Premier Homecare Limited

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Inspection report

24 Canford Lane
Westbury-on-Trym
Bristol
BS9 3DH

Tel: 01179592013

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Outstanding** ☆
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Good** ●
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

The inspection took place on 29 August 2017 and was announced. When the service was last inspected in May 2015, there were no breaches of the legal requirements identified. The service was rated as good.

Premier Homecare Limited is based in Bristol and provides personal care and support to people living in their own homes. At the time of our inspection 102 people were receiving personal care.

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

Where people were supported with medicines, we found they were managed safely. Risk assessments and risk management plans were detailed and fully completed.

People's care records were highly personalised, with clear evidence of people's involvement and that choices and preferences were fully taken into account.

Audits were in place to identify shortfalls and actions were fully completed to make any necessary improvements.

Safe recruitment procedures were followed before new staff were appointed. Appropriate checks were undertaken to ensure staff were of good character and were suitable for their role. The staff induction programme was comprehensive. Staff views were very positive about the support, guidance, training and supervision they received.

People were cared for in a kind and respectful way. People were supported to maintain their health and the service liaised with other external health professionals when needed.

People who used the service, relatives, external health professionals and staff all spoke highly of the leadership and management of Premier Homecare.

The providers showed how they responded positively to feedback and made consistent and continuous service improvements. They worked in collaboration with other professional bodies and within the local communities to enhance and improve the quality of service for people living in their own homes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding ☆

People were safe and protected from abuse because staff knew how to identify, report and act on any concerns they may have.

People were fully protected because risk management plans reduced or mitigated the risks associated with their care and with their environment.

Accident and incidents were always reported and recorded and sufficient actions were taken when needed.

Arrangements were in place to make sure where they needed support, people received medicines appropriately and safely.

People received care from staff they knew and trusted.

Good recruitment practices protected people from the employment of unsuitable staff.

Is the service effective?

Good

The service was effective.

Staff received induction and refresher training. Staff were supported with regular staff supervision, and their performance was regularly monitored.

People were protected by the principles of the Mental Capacity Act.

People were supported to eat and drink a balanced healthy diet based on their needs and preferences.

People had access to, and were appropriately referred to health professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and who delivered care in a kind, respectful way.

People's dignity and privacy was maintained.

Positive relationships had developed between the owners, managers, staff, and people who used the service and their relatives.

Is the service responsive?

Good

The service was highly responsive.

People were involved in their assessments. Monitoring and reviewing of care was accurately recorded.

Care plans were personalised and detailed and people were always involved in reviews of their care.

People were supported when they moved services, and changes to their plans of care were made in response to changes in their condition.

There were arrangements in place for people to raise their complaints and to have these listened to, taken seriously and addressed.

Is the service well-led?

Outstanding

The service was exceptionally well-led.

People were fully protected by the provider's auditing and monitoring systems.

People and relatives felt able to express their views and provide feedback.

There was a registered manager in post and robust arrangements to provide consistent leadership, direction and guidance for staff.

The providers worked with and provided support in the local community.

Premier Homecare Limited

Detailed findings

Background to this inspection

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

The inspection was carried out 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 service.

The inspection visit took place on 29 August 2017 and was announced. We gave the provider 48 hours' notice because the service is a domiciliary care agency and we wanted to make sure that staff would be available at the office to assist us with our inspection. We also wanted to give the provider time to seek agreement from people and their families that we could contact them and obtain their views and experience of the service.

Before the inspection we reviewed the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service such as from statutory notifications. A statutory notification is information the service is legally required to send to us about significant events.

On the day of our visit and the following day, we spoke with 11 people and nine relatives of people who used the service.

We spoke with the two owners/providers, one of whom was the registered manager. In the report we refer to the provider and the registered manager. We also spoke with the general manager and 13 staff that included the human resources officer, rota coordinator, helpdesk staff, on call staff and support workers. We received feedback from four external health professionals who had experience of working with the service.

We read the care records for six people and reviewed medicines records. We checked staff recruitment files, rotas, induction, 'spot checks,' supervision and training records. We reviewed records relating to the

management and monitoring of the service, such as policies and procedures, accident and incident records, quality assurance audits and checks, records of staff meetings and feedback from people using the service and their relatives.

Outstanding ☆

Is the service safe?

Our findings

People told us they felt safe with the support workers who visited them in their homes. Comments included, "My carer lets herself in with the key safe…as soon as she is through the door she will call up so I recognise her voice and aren't worried in case it's somebody coming in who shouldn't be. She has always made sure the door is securely locked before leaving me as well", "When they [support workers] are here, I feel like they really value me and that I'm secure and protected". A relative told us, "So I called the office and spoke with one of the manager's and explained I was afraid Mum would have an accident if we couldn't find a solution to the problem and they very kindly moved a carer so mum could have the earlier call that was needed."

The provider demonstrated how they took care to make sure the service people received was safe. They looked for ways to continually improve safety for people using the service and for staff. They worked closely with people, relatives, external health professionals and other local services such as the local fire and rescue service. For example, they had worked in collaboration with the local fire and rescue service to help improve fire safety for people they supported. People were asked if they would like to receive a free home safety check from the local fire and rescue service. The staff completed and sent the form to the fire service on the person's behalf. At the time of our visit, 48 requests for fire safety checks had been made.

