup of tea with the person to encourage them to drink."

- Staff knew to report and record any risks to people's nutrition and hydration and seek appropriate advice from the GP to ensure staff supported people effectively. Staff told us that if people have out of date food in the fridge they highlighted the risks to people, so they could make an informed decision about throwing the food away.

- The registered manager told us, "Through the electronic system we are able to send out instant messages asking staff to leave extra drinks out particularly in hot periods and to monitor people's fluid intake."

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and relatives told us they were regularly updated if there were changes in their family member's health and wellbeing.

- A member of staff gave an example, where they recognised that the person was not their normal self and knew something was wrong. They felt the person's forehead and back and found them to be very clammy and disorientated. They checked the person's leg as they were known to have an ulcer which was very hot. The staff member immediately contacted the emergency services who diagnosed sepsis. The relatives and person contacted the office to say thank you and acknowledge that the member of staff saved the person's life.

- Staff's knowledge of people and their good working relationships with other professionals ensured they received treatment in a timely way, reducing the risk of any further complications to their health. One health professional told us, "I feel they are an excellent care agency. Whenever my sessions have crossed over with their visits they demonstrate professionalism and are very caring towards the client."

- People were supported to live healthier lives and had access to healthcare services and support to receive ongoing healthcare. Referrals to and visits from healthcare professionals were found in people's care files with detailed guidance for staff on how to provide care and support following advice from district nurses and GP's.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

- Staff had a good understanding of MCA and were aware of their responsibilities to enable person-centred care.

- The providers policies and systems in the service supported this practice.

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

- There was a strong person-centred culture within the service. Without exception staff treated people with the highest regard, respecting their individuality and diversity. One person said, "They make me feel important." A relative told us, "They are very kind. If there is a problem the staff will always pop in outside their allotted hours at their own expense, this is outstanding."
- Staff had developed warm, compassionate and empathic relationships and we received feedback from people and relatives which supported this. One relative said in a thank you card, "If it was not for the professional commitment from everyone at Premier, I would have been unable to relax in the knowledge that mum was safe in her own home."
- People and relatives were positive about the quality of care support provided. There was great attention placed on matching the right staff to people to ensure compatibility. Staff spoke affectionally about the people they supported and knew people well. This enabled staff and people to build positive relationships with one another. One member of staff told us, "I find people's history so interesting and try and find a common interest. I sit down and have a chat with the person, as some people don't see anyone else all day. This means a lot to them."
- People were supported to maintain their identity and personal appearance, in accordance with their own wishes. People and relatives told us how, the service exceeded their expectations and consistently went the extra mile to ensure that people received the utmost care and support that was personalised to their needs.
- Staff knew people's preferences and used this knowledge to care for them in the way they liked. One person told us, "They are so kind and caring. They make me feel really good, because they do exactly what I want." One relative told us, "They think of everything and will always go the extra mile, like putting the shopping away."
- Staff had a good understanding of equality, diversity and human rights and people's differences were respected. For example, the registered manager told us, how they adapt calls to enable people to attend church to observe their faith.

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

- People and relatives were actively involved in making decisions about their care, support and treatment and given plenty of opportunities to express their views. The registered manager attended meetings with people and professionals when there was a change to their care and support needs. This ensured that the registered manager kept abreast of people's changing needs and maintained a good understanding of people's views, preferences and wishes.
- People and relatives were at the heart of developing their care plans and felt included in decisions about

their care and support, involving other care professionals, such as GPs, specialist nurses and social workers where possible. One professional said, "I would have no hesitation in recommending this agency to my patients."

- People and relatives spoke highly about communication from the office which enabled them to be fully involved and understand the decisions made about their care.
- Information was available to people and relatives about local and national services such as dementia UK, to support people and relatives in accessing further support and guidance.
- The service had a key worker system in place where staff were responsible for working with certain individuals, so they could build up a relationship with them. This meant that people had a named person to liaise with and express their views to.
- People communication needs were considered throughout, and staff adapted their communication to overcome communication barriers with people. One member of staff told us, "I will sit beside people with communication difficulties to explain things, giving them reassurance and holding the person's hand to explain."

Respecting and promoting people's privacy, dignity and independence

- People told us, staff respected their privacy and treated them with respect. Staff gave examples of how they respected people's privacy by ensuring they closed the doors and curtains when supporting with personal care and giving people space when needed.
- People's independence was actively promoted to give people greater confidence and increase their self-esteem. Care plans provided guidance to staff to promote people's independence and staff had a good understanding of the importance of supporting people to remain independent. For example, one person was unable to feed themselves. Once they had regained their strength through rehabilitation they mentioned to staff that they would like to feed themselves again. The registered manager liaised with their relative, the Speech and Language Team (SALT) and Physiotherapist for an assessment and specialist equipment to help the person regain some of their independence.
- People and relatives were highly complimentary about the staff and registered manager and how they responded to people's individual needs during times of emotional distress and change. For example, one relative whose mother had passed away, praised the service for their love, support and care in what had been a very difficult time for the whole family.
- People's private information was secure. Care documentation was held confidentially, and sensitive information was stored securely in the office which was locked when staff were not present.

