Premier Nursing Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:

Premier Nursing Limited provides personal care to people living in their own homes in the community. It provides support to older people and people living with dementia. At the time of the inspection 28 people were receiving personal care. This service provided both planned visits to people's homes and a live-in service.

People's experience of using this service:

At a care visit observation, we identified that one person had a missed call, which resulted in medication not being given. Whilst the impact to the person was low, it is vital the provider ensures oversight of care calls.

People's care documentation did not always record information about people's preferences in relation to their end of life care wishes.

People told us they felt safe and knew who to contact if they had any concerns. Systems supported people to stay safe and reduce the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There was enough staff to support people safely and the registered manager had safe recruitment procedures and processes in place. A person told us, "I was already aware of their professionalism and knew I would feel safe with them."

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.

People received kind and compassionate care. People and relatives told us staff treated them with kindness and we observed friendly interactions when attending a care visit. One person told us, "Before my wife became ill, I researched every care provider, Premier Ltd shone out above the rest as the most caring, professional, friendly and efficient organisation."

People received person centred care that was responsive to their needs and people and relatives knew how to raise a complaint.

Quality assurance systems were in place to monitor the service and drive improvements.

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

Rating at last inspection: Requires Improvement (report published on 7 November 2018).

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care.

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 not always Well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Premier Nursing Limited

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.

Service and service type:

Premier Nursing 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 it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

What we did before inspection:

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We spoke with six people who use the service, six relatives and seven members of staff including; the registered manager, CQC compliance administrator, care coordinator and four members of staff.

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 for health and social care professionals about their experiences of the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and systems were in place to ensure staff had the right guidance to keep people safe from harm. One person told us, "I think it is safe because Premier provide very professional carers."
- Staff had access to guidance to help them identify abuse and raise concerns in line with the provider's policies and procedures to the local authority.
- Staff received safeguarding training and knew the potential signs of abuse. Staff told us they would report any concerns to the manager and make a record in the person's diary notes.

Assessing risk, safety monitoring and management

- Risks to people were assessed and care plans detailed people's individual risks such as mobility, falls and pressure sores.
- Risk assessments gave guidance to staff on how to support the person to manage and reduce any risks. For example, we found clear guidance on how to manage people's continence and any equipment they required.
- Risks associated with the safety of people's homes and equipment were identified and known to staff. For example, home appliances and what to do in the event of a fire. One member of staff told us, "I check the person's environment, that the doors and windows are locked and for any trip hazards."

Staffing and recruitment

- Staffing numbers were reviewed and assessed dependant on people's needs. There were enough staff to support people to stay safe and meet their needs. People and relatives told us, staff visited at the agreed times, they stayed for the allocated period and how they never felt rushed during their care call.
- Staff told us, changes to the rota were communicated by phone and that the office was very prompt at responding and informing staff about any changes. One member of staff told us, "It's lovely, I have at least 30 minutes to get between calls. The rota is done on a monthly basis. Any changes the administrator will call the staff or if an extra call is required. We have enough time to get to people and if you run over you know that you have enough time to get to the next person."
- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.

● We found that staff recruitment folders included, employment history checks, suitable references and appropriate checks, such as disclosure and barring Service (DBS),to ensure potential staff were safe to work within the health and social care sector.
● New staff completed an induction 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. 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 staff always used personal protective equipment (PPE) such as gloves and aprons and we observed this in practice. One person told us, "Staff use aprons and gloves for 'infection control', they are meticulous."
● 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, "Personal hygiene first and I make sure I have access to the right PPE, I wash my hands regularly. If I thought someone had an infection I would contact the GP and inform their next of kin."

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.
● The registered manager analysed accidents and incidents including near misses on a monthly basis to identify any emerging patterns, trends and learning. For example, falls and errors with medication.
● Staff understood their responsibilities to raise concerns, record incidents and near misses.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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, outlining the tasks that needed to be completed at each care visit. Care plans were further developed as staff got to know people better.
- One relative told us, "They sent an assessor to our home to detail and make provision for my wife's special needs, as she deteriorated the assessor returned and adjusted her care routine to embrace her current needs."
- 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 considered as part of this process, if people wished to discuss these.
- People used technology to support their independence. People had access to technology such as tablets and mobile phones to keep in touch with friends, family and communicate with the service.