We received positive feedback from people using the service when we asked about staff punctuality, reliability and length of visits. No one we spoke with had experienced a missed call. We were told that care staff arrived on time, and on the rare occasion they were running late, someone from the office or the member of staff themselves would call to let the person know. Comments included "They [care staff] are all extremely prompt and are never more than a couple of minutes late. If anything, they usually stay a bit longer than they are supposed to. They always make a point of writing in the records every time they are here and I've never experienced any missed calls. If someone goes sick, the office will call and tell me who will come instead" and, "I have to take my time these days as I can't really be rushed with the shower, but having said that, I don't think any one of my carers has ever tried to make me go quicker than I want to. On the rare occasion when my carer has got caught with a previous client who has been taken ill, the office has called me to make sure that I'm alright and then to see if I can wait until she's free, and if I've an appointment on that day, then they will always send me somebody different so I don't miss it."

There were safeguarding policies and procedures in place. Staff had received training and understood their responsibilities with regard to safeguarding people from harm and abuse and for reporting any concerns. A member of staff told us, "With Premier, there is always someone to call, whatever time of day, even when the office is closed. So, if I was worried about someone I would just pick up the phone. If it was serious, I could also call the police or contact the local authority if needed." We spoke with senior staff who told us they actively encouraged people using the service and staff to speak up if they had any safety concerns.

We read records relating to a recent incident that occurred when staff arrived at a person's home for their planned visit. Workmen had also arrived at the person's home to undertake building works. The member of care staff challenged the workmen and raised concerns with the office staff and with the family because they felt this was unusual, in that they had not been notified of any planned building works. The person's

relatives confirmed that no work had been arranged. The workmen did not undertake the works and commented to the member of staff they may have had the incorrect address. The member of staff demonstrated their understanding and responsibility for helping to safeguard and protect the person from potential harm and abuse. This meant the person was supported by staff who had recognised and taken action in response to a situation where a person's safety may have been at risk.

We spoke with a senior member of staff and read the care records for one person who had received support and assistance from care staff after police had broken their door to gain entry after being alerted to a potential emergency situation. The person was not harmed. The staff at Premier Homecare supported the person to make their home safe. The general manager and care staff arranged for actions to be taken. This included relocation of the key safe for the person's home and cleaning up the damage caused by the forced entry. The person's friend had written after the incident, 'Thank you for your prompt and efficient handling of this rather worrying situation and for putting [name of person using the service] safety and comfort first.'

Risk assessments were completed and risk management plans were in place. They were updated in accordance with the provider's guidance that monitoring and reviewing of risk assessments 'Needs to take place as necessary as a result of findings or mishap, or annually as policy'. These included risks associated with mobility, moving and handling, eating and mealtimes, administering medicines and use of equipment such as hoists. Risk management plans were comprehensive and provided clear guidance for staff. A relative of one person who was supported with the use of a hoist told us, "It is such a relief to me that I don't have to worry about [person using the service] safety and I have peace of mind." The records showed that risk management plans had reduced risks within peoples' homes. These included the changing of unsafe kitchen lighting that had caused burn marks to a ceiling and rugs being replaced where trip hazards were identified.

Meetings were held with the relatives, external health professional and Premier Homecare staff to discuss risk management plans where significant risks of harm were identified. For example, the relatives of one person were concerned that the person, when alone, may be harmed by hazards in the kitchen, such as scalding water and sharp knives. The records showed that senior staff had agreed to provide support to keep the person safe, whilst acknowledging and taking into account the persons rights and wishes. An interim risk management plan, to increase the care staff hours was proposed, to help keep the person safe when relatives were not at home.

Accidents and incidents were reported and recorded on incident and accident forms. There was clear guidance for staff and an additional form to complete when an accident, such as a fall had occurred. We looked at the forms in use. They were fully completed and included a section that was signed off by the registered manager or the general manager, together with the outcome or confirmation of further actions or if an action plan was required. A relative told us, "Mum unfortunately had a fall only last week. They [care staff] called the paramedics straight away and thankfully she hadn't broken anything so they were able to keep her at home. The carers wrote everything down in her records as well as ringing the office because then I received a call from the office telling me what had happened and that I wasn't to worry because they [Premier Homecare] would leave somebody there sitting with her to make sure she was alright. It took a great deal off my mind, particularly because we were on holiday abroad at the time."

People's medicines were safely managed. A relative commented, "Mum has help with her tablets. They come in a dossett box and they [support staff] give these to her with a drink and once they've watched her take them, they write it down on the chart." Risk assessments were completed and these identified possible hazards with peoples' medicines, such as risks associated with incorrect dosage and adverse reaction to medicines. A method statement included in each risk assessment confirmed the principles of good

medicines management. It confirmed that support staff were trained to administer medicines and provided reminders of unacceptable practices, such as the crushing of medicines or mixing with food and drink unless specifically authorised protocols were in place.

Specific guidance and instruction for staff was recorded. This provided detail of the support, assistance, prompting or administering people required with their medicines. The care records described in detail how each medicine was to be taken. For example, 'On arrival (at person's home) administer dossett box medication, should be taken 60 minutes before food, after which, breakfast can be served.' The records also confirmed peoples' preferences such as 'prefers to take medicines with a glass of milk.'