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

- People received personalised care that was responsive to their needs. People, their relatives and healthcare professionals told us they were involved in developing and reviewing care plans. One relative told us, "I am fully involved in the care plan. I am sure they would take concerns seriously. The managers come around regularly to check and when we asked for extra help, the manager herself came to provide it."
- One member of staff told us, "I read through the care plan and previous diary notes. I build a rapport with the person and this helps me to ensure that I am supporting the person in the right way."
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed.
- People were encouraged and supported to pursue their interests and hobbies, and these were detailed in people's care plans. One member of staff gave an example, where one person loved doing crosswords, so the member of staff would sit with the person to do crosswords, which improved their well-being. Another member of staff told us, how they take people to the local garden centre and local coffee shop.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
- People's communication needs were identified, recorded and highlighted in people's care plans. For example, if people had a physical or sensory impairment and how the person should be supported. The registered manager told us how they had used a flip chart in the past for the person to point to express their wishes.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary.
- People had a copy of the complaint's procedure in their home. The registered manager told us, how people do not often make complaints, but may have little niggles, such as reminding staff that they need to take the rubbish out.
- Systems were in place to manage and responded to complaints in a timely manner. Since the last inspection, the service had received one complaint. The registered manager responded to the complaint quickly and the person was satisfied with the outcome. The complaint was then discussed at a team meeting to look at lessons learnt and reinforce good practice.

End of life care and support

- At the time of the inspection, one person was receiving end of life care and was supported to make decisions about their preferences and wishes for end of life care.
- People were supported by staff who were trained in end of life care, who were skilled and competent to support them.
- People's wishes for resuscitation was recorded and known to staff. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation.

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager placed high value on providing good quality care and staff knew people well to deliver person centred care and support. One member of staff told us, "I want people to be cared for like I would for my mum and dad. We are like one extended family."
- A relative told us, "The whole service is so good. It is so comforting to know that they will never let us down. We had good feelings right from the start. They take a real interest in my mother as a person, and as an individual. It has been a lifeline for us." One person told us, "I cannot speak more highly of them."
- The provider promoted a service that was fair, transparent and open. One member of staff told us, "I can always talk to the registered manager because they have an open door. I like that it is a family run business and they look after me."
- The registered manager carried out quality assurance audits to ensure good quality care was maintained and identify any trend and patterns forming. For example, people's care plans were audited monthly to ensure they reflected people's current need and any changes in their care.
- The provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- One member of staff told us, "I have worked for the service for 11 years and nothing is swept under the carpet. The registered manager regularly reinforces to staff that any mistakes made must be shared straight away, as we are all human and mistakes happen, and things can be put right."

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

- Staff understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles.
- Regular spot checks were carried out by the care coordinator to ensure that staff were providing good quality care.
- Each staff member was given an 'employees manual' which included key information, policies and procedures to support staff in understanding their role and responsibilities. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager understood the regulatory responsibilities of their role and notified CQC

appropriately, if there were any incidents or events that took place at the service.

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

- People, relatives and visiting professionals were given opportunities to be involved, through daily feedback with staff and regular reviews about their care. One member of staff told us, "We monitor people through visits and ask key questions about what we could do better. People are encouraged to phone and let us know about any changes. We have excellent relationship with families."
- The service had systems in place for people, their relatives, staff and professionals to take part in yearly surveys. The quality assurance questionnaires were analysed to highlight areas for improvement and we found the feedback from people, staff and relatives were extremely positive.
- Staff meetings were held regularly, and staff used people's daily communications books to share key information about the person with other staff.

Continuous learning and improving care

- The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and had introduced a three-year business plan to develop the service further in areas such as; working with local schools and colleges to increase awareness of working in social care and organising social activities to reduce loneliness and improve people's health and wellbeing.
- Systems were in place to continuously learn, improve, innovate and ensure sustainability. One staff member told us, "We can make suggestion for example, if people need more time allocated the registered manager will speak to families to discuss."
- Staff were encouraged to make suggestions and explore new ideas to support people. Staff told us they felt listened to and valued.
- Staff were rewarded for their commitment to the service through a range of benefits and rewards from the provider.

Working in partnership with others

- Staff worked in partnership with people, relatives and other organisations to ensure people's needs were met. Staff worked closely with a range of professionals and community organisations, such as GP's and district nurses. The operations manager gave an example, where one person's body was becoming very rigid, so they contacted the GP for a medication review and spoke to the occupational therapist to request a review of moving and handling equipment.
- The registered manager kept abreast of local and national changes in health and social care, through Skills for Care, the Care Quality Commission (CQC) and government initiatives. This information was shared with staff to keep them updated.