

Premium Community Care Ltd

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Inspection report

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Date of inspection visit:
11 March 2019
12 March 2019

Date of publication:
03 April 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Premium Community Care Ltd is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection, 50 people were receiving care and support services.

People's experience of using this service:

- People told us they felt safe and staff knew how to protect people from the risk of harm or abuse. People's risks were assessed, monitored and managed. People were supported by a sufficient number of safely recruited staff. Medicines were given as prescribed. Staff had access to personal protective equipment. Accidents and incidents were monitored for trends.
- People were cared for by staff who had the skills and knowledge to meet their needs, Staff understood their role and felt supported by the management team. Staff sought people's consent before care was provided. People were supported to access healthcare agencies when required.
- People said staff were kind in their approach. People said their dignity and privacy was maintained and they were involved in the planning and review of their care.
- People received care that was responsive to their needs. Care records were reflective and up to date. The provider had a complaints process in place which people were aware of and knew how to access.
- The provider had quality auditing and monitoring systems in place which included competency checks on staff practice. People and staff said the provider and management team were approachable and the culture of the organisation open and friendly.

Rating at last inspection:

Requires improvement (report published 15 November 2017).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At the last inspection the service was requires improvement overall (in the key questions of Caring and Well-led). We found the required improvements had been made and the service has met the characteristics of Good in all areas. The overall rating is Good.

Follow up:

We will continue to monitor the service through intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Premium Community Care Ltd

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:

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 care service.

Service and service type:

The service is a domiciliary care agency. It provides personal care to 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:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that they would be in.

What we did:

We reviewed the information we had received about the service since they were last inspected. This included the Provider Information Return (PIR), notifications received from the provider about safeguarding and serious injuries, which they are required to send us by law. Providers are required to send us key information about the service, what they do well, and improvements they plan to make. The information helps support our inspections.

During the inspection we spoke with two people and seven relatives to ask their experience of the care provided. We spoke with the registered manager, the provider and five members of care staff.

Inspection site activity started on 11 March 2019 and ended on 15 March 2019. It included telephone calls to people and their relatives to gain feedback about the service and telephone calls to staff who provided support to people. We visited the office location on 11 March 2019 to see the registered manager and to review care records, policies and procedures. We looked at four people's care records to see how their care was planned and delivered. Other records we looked at included three staff files to check suitable members of staff were recruited and received appropriate training. We also looked at records relating to the management of the service to ensure people received a good quality service.

Details are in the key questions below.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person said, "I am very safe. I do feel safe with all the staff when they are in my property looking after me."
- Staff we spoke with understood their responsibilities to protect people from the risk of harm or abuse. One member of staff commented, "I would tell my manager if I suspected abuse."
- The registered manager understood their responsibilities to act and report on suspected abuse and had effective systems in place.

Assessing risk, safety monitoring and management

- People told us risks to their health and well-being had been assessed and staff understood how to care for them safely. One person said, "[Staff] ensure I am safe when showering me so I cannot fall over and I do feel safe."
- Risks to people had been identified and care records contained guidance for staff to refer to in order to support people safely whilst promoting their independence.
- Staff we spoke with had good knowledge of people's individual risks and explained how they supported them to keep them safe. For example, the use of equipment to move people safely.

Staffing and recruitment

- People and staff told us there was sufficient numbers of staff to meet people's needs. One person said, "Staff are good and on time. They will tell me if they are held up and will stay my full time. I have not had a missed call." A relative commented, "[Person] needs a double up call four times a day and [agency] always send two carers."
- The provider had safe recruitment practices in place. Documents we looked at included references and Disclosure and Barring Service (DBS) checks. This ensured only suitable people were employed to support people.

Using medicines safely

- People told us their medicines were managed safely. One relative commented, "[Staff] give [person] their medicines four times a day. They are all done on time and staff wear gloves when giving the medicine."
- Staff told us they were trained in the administration of medicines and their competency checked to ensure medicines were given as prescribed.
- People we spoke with and Medicine Administration Records (MAR) confirmed people had received their medicines as prescribed.

Preventing and controlling infection

- People told us staff protected them from the risk of infection by using personal protective equipment (PPE) such as gloves and aprons, when providing care and support. One person said, "Staff always wear gloves and aprons when required."
- Staff were knowledgeable about how to reduce the risk of infection and said PPE was readily available to them.

Learning lessons when things go wrong

- Accident and incidents were recorded by staff. The provider had a system in place to learn from incidents when they occurred and used the information to identify any patterns or trends.
- Action had been taken to reduce the risks of incidents re-occurring and were used as a learning opportunity for staff.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed, monitored and reviewed so the care they received met their needs. This included the characteristics under the Equality Act 2010 such as age, religion and disability.