Another person needed support with their medicines, as they were sometimes unable to recall when they had taken them. The explicit and detailed guidance for staff ensured the person was not at unnecessary risk, whilst their independence was encouraged.

We looked at the medicine administration records sheets (MARs) completed for the month before our visit. We spoke with the senior helpdesk member of staff who had responsibility for identifying, monitoring and addressing shortfalls in medicines management. They showed us where they had identified gaps in recording. For example, one MAR showed that staff had not recorded the cream they had applied to a person's skin. The senior member of staff reviewed the completed MARs each month. A 'threshold' had been agreed with the provider whereby staff who failed to accurately complete the MARs on a number of occasions were required to complete a refresher training session. This had resulted in a reduction in the number of 'gaps' or staff signature omissions on the MARs.

One health professional commented positively about additional tasks Premier Homecare agreed to undertake to help keep people safe in their homes. They gave an example of when people were having dosages of medicines adjusted to provide optimum effect for their individual needs. The staff supported this by prompting and reminding people that their medicines may have been changed. The health professional told us staff were very clear about what was expected of them, instructions were clearly discussed including the circumstances when it may be necessary for staff to raise or report concerns.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. We spoke about staff recruitment with the provider's human resources officer. They told us the provider recognised the importance of making sure they completed robust procedures to ensure they recruited 'the right staff' to work for Premier Homecare. These included assessment of verbal and written language and communication skills. We saw that many staff had been in post for a number of years.

The recruitment files we inspected showed that appropriate checks had been carried out before staff started work. Clearances from the Disclosure and Barring Service (DBS) had been obtained. A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. References had also been sought from previous employers and in particular, when past jobs had been with another care provider. Employment histories were requested and the reasons for any gaps explored at interview.

We spoke with a member of staff employed as a rota coordinator. They told us they had a waiting list of people requesting the services of Premier Homecare. The member of staff told us, "We're always honest with people about what we can do now and what we may be able to do in the future." They showed us how they planned and distributed the staff rotas to people using the service and to staff, in advance. Another member of the staff team was responsible for making changes needed for the current week. A relative had written feedback that included, 'My mum is sent the rota telling her what time the carers will arrive and who is

visiting. She knows exactly who to expect, giving her peace of mind and reassurance. When additional visits were needed in the evening, again, Premier responded quickly.'

Records were maintained of staff arrival and departure times, and the general manager monitored staff attendance. We spoke with a member of staff employed solely to provide out of hours and on call support to staff. The member of staff told us, "Last weekend, a member of staff had a car breakdown. It wasn't a problem. We had three staff on call as back up if needed, so everything was covered and no one had a late call." The member of staff also told us, "I saw the difference when I first started working here, real professionalism with Premier" and that the general manager was "Always checking." They said this was to make sure the service operated to a high standard and that people received care and support when they needed it.

Business continuity procedures were in place to make sure the safety of staff and people using the service could be assured in the event of an emergency situation, such as adverse weather conditions.

People could also feel confident that if they were not totally satisfied with the care staff allocated to provide their care and support, their views would be respected. One person told us, "I think I've only had one carer, in all the time I've been with the agency, who I have not necessarily got on very well with, and it was nothing to do with the quality of their work, just a personality clash. I spoke to [name of registered manager] at the agency, and she was very good and made no bother about the fact I had brought it up and I have not seen the particular carer since. I certainly was never made to feel guilty about having the conversation in the first place."

We spoke with staff who told us they were provided with adequate supplies of personal protective equipment (PPE). They told us they had received training so they were aware of what they needed to do to help prevent or control the spread of infection.

Staff told us they felt safe and supported in their roles and as lone workers they received sufficient support and guidance to help keep themselves safe. The provider's lone worker risk assessment stated, 'Premier Homecare has an absolute duty to provide and maintain a safe environment for employees; we have to make sure that 'Lone Workers' are at no greater risk than any other member of staff. We must ensure all measures are taken to ensure personal safety; also putting in place a range of measures to reduce the likelihood of incidents occurring, including making sure employees also take responsibility for their own personal safety.' A range of possible hazards were identified and a method statement provided safety guidance and prompts for staff.

Good

Is the service effective?

Our findings

People received an effective and personalised service from staff who understood their needs and promoted their independence. People spoke positively about the staff who supported them. They told us that staff were well trained and, without exception, that all staff were able to meet their needs. One person told us, "I certainly think the carers are trained enough for my needs." A relative told us about their daughters medical condition and said that, "Her carers have taken the time and have been very patient, getting to know her and how to interpret her body language, facial expressions and the like. She always has a smile on her face when they arrive and she also has a big grin when they bring her back home. She couldn't maintain independence without them."

We received very positive feedback from the four health professionals we contacted. Feedback included, 'I have, on occasion contacted the manager to ask for extra tasks for the carers to perform during their visits to patients. This would include daily weights for patients with heart failure" and, "The manager has always been very helpful, the carers have always completed any requests, and will always inform the team of any concerns. This really enables good, shared care, which in my opinion, all benefits the patient." Another health professional told us that they were not allowed to recommend any particular organisations, but commented that Premier Homecare, 'Have always provided an outstanding service to all my service users who have used them.'

