

Premier Care (Plymouth) 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?

Good ●

Summary of findings

Overall summary

This inspection took place on 6 and 7 July 2016 and was announced.

Premier Care (Plymouth) provides individually tailored care and support to people with learning disabilities. At the time of the inspection, the service was providing personal care to 14 people.

There was a registered manager 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. People and their relatives told us staff were caring and kind. Staff demonstrated kindness and compassion for people through their conversations and interactions. People's privacy and dignity was promoted. People were actively involved in making choices and decisions about how they wanted to live their life. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the care planning process and to attend care reviews. This helped to ensure the care being provided met people's individual needs and preferences. Support plans were used to help people focus on their future goals as well as recognising their strengths and achievements.

Risks associated with people's care were effectively managed to ensure their freedom was promoted. People were supported by consistent staff to help meet their needs. The provider wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken. People's medicines were managed safely.

People received care from staff who had undertaken training to be able to meet their unique needs. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

The service was well led by a registered manager who demonstrated the provider's values. There were quality assurance systems in place to help assess the ongoing quality of the service, and to help identify any areas which required improvement. The provider and registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. The service was constantly striving to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were protected from abuse by staff who knew how to identify and report any concerns.

People were supported by consistent staff to meet their needs. Contingency plans were in place to ensure people always had the staff support they required.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People received care from staff who had undertaken training to meet their needs. Staff received a thorough induction and ongoing supervision.

People's consent was sought in line with legislative frameworks to ensure their human rights were protected.

People's nutritional needs were met by staff that ensured people had enough to eat and drink and potential risks were identified, such as choking.

People were supported to access health and social care services to ensure their ongoing health and wellbeing was maintained.

Is the service caring?

Good 

The service was caring.

People told us staff treated them with kindness and compassion. We observed warm, gentle, patient interactions between people and staff. Staff also felt cared for and valued.

People were involved in making decisions about their care and how they wanted to live their life. People were encouraged to develop and maintain their independence.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care which was responsive to their needs.

People said they received their visits on time.

People knew how to raise complaints and felt listened to.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted a positive and caring culture.

The registered manager demonstrated good management and leadership of the service.

There were governance systems and processes in place to help determine whether the service delivered high quality care to people.

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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.

This inspection took place on 6 and 7 July 2016 and was announced. The provider was given 48 hours' notice because the location provides care in people's homes and we needed to be sure that the registered manager would be in. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law.

During our inspection we met with nine people who used the service and spoke to seven staff supporting their care. We also spoke with the registered manager.

We looked at four records which related to people's individual care needs. We viewed five staff recruitment files, training records and records associated with the management of the service. This included policies and procedures, people and staff feedback, meeting minutes, the complaints process, and quality monitoring documents.

Is the service safe?

Our findings

People said the service was safe.

People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place which staff were aware of and safeguarding discussion was held the monthly meetings some people attended. Staff confirmed that they had undergone training in this area. Comments from staff included; "It's making sure people are safe at all times" and "We have a service user meeting every month, we ask people if they are happy with staff or have any concerns."

People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe

People were kept safe by sufficient numbers of staff which meant there was adequate cover for sickness and unforeseen events. There was a stable staff team, some of whom had worked for the service for many years. This helped to provide continuity for people. Staff told us they worked flexibly as a team to meet people's needs so people always had staff they knew. People had timetables in their homes so they knew which staff to expect on particular days.

People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these.

Staff were protected whilst lone working, for example when staff joined the organisation they were informed of what action they should take if they felt at risk. Staff had access to an on call service and told us management were always available. One staff member told us they had used the on call service in an emergency and the management team came straight out and helped resolve the situation safely.

People were supported by staff who managed risk effectively. One staff member told us "X can speed off at any time, dogs frighten (X) too so I'm aware of the environment, we need to be vigilant and we link arms when we cross the road." Another staff member told us they had practiced fire drills and rehearsed with people the number to call in an emergency and how to remember their address.