Staff support: induction, training, skills and experience

- People received care and support from trained staff who knew them well. Staff completed an on-line training programme, which covered key areas such as, safeguarding, medication and health and safety. One member of staff told us, "We have enough training and we have opportunities to access more training if requested."
- People and relatives told us they thought staff were knowledgeable and skilled. One person told us, "The carers are very well trained, they are tremendous."
- Staff training was reviewed on a monthly basis to ensure staff knowledge was up to date.
- The care coordinator regularly observed staff at care calls to monitor practice and check staff competency.
- Staff received regular supervision and appraisals and staff told us they felt supported by the registered manager and their colleagues.

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

● Staff supported people to eat and drink where appropriate. One member of staff told us, "I give people choices, let the person know what they have in the fridge and store cupboard."
● Staff completed the person's daily notes and stated what the person had to eat and drink. People's weight was monitored, and the registered manager told us how they would engage the GP and dieticians where appropriate, if there were concerns about people's nutrition.

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.
● People were supported to live healthier lives and had access to healthcare services and support. Staff knew what procedures to follow if they had concerns about people's health.
● One relative told us, "I have complete peace of mind which was justified when he was unwell last week, staff rang for an ambulance and GP immediately. They reacted perfectly, and he was able to return to his own home where he wants to be. Dad is very happy, and it is thanks to Premier that he is able to stay."
● The registered manager gave an example where they accessed support from the occupational therapist to help improve a person's mobility. Through staff following advice and guidance and ensuring that daily exercises where carried out, the person's mobility has improved so much that they are now able to walk independently with a stick and access the local community. This demonstrates excellent partnership working which has had a positive impact on the person's health.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA.

● The provider had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
● Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. We observed staff giving people choice and giving people time to respond. One member of staff told us, "I will always assume people have capacity and give people choice in the least restrictive way."

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

● People were treated with kindness and were positive about the staffs' caring attitude. We received feedback from people and relatives which supported this. One person told us, "The care from Premier Ltd feels like 'Being wrapped in a warm blanket' I look upon them as friends".
● Staff had developed positive relationships with people and we observed friendly and warm interactions at care visits between the staff and people. One member of staff told us, "I have the time to spend with people for example, being able to spend longer brushing a person's hair. It's the small things that make a big difference."
● Staff spoke affectionally about the people they supported and knew people well, which supported them to meet their needs.
● Staff adapted their communication style. One member of staff gave an example where, towards the end of person's life they found it difficult to communicate. Staff worked with the person to find a suitable way to ensure the person continued to have choice and control wherever possible.
● Staff knew people's preferences and used this knowledge to care for them in the way they liked. For example, if people requested female or male carers the service respected this.
● Staff had an understanding of equality, diversity and human rights and people's differences were respected.

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

● People were able to express their views and were actively involved in making decisions about their care, support and treatment, as far as possible. One person told us, "I can make all my own decisions about my care."
● We observed at a care visit staff giving the person choice such as what they wanted for lunch.
● People and relatives were involved in developing their care plans and felt included in decisions about their care and support, involving other care professionals, such as GPs and specialist nurses, where possible.

Respecting and promoting people's privacy, dignity and independence

● People's privacy was protected. Staff gave examples of how they respected people's privacy by closing the

door when supporting with personal care and keeping people covered up to maintain their dignity.

● Staff supported people to maintain their independence and had a good understanding of the importance of people remaining independent. One member of staff told us, "I encourage people to keep mobile, by walking with them in the garden. I make sure that people have things in reach such as, food, drinks and making sure the TV remote is nearby."

● 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.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we found some documentation relating to the care needs of people did not always contain clear guidance or person-centred information. At this inspection we found the provider had taken action to improve the quality of information in people's care plans.
- Assessments were carried out before providing personal care and people's care needs were recorded to ensure staff knew how to deliver care and support. For example, people's care plans outlined the tasks that needed to be completed at each visit. One person told us, "Carers are not just task driven, they take me out in my wheelchair."
- Staff knew people well and explained how they got to know people and were led by their wishes and preferences. For example, one member of staff told us, "I always check how people want their personal care done and how they like their teeth brushed."
- Staff were responsive to people's changing needs. One member of staff gave an example, where they had noticed a person's behaviour was different and they had a temperature. The staff member contacted the GP who confirmed after tests that they had a urine infection.
- People told us, they felt staff knew them and their history. One person told us, "I have been receiving care from Premier for 8 years, I know all the carers and there are no strangers."
- Changes in people's health or care needs were quickly communicated and updated in their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibilities around AIS and people's communication needs were identified, recorded and highlighted in their care plans if appropriate.
- Staff gave examples about how they supported people with sensory impairments such as, checking that people's hearing aids were working and reading people information aloud.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