When new staff started in post they completed an induction programme. The programme incorporated the Care Certificate, a national training process introduced in April 2015, designed to ensure staff were suitably trained to provide a high standard of care and support. All new support staff were allocated a senior support worker as their mentor. The role of the mentor was to support new members of staff through their three month induction programme. Staff completed mandatory training, for example, fire safety, infection control, moving and handling, nutrition and hydration, safeguarding and Mental Capacity Act. Staff then 'shadowed' experienced staff for a period of two weeks. During this time new staff were monitored and their progress was recorded. This meant that specific support needs could be identified and addressed. A relative said, "I like the fact that she's not sent a new carer without being introduced to them first and usually they will shadow one of mum's carers before coming on their own."

Regular meetings were held with senior staff during the induction period. Further training was provided throughout the induction period to enable the new member of staff to safely perform their roles. For example, medicines management training and specific care task training such as catheter cleaning procedures.

Many of the staff we spoke with had been in post for several years. The more recently employed staff spoke positively about the induction training they had received. One member of staff told us, "I already had the Care Certificate when I started, but I was still so well supported and introduced into my role." Another member of staff commented, "There is always someone to ask or just to check if we're not sure."

Staff received regular supervision with senior staff and the staff we spoke with all told us they were very well

supported in their roles. Comments from staff included, "I always get the support I need, it's amazing here" "Whatever training we need, and more, we get it," and, "It's really good. We don't get a one off training session about an illness such as diabetes. We get real detailed information about a condition and what effect it might have on the person and what we need to do to provide the care they need. If we have any worries at any time, we just pick up the phone to the helpdesk or the manager or the on call. The support is without a shadow of a doubt the best I've ever had."

In addition to supervision meetings, staff were periodically observed whilst they provided care to people. Spot checks and observed visits were carried out by senior staff, some of which support staff were made aware of in advance, and some that were unannounced by senior staff. One person told us, "Well, sometimes one of the senior carers will arrive unexpectedly to observe one of my carers whilst she's working here." We looked at the records for these checks and saw that support staff were assessed and received written feedback on all aspects of their visit. This included feedback for the member of support staff relating to their appearance, wearing of uniform, name badge and use of gloves and aprons. They were provided with detailed feedback about the personal care and clinical tasks they provided and how effectively they referred to and completed the care records. This meant people could be confident that staff had the skills, competencies, knowledge and attitudes and behaviours to provide their care and support and staff shortfalls would by promptly identified and addressed.

We read the records from notes made by senior staff when they observed support staff providing care. Extracts from one observation record included, '[Name of member of staff] assisted [name of person using the service] to undress and covered with a towel to respect her dignity…She talked [name of person] through what she was doing at all stages…she encouraged [name of person] to be independent.' The other observation records we read all provided feedback and comments about how staff had ensured peoples' dignity and privacy was maintained and how kind staff had been while they were providing personal care.

The provider told us in their PIR that external training providers were selected for quality and effectiveness. They told us they had been provided with training from South Gloucestershire Council and found the training was based on best practice and was up to date. They told us they also accessed information and resources from Skills for Care and Social Care Institute for Excellence.

The staff we spoke with told us how they were provided with guidance and support to enable them to manage people's specific healthcare needs. The care plans provided specific detailed information and guidance for staff about people's illnesses and medical conditions and how they affected them. This was to make sure staff had a full and detailed understanding of how to meet people's healthcare needs and how to recognise changes in a person's condition. For example, one person's care plan provided details of symptoms and difficulties the person, who had vascular dementia may experience. These included difficulties associated with memory, language and perception of three dimensional objects, and problems associated with planning, organising, decision making, following a series of steps, such a cooking and concentration lapses. In addition to the cognitive symptoms the care plan described the emotional changes the person may experience. There was clear guidance about what the person was usually able to do independently and what they needed support with. This meant that any changes in the person's condition could be recognised and reported.

Staff were provided with written guidance in the form of protocols, for example, for 'pressure sores/bruises/wounds'. The guidance provided staff with information about the actions they would need to take. This included reporting to the helpdesk staff who communicated any concerns to relatives or with other healthcare professionals. If the person's care plan needed an amendment, this was handed over to the provider's homecare team.

Support staff also reported any other concerns about people's health or change in condition to the provider's helpdesk staff. The helpdesk staff provided advice and guidance to staff and again, liaised with the provider's homecare team if changes or updates to peoples' care plans were needed. We listened to calls that were taken by the helpdesk on the day of our visit. These included a member of staff who had called to report redness they had observed on a person's toe. The helpdesk staff contacted the person's daughter to inform them. It was thought the redness may have been caused by the person's shoes. A plan of action was agreed and the homecare team made the necessary updates to the person's care plan.

Support staff understood the importance of supporting people to make decisions and remain independent. They had received training on the Mental Capacity Act 2005 (MCA). They were able to tell us how they obtained consent from people before they provided support with personal care. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A member of staff told us, "Some of our clients can consent verbally and some clients need support with day to day decisions. Most people are able to tell us or let us know what they want. We get to know people so well." Another member of staff said, "Very occasionally a person might not want to receive care. We just maybe go into another room for a little while and then ask again. If we are concerned at all, we just call the office."