Staff support: induction, training, skills and experience

- People told us staff had the skills to meet their needs. One person said, "Staff seem to manoeuvre me correctly." A relative commented, "I am quite happy with all their skills and training that they show towards [person] when carrying out their personal care."
- Staff told us they had received training to carry out their roles, and had shadowed a more experienced staff member when they first started to work for the service.
- Staff said they felt supported in their roles and attended both one to one and team meetings to share ideas and to discuss areas of development.
- Systems were in place to monitor training and ensure staff had the necessary skills to undertake their role. For example, competency and spot checks were completed.
- New staff received induction training which included the Care Certificate and shadowing experienced members of staff. The Care Certificate is a nationally recognised set of standards for staff working in care settings.

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

- People said they were supported when they needed assistance with food or drink.
- One person said, "[Staff] get me cereal and toast for my breakfast, for lunch make me a sandwich, and tea a microwave meal or cheese on toast. I always get a drink too." A relative commented, "[Person] needs help to eat, they choose what they want to eat and staff prepare it and feed [person]".
- Staff told us they supported people with their dietary needs in line with their preferences and information was available for staff to refer to in the care record.

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

- Staff worked with other healthcare providers when required and understood the action they should follow if a person was unwell and required medical assistance.

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 told us they were asked for their consent before they received care from staff. They explained staff acted in accordance with their choices and wishes. One person said, "Staff ask what I would like to have done first".
- Staff we spoke with had knowledge of how to gain a person's consent and ensure their wishes were respected.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- At the last inspection improvements were required to embed and sustain systems to monitor and respond to people's feedback about the service. At this inspection improvements had been made.
- People told us they were involved in decisions about their daily care, such as whether to have a wash or shower, what clothes to wear and what they wanted to eat and drink.
- People, and when required their relatives, were involved in any review of their care needs. One relative commented, "[Staff] recently visited to review [person's] care to make sure it was up-to-date."
- Staff explained how they supported people who were not always able to verbalise. One member of staff said they looked for gestures or signs to understand a person's choice or need.

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

- People and their relatives spoke positively about the caring attitude of staff. One person said, "Yes [staff] are nice and caring in what they do for me." A relative commented, "Staff all care and are very kind in my opinion. They are all lovely and [person] would agree." Another relative said, "Staff brought [person] some chocolates for Christmas and at valentines a chocolate heart. So thoughtful and nice and [person] was really touched by this thought."
- Staff spoke with kindness about the people they supported and knew people's individual choices and preferences.
- Staff told us they had time to complete the tasks expected of them and calls were not rushed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect when providing care. One person said, "[Staff] wait outside the door when I am on the commode and when washing or dressing me, close the curtains and doors." Another person told us, "[Staff] are most respectful."
- Staff told us how they promoted people's privacy and dignity. One member of staff said, "I close the doors when providing personal care and ask if person is happy. I will cover them up with a towel and won't rush."
- People were supported to maintain their independence. One person said, "[Staff] let me do what I can for myself." Staff explained they encouraged people to do as much as they could for themselves. One member of staff said, "I let [person] wash themselves. I am there to keep them safe but offer encouragement to maintain their independence."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were involved in decisions about how they wanted to receive their care. One person said, "I have had input into the [care plan]; it is up-to-date and I have a copy here with me."
- Staff knew the people they cared for well and could describe the support they provided including people's personal preferences.
- Care records we looked at were up-to-date, personalised and reflective of people's needs.
- Information about people's health and support needs was available for staff to refer to in order for people to receive safe care.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss have access and can understand information they are given. People we spoke with told us they had copies of their care records in their homes and we saw one person had information provided in large print.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns. One person said, "I have had a few issues in the past but they sorted them out quickly and now all is good."
- The provider had a system in place to log and investigate complaints. We saw the service had received five complaints since the last inspection; these had been investigated and responded to in line with their policy.

End of life care and support

- At the time of the inspection no one was in receipt of end of life care.
- The provider said they offered support to people when they were near the end of their life. They explained care records were updated and reflective of people's wishes to ensure staff provided effective care.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection improvements were required to monitor the quality of service provided to people. At this inspection the provider and registered manager had developed and sustained improvements at the service since the last inspection.
- Governance and quality assurance systems were in place to monitor service delivery. Regular checks were carried out of care records, MARS and communication books to ensure people received their care as planned.
- Regular spot observational checks were carried out on staff performance to ensure people received safe effective care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider notified CQC of events such as safeguarding's and serious injuries as required by law. We saw the provider's previous CQC inspection rating was displayed.
- Most people told us they knew who the registered manager was and said they were available to speak with and approachable.
- The provider and registered manager at times completed care calls with staff and led by example to ensure people received safe care.
- Staff told us the provider and registered manager were open and friendly. One member of staff commented, "I feel very well supported by the managers they are always available to speak to. It's a good company to work for, I am very happy in my job."

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

- The provider and registered manager engaged with people through telephone conversations, visits to their homes and care reviews. Information was analysed and areas of improvement identified.
- Information was available to people in a format they would understand.
- Staff meetings were held to engage staff with the service and to gain their feedback.
- The registered manager produced and circulated newsletters and fact sheets to share information.

Continuous learning and improving care, Working in partnership with others

- Training was ongoing for both the management team and staff to maintain and develop their knowledge

to ensure care continually reflected a person's needs.

- The provider worked in partnership with other professionals to ensure people received the support they required.