●People told us, that carers took a keen interest in their lifestyles. One person told us, "My Carer takes me to the races in my wheelchair. I went to Ascot this year."
●The registered manager gave an example where one person had lost their confidence in going out. With support and encouragement from staff the person now regularly goes out for lunch and meets with friends. This has improved the person's well-being.

End of life care and support

● Staff supported people at the end stages of life. People were supported to make decisions about their preferences and wishes for end of life care.
● People were supported by staff who understood their diagnosis and were skilled and competent to support them.
● People's wishes for resuscitation were recorded and known to staff. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation.

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 complaints procedure in their home and told us they would be happy to make a complaint if they needed to.
● The registered manager had systems in place to responded to complaints promptly but told us they had not received any complaints since the service registered.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

● At the last inspection we found that quality assurance processes had not always identified areas that needed further improvement such as medication administration records and person-centred information. At this inspection we found whilst improvements had been made in these areas, we identified further gaps in documentation.
● At a care visit observation, we identified a person had a missed call, which resulted in medication not being given. We discussed the missed call with the registered manager who told us, the missed call was a cover call for the regular member of staff. This was not a regular occurrence and we found no evidence of other missed calls. The missed call was identified the following day and they took immediate action to contact the person's GP for advice. The care coordinator met with the member of staff to identify why the call had been missed and put in place additional measures to ensure care calls were not missed going forward. Whilst the impact to the person was low, this is an area that requires improvement to ensure the registered manager has oversight of care calls.
● Documentation did not always record that conversations had taken place around people's wishes for end of life care. Whilst the risk to people at end stages of life was low as staff knew people's needs well, this is an area that requires improvement to show that discussions have taken place.
● The registered manager was also the provider and placed high value on providing good quality care. One person told us, "I have known the manager for many years, she is certainly on top of everything and you cannot fault her. The office staff are very efficient and respond to change quickly."
●The registered manager had created an open and positive culture that delivered high quality person-centred care. One member of staff told us, "The leadership is open and honest and approachable."

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

● The registered manager was aware of their responsibilities under the Duty of Candour regulation. 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.

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

● Staff understood their roles and responsibilities and spoke highly of working for the service. The registered manager told us, "When staff come on board we explain we are a small company. We don't take small care packages to ensure that all staff have the time to be with people. We want to provide 'premier care'. We instil in staff the importance of building relationships with people."
● Each staff member was given a 'staff handbook' which included key information, such as the values of the service, 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.
● We saw evidence of staff competency checks being carried out and regular audits to help the provider identify areas for improvement and any patterns or trends.
● The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.

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

● People and relatives were engaged and given opportunities to be involved in the service, through daily feedback with staff, care reviews and meetings.
● People, their relatives and staff took part in yearly surveys. People, relatives and staff told us, they felt supported and listened to by the provider. Everyone was very complimentary about the service.

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 attended a local managers forum, to learn from others and share good practice.
● Systems were in place to continuously learn, improve, innovate and ensure sustainability. There was a strong emphasis on team work and communication.
● The provider gave an example; following an incident where a person required an ambulance the paramedic needed information about what the person had eaten and drank over the previous days. Carers recorded food and drink in people's diary notes. The care coordinator introduced a nutrition and fluid chart for staff to record on. This improvement meant that staff were able to see what people had eaten and drank clearly and identify any patterns.
● The registered manager carried out monthly audits of care plans to ensure that people's care and support needs were reflected when they changed.

Working in partnership with others

● The registered manager and staff worked in partnership with healthcare professionals to promote positive outcomes for people. A health professional told us, "The manager and staff are very responsive and approachable. I have given training to staff to ensure they have the right techniques to support people using dialysis."
● A business continuity plan was in place to consider the actions required in the event of an emergency, such as office staff being unable to attend the office.
● 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.