Complex visit instruction sheets were completed and provided a summary of the needs of new people to the service. For one person it was recorded, 'We have to be very careful [person using the service] does not believe we are taking away her control or choices, we must remember even unwise decisions need to be respected.' The instructions went on to confirm, 'We must report immediately if her choices may lead to harm to herself or others.' This meant people could be confident their rights and wishes would be respected.

People were supported to eat a balanced and healthy diet, based on their individual needs and preferences. One person told us, "She [support worker] always brings the salt and pepper through on the tray with my cutlery and she then puts a glass of water on the table for me. It makes me feel like I'm having a waitress service." A relative said, "The carers make all of Mum's meals for her. She always chooses what she would like and they have sufficient time to make her anything within reason. I think she has a good balanced diet and her kitchen has never been cleaner. They are very fastidious about hygiene."

The registered manager told us in their PIR how they had agreed with the local authority for one person to receive additional visit time specifically to support with their nutritional requirements. Where people were supported with meals, the care plans provided clear guidance and instruction about the service the person required. For example, the records included details about preferred portion sizes, examples of an 'average or typical day', likes and dislikes, support needed, recent changes, special dietary requirements or food intolerances and use of adaptive aids.

The helpdesk staff told us they were usually the first point of contact for external health professionals. The helpdesk and homecare team often spoke directly to people using the service and to relatives to make sure they understood the most effective ways to access the healthcare advice and support they needed.

Good

Is the service caring?

Our findings

Everyone we spoke with told us how caring the service was. People felt cared for. People and their relatives told us that people were treated with dignity, respect and that compassionate and thoughtful care and support was provided. Comments and feedback included, "My wife really can't be rushed these days but the carers are all so very nice and they seem to get things done in a way which still allows them a bit of time to have a chat with me and my wife," "The carers I have to say are very considerate and they always talk him through step by step of what they are doing" and, "I happened to be chatting with my carer the other day and she mentioned she had some fish and chips for dinner. I just mentioned that I hadn't had fish and chips in such a long time and I didn't think any more about it, until the next day when she came in with fish and chips for dinner for me. I really enjoyed it and I was so grateful to her for thinking about me in this way. It was perhaps just a little thing for her, but it made a real difference to me."

A relative told us how staff showed kindness when they provided care and support. They said, "Mum isn't very good at seeing when she has spilt things down herself these days. It's a shame really because she would have hated sitting around in soiled clothes when she was younger. However, her carers are really good and they will point out to her that something needs washing and they make sure they find something clean for her to wear instead. Often, if they have time, they will organise her washing for her and do this so it is washed and ready to go in the tumble dryer when the carer comes back at lunchtime. I always feel so much better for Mum when I visit, when I see her looking nice and smart because I know this is how she would always wish to be."

We looked at the feedback entered onto the national website, The Good Care Guide. One person had written, 'Every carer she had was kind, compassionate and treated her with dignity. Nothing was too much trouble for any of them'. Another entry included, 'From the time I spoke to the owner I felt my husband would be well cared for. I was impressed by the manager's home assessment when other agencies such as OT's and district nurse were involved, and her concern that the best possible care would be provided, which it has been. This concern to give us the best possible service is ongoing and I feel very well supported.' We read other entries. They were all positive and praised the service received from Premier Homecare.

We reviewed the compliments received from people using the service and their relatives since the beginning of 2017. There were 72 records of positive feedback that had been received verbally or by email and included the following, 'The compassion, patience and kindness shown to my elderly mother enabled her to stay in her own home' 'Journey home was good-thank you. Just felt a little sad leaving Dad on his own but I'm so relieved you and your team will be around to look after him going forward' and, '[Name of person using the service] has been provided with such fantastic carers and really can't thank you enough.' We read an email from a person who used the service, received by the service on the day of our inspection visit. This included the comment, 'It's so nice to have an agency who actually cares.'

People and relatives were actively supported to express their views and communicate with the service in a way that was meaningful to them. For example, one person, unable to communicate verbally, communicated with and received responses from the general manager several times each week by email.

Support staff described people who had verbal communication difficulties and how they communicated directly with them. A member of staff told us about one person, "He does have a computer, but doesn't use it, so we use prompts such as, 'Does the word begin with, and then say the letter we think it may be'." The preferred communication style of the person was fully recorded in their care plan.

The providers, the general manager and all the staff we spoke with told us of their motivation and commitment to provide the best possible care. The providers and the general manager told us how their commitment started with making sure they recruited the right staff with kind, caring natures and who wanted to make a difference to peoples' lives. All the staff working for the provider, from the human resources officer who was responsible for recruiting staff, to the support staff employed, were clear about the role they played in making sure people received a kind and caring service. A member of staff told us, "I do think that with Premier, we all really do go that extra mile."
A member of Premier Homecare staff had received a regional caring award and was a finalist in the 'National Great British Care Awards.' The home care worker awards recognise the role of the home care worker in providing a high quality standard of care to people in their own homes.

Staff were knowledgeable about people's care and treatment needs, and told us how different people liked to be cared for. They told us how they treated people with respect and how they provided a compassionate service. All staff spoke proudly about their roles and responsibilities. They spoke about the importance of treating people with compassion, of understanding people's needs and providing the best possible care. Comments from staff included, "I really believe we provide the best care" and, "The care from the Premier team is amazing, so is the teamwork. We all support each other and can speak with the managers and the office anytime."

We read the notes from a call to the provider the month prior to our inspection visit from a relative of a person who had recently passed away. The relative had commented, '[Name of relative] wanted to pass on her gratitude to all the carers who have been visiting her mum as they have been fantastic and so wonderful, especially [name of two members of staff] who visited this morning.' We spoke with staff who told us they provided 'excellent' end of life care. They told us they received guidance and support from the management team. One member of staff said, "It's so reassuring and I am so proud when people pass away comfortably."

We also read email communication that had taken place with a person's relatives as they received end of life care and after they had passed away. The emails demonstrated the compassion and involvement of the registered manager and the general manager, with one email including the following, 'My thoughts are with you and if I can be of any help or assistance you know where I am' and 'I would be honoured to attend the funeral and lunch along with [member of staff].'

Good

Is the service responsive?

Our findings

People received a care service that was highly responsive to their needs. Before a person started to receive care, a detailed assessment was completed by one of the managers or a member of the homecare team, to make sure their needs could be met. A relative commented, "The pre contract assessment was carried out with great sensitivity." One of the compliments received during the month of our inspection visit included the following, 'From the initial contact visit, to the first visit to discuss the care plan Premier provided a professional and knowledgeable service so we as a family could make decisions…My mum is sent the rota telling her what time the carers will arrive and who is visiting so she knows exactly who to expect, giving her peace of mind and reassurance.'

Care plans were then written up and agreed with the person and relatives where appropriate. A person using the service told us, "I feel that I was fully involved in planning my care. I chose the times of my visits, what gets done when, and importantly, how I like things to be done." A relative said, "When the care plan was first put together by the manager after we had met with her, we were given time to read it and see if there was anything missing or inaccurate in it. There were a couple of changes that we asked to be made, but we weren't rushed at all and were made to feel that because this was such an important document it needed to be right and if that meant spending more time talking to the manager about her needs then that was perfectly alright to do."

Detailed information about people's background and social circumstances were recorded. For example, for one person there were details of where they were brought up and the reason they had moved to the local area. The records confirmed the various jobs the person had, and included their wartime occupation. The person had one child, and the records confirmed the level of involvement the relative currently had with their parent, and that they visited almost every day. The background and social information was expanded to include a summary of how the person's illnesses impacted on their day to day life. For this person, details of pain associated with an arthritic condition and the impact a diagnosis of a specific type of dementia was having on their short term memory was included. The staff we spoke with told us how useful it was to have this level of detail because it provided them with an accurate account of the person's current needs and they were able to quickly recognise, respond and report if there were any changes to their independence or personal care needs. A member of staff also commented, "It really helps for people who sometimes can't remember, we have lots of detail about them that can prompt conversations. We are also informed about things we shouldn't discuss with someone because it is not appropriate or might be upsetting."

The care plans we read confirmed that people using the service and their relatives were fully involved in the planning, delivery and reviews of their care. One person told us, "I have been with the agency nearly 10 years now and usually about once a year, one of the senior carers comes and visits me when we look at my care plan and talk about the care that's been provided and whether I feel I need more help or help in a different way going forward. I've always been told though, if I feel my health is changing between meetings, then I must pick up the phone and ask to see someone sooner rather than waiting for the annual review to come round." A relative commented, "I do usually go along to her review meeting so that she doesn't forget something important and my opinions and views are taken into consideration. Mum likes to have a second

pair of ears with her in case she forgets anything important."

Each person's preferred daily routine was recorded in detail. For example, for one person their records confirmed the support they wanted and needed with washing, showering and bathing. The care plan stated the person 'Would like support with personal care.' It then confirmed where the person preferred to undress, and the following was recorded, 'Ensure non-slip mat in place' 'Place a damp flannel over bath seat' 'Ensure the screen is pushed back against the wall to give (name of person) room to lift her legs over' 'Using both grab rails (name of person) is able to lift her legs' and 'Ask (name of person) to keep legs as straight as possible to avoid leaning back too much.' This meant people could be confident their levels of independence were understood so that staff could provide the care that was responsive to their specific needs.

The provider told us in their PIR how they considered the needs of people who may be at risk of social isolation and loneliness. They told us how they provided support for one person, keen to leave their home to visit relatives, but anxious due to their medical condition. They told us how they supported the person with a 'step by step' approach to lessen their anxiety and the person did manage to leave their home. They told us the person was delighted with this significant achievement which had enabled them to socialise with their relatives.

The provider also told us about the weekly communication sent to staff when people's needs had changed or when a change of support staff had been made. The communication sheet provided updates and information ahead of visits to people to make sure staff knew in advance about people's individual preferences, choices and changes to their care and treatment. Staff confirmed to us they were informed and always felt well prepared, updated and aware of people's needs ahead of visits. This meant people could be confident their needs would be fully understood.

One person told us that in addition to being supported with medical appointments, they received support with physical activities such as swimming. They told us they had contacted the care agency and requested for staff not to wear uniform when they were being supported out in the community because, "I don't really want to be seen out with somebody in uniform." They told us this was agreed and, "They made no bother about this and I really enjoy the time I spend with my carer each week."

Where others had legal authority to act on people's behalf, such as being granted powers of attorney, details were recorded to confirm the level of authorised authority, for example, power of attorney for financial matters.

When people were in hospital the helpdesk team maintained regular contact to make sure they were aware of when the person was being discharged and they could plan for the care the person would need when they returned home. A person's friend told us, "My friend was taken into hospital unexpectedly, but the agency kept in touch with the ward and made sure they had her care plan ready and carers ready for the minute she came out of hospital. I think they spoke to the ward at least every couple of days and explained they had no difficulty in providing additional support if it was going to be needed when she came home. I was so grateful to them because she didn't want to be in hospital any longer than was absolutely necessary."

People and their relatives told us they would not hesitate to complain or raise concerns if they needed to. Although everyone we spoke with told us they had not needed to make a complaint they were confident any issues would be taken seriously and actions would be taken in needed. One person commented, "In my folder that holds all my records there is a leaflet about complaints and how to make them" and a relative

told us, "I certainly remember when we met with the manager of the service she told us about complaints and how they valued this and any constructive criticism and that it's one way of improving the service and I'm sure she told me and showed me a leaflet which should be in mum's folder which explains everything." We looked at the concerns and complaints records and read details of complaints and feedback received in 2017. The records showed that staff recorded all comments and feedback where actions could be taken to make improvements. Details of the concerns raised, actions taken, outcome or service improvements made, confirmation that complainant was satisfied with the outcome and any further comments from the general manager were fully recorded. A quality care coordinator post was recently created and part of this member of staff's responsibility was to make sure learnings were taken from concerns and feedback and that improvements were made and embedded in the service.

The providers confirmed in their PIR the improvements they planned to make to the service. One person told us they had provided feedback about having specific regular support staff and this had happened. A relative commented, "I think I opened a survey for mum to complete a couple of months ago. I can't think of any suggestions we made to improve the service because it works very well for her as it is. I think we just said how valuable the weekly rota is."

Outstanding ☆

Is the service well-led?

Our findings

People received a service that was exceptionally well-led and managed. We received very positive feedback about the providers, who were directly involved in the day to day running of the service, the general manager and their senior team. People who used the service and relatives made the following comments, "As far as I'm aware [name of general manager] is the main manager of the service and she is very friendly and approachable. Both myself and my daughter have her telephone number in case we need to call her at any time" "I think this is one of the best managed services I've come across" "I would happily recommend them to anybody. They are very well-managed and all in all they provide the best service of all the agencies here in Bristol" and, "We have always dealt with [name of general manager] at the office and I'm presuming she is the main manager. I have to say communication is excellent between the agency and myself." One person who commented that Premier was more expensive than other agencies also told us, "I would rather have a couple of hours less a week from this agency and know the standard of care is excellent, than more hours from a different agency where the standard of care is poor."

People were supported and encouraged to express their opinions. For example, one person with hearing difficulties met with the general manager on a regular basis. This was their preferred way of expressing their views and opinions. This meant people could be confident they would be supported to communicate and actively involved in decisions about their care.

We read the communication with one person who preferred to communicate by email. A senior member of staff had written, 'The time has come round again for your annual review. Whilst I know from your regular communications there are no issues or changes to your needs or requirements it would be nice to complete this review in the next couple of weeks' and, 'Thank you again for explaining your illness and how it affects you, to carers, you are the best person to explain this. I know how difficult it is for you to sit down and spend time communicating with strangers, I just wanted you to know how much it is appreciated.' We read other email exchanges with this person that demonstrated the person was empowered, fully consulted, listened to and their views were valued.

A member of staff had created a pictorial communication aid for one person who was unable to read or write. For example, a paper drawing of a bath was attached to the person's calendar to provide a representation of the purpose of the support staff visit on that day.

The health professionals we contacted were all positive about how the service was managed and their views included, 'Nothing but positive feedback from people who have used this service' and, 'I have had contact on many occasions with the registered manager and always found them highly professional, approachable, highly responsive and helpful.' Another health professional who had worked mainly with the team leaders had noted the service was helpful and that they 'Consider them a quality care agency in this area.'

The staff we spoke with were all proud to work at Premier Homecare. Without exception, the staff spoke very highly about the support they received, how the service was managed and the encouragement they had to always make improvements. One person had written the following feedback, "All the carers are really kind

and they go above and beyond to ensure our safety, happiness and health." All of the staff told how they believed they provided an outstanding service to people living in their own homes. Staff told us of their passion and commitment to making sure they provided, "The best care we can possibly give." Other comments from staff included, "If we're struggling with anything, we can discuss it with everyone, from top to bottom. I know I would choose this service, without a shadow of a doubt" "She's [general manager] amazing" "The managers are fantastic. Immediately I saw a difference. I saw professionalism with Premier" "Brilliant company to work for" and, "I do go the extra mile. Even really little things like making sure I take the plastic top off a new carton of milk before I leave the visit because the person might struggle with it. This is the sort of thing we're encouraged to do just to make it a little bit more special for the person. I know what I'd like if it were my grandparents."

All the staff we spoke with knew and understood the vision and values of Premier Homecare, the aim of providing a 'superior service' with embedded values of really listening and responding to each person's needs with a bespoke package of care. They understood Premier Homecare's Human Rights Principles and the expectation they should treat everyone fairly, with respect and dignity, whilst encouraging autonomy and promoting equality.

There was a clear support and management structure in place that was recognised by people using the service or their relatives and by staff. Each role, from the human resources officer, helpdesk team, homecare team, rota management team, support staff, reception team, managers and provider's roles were clearly defined. All staff were aware of their roles and responsibilities. During our visit we saw staff popped into the office on a regular basis, sometimes between care visits, sometimes to pick up supplies of gloves or aprons and often to have a chat with the office based staff or the manager's. The provider told us in their PIR their service was founded on the principles of 'fairness and inclusion' and that all staff were actively encouraged to 'drop in' to the office and that they had 'an open door policy.'

The management team communicated with staff to make sure important news was shared in a timely manner. We looked at a memo sent to all staff during the week of our visit. The memo reminded staff that changes had been made to the 'incident and accident' form, and stated the date the new forms were to be used.

A range of care and quality monitoring audits were completed on a regular basis. A combination of 'spot checks' and 'observed visits' were undertaken by senior staff to check the support staff when they were carrying out their duties. These were a combination of announced and unannounced monitoring visits, where, with the agreement of the person using the service, staff were observed as they provided personal care. The member of staff's appearance, timekeeping, reference to the care plan, completion of practical tasks such as meal preparation, use of equipment, medicine management skills and record keeping were also assessed. Staff were provided with written feedback, with comments about what they had done well and with areas for improvement identified.

A range of meetings were held, informally and formally between the providers, the general manager and the senior staff team. Weekly strategy meetings were held with representatives from each department to discuss ideas for improvement and development. A recent discussion led to the introduction of a recruitment incentive, the results of which were being analysed. Weekly meetings were held within each team, some without management attendance. A recent meeting of the homecare team had identified improvements could be made in their response to requested visit times for new people wishing to use the care service where their preferred or ideal call time could not be immediately accommodated. Further work was being undertaken to identify how the improvements could be introduced.

The provider employed in a part time consultancy role the wife of a person who had used the service and had passed away. They felt the employment of this older person would improve their understanding of peoples' needs through the eyes of someone who had 'lived the experience'. They contributed to the provider's weekly meetings. They also volunteered at the local hospital which, the provider noted, had given them first-hand knowledge of the pressures faced by the hospital discharge team. This knowledge had helped influence their approach and arrangements to support people in their transition from hospital to home.

The providers actively sought feedback from people and we saw the results from a survey completed in May 2017. The results from 62 completed questionnaires were analysed and broken down into feedback about the safety, effectiveness, caring responsiveness and leadership of the service. Overall 97% of people rated the service as excellent or good. We saw that actions were taken in response to feedback received. The providers had employed a quality care coordinator to help ensure required improvements were made in response to all feedback received. The provider said this was to make sure they achieved better outcomes for people. One recent improvement was made to the formatting of the electronic staff rota. It had been identified by staff, people who used the service and their relatives that rota information relating to staff visits and visit times was not always clear. Changes were made to the system and no further concerns had been raised.

Premier Homecare took opportunities to celebrate success and recognition of the quality of their service. They operated a recognition and reward scheme for staff. For example, four members of staff had received awards for '10 years' service with Premier Homecare'. A member of staff was a regional winner and finalist in the National Great British Care Awards. The awards celebrate excellence across the social care sector. Premier Homecare was also recognised as a 'Care employer' regional finalist for the South West of England.

The providers told us how they continually looked for ways to improve the quality of their service. The two providers spoke about their backgrounds. The registered manager was a registered nurse and health visitor and the other provider had a marketing background. They told us how this combination of experiences had led to the development of their care agency.

The providers both spoke passionately about their drive and ambition to 'be the best' 'to make continual changes' and 'to be seen as part of the local community'. They told us how they had chosen the location of their office because of its accessibility within the local community. They told us this encouraged people who were passing by to 'pop in.' They told us they welcomed this as they were committed also to making improvements within and for the local community too. They told us how they had discussions with the local council that had led to the introduction of a 'Winter Incentive Payment' for providers to pass on to care staff during the Christmas period. They had been involved in sponsoring the local Christmas town fair, and they had worked with the police to distribute messages to people in the local area, warning them about rogue door to door sales people. The registered manager attended local MP 'clinics' where they expressed and discussed concerns about hospital discharge practices that impacted on peoples care. The registered manager had recently written to the local Mayor about the restrictions imposed by the current local parking permit arrangements. Support staff were finding it increasingly difficult to find parking spaces, and were increasingly concerned about potential late visit times and negative impact this could have on the people using the service. The registered manager suggested that essential visitor permits should be made available for staff where needed.

The registered manager was fully aware of their responsibilities with regard to the notifications they were required to send to the Commission.

The service worked in partnership with other organisations to make sure they followed current best practices and provided a high quality service. They demonstrated how they continually strived for excellence through consultation, research and reflective practice. The registered manager told us how they researched training providers before selecting providers to work with them. They worked with local health professionals, and liaised with, and received training from the local hospice. The providers had created a management and leadership team with a range of expertise. They inspired, educated, supported and monitored care staff to make sure peoples' needs were met and often exceeded. Feedback was used to enable the team to reflect and improve their practices to enable continuous service improvement and customer experience.