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks and to keep people safe but not be intrusive when they monitored them in their home. One staff member said "(X) needs to be checked every 15 minutes, if they go to their room; I knock on the door and pop my head in or listen outside their door." Staff balanced actively supporting people's decisions so they had as much control and independence as possible whilst ensuring their safety at all times.

People had documentation in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where

risks had been identified. This included environmental risks within the person's home, as well as risks in relation to their care and support needs.

Depending on people's particular identified risks, staff told us they were mindful of wet floors, careful when cooking and with knives and checked the water temperature before baths. Staff were conscious some people were friendly with unknown people and visitors which might put them at risk so they had individual protocols in place in people's homes.

Staff were trained in managing people's behaviour which could at times be challenging. Staff knew the signs and triggers which might mean people were anxious or worried and might precipitate certain behaviours. Staff were confident in their skills in responding to these and used a variety of approaches to calm or distract people to keep them safe from harm.

People were safely supported with their medicines if they required, and had care plans in place which detailed the medicine and the role staff were required to take. Staff who were responsible for administering medicines received training and their competency was checked on a regular basis. Staff confirmed they understood the importance of safe administration and management of medicines.

Is the service effective?

Our findings

People were supported by staff that were trained to meet their needs. Staff underwent training on mandatory subjects such as moving and handling and safeguarding as well as training that was specific to the people they supported, such as epilepsy and autism training. All staff confirmed the training was excellent. Comments from staff included; "The challenging behaviour training enlightened me prepared me – it helped 100%" and "The training never stops, always learning something new; it was overwhelming when I started and this job is not for the faint hearted but I have never looked back." There was a system in place to prompt staff when training was due or needed to be refreshed or renewed.

When staff joined the organisation they received an induction which incorporated the care certificate. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff also shadowed more experienced members of the team as part of the induction. One staff member said; "The induction training was intense, I was always supported though when I wasn't clear."

Staff were supported by ongoing regular, face-to-face supervision, competency checks and an annual appraisal. Supervision was up to date for all staff. Supervision was a two way process, used as an important resource to support, motivate and develop staff and drive improvements. Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve.

Staff were knowledgeable about how they would support someone who had difficulty in making decisions for themselves. All staff gave people opportunities to help them make choices and decisions for themselves wherever possible. One staff member said, "I would give the person options to choose from. Not too many to confuse them, but enough so they could decide." The registered manager and staff understood their responsibilities in relation to the legislative framework and had undertaken training in respect of The Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available.

People's care plans detailed their consent to the care they were receiving and staff were observed to seek people's consent prior to providing support. For example, staff we spoke to described how they would use stories, pictures or Makaton to help people makes choices and be as involved as much possible in decision making.

People's nutritional needs were met. People were encouraged to participate in shopping and cooking and making their meals when they were able to. People's care plans provided details to help staff know what people's nutritional likes and dislikes were. Care plans also described if people required help or support with eating and drinking, so staff were informed about what action they needed to take. Staff knew people's

particular needs, for example those who used specialist cutlery so they could eat independently. Staff sought advice promptly from specialists such as dieticians when people's dietary needs changed. Staff knew who was at risk of choking and there were specific plans in place which were followed, for example cutting food up and observing people closely whilst they ate. Staff educated people about eating a healthy, balanced diet whilst respecting their choices.

People were protected by staff that made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health on a daily basis. If staff noted a change they would discuss this with the individual and with consent, seek appropriate professional advice and support. One person we met had been unwell and had spent time in hospital. Staff were clear on the signs and symptoms they might display indicating they were not well and sought advice promptly.

Staff helped people to access health care professionals. People saw doctors, dentists and chiropractors as required. The registered manager confirmed people had annual health checks.

Is the service caring?

Our findings

People who were able, told us staff were kind and caring. We observed interactions between people and staff during our visits. People's body language was relaxed and people's facial expressions indicated they were content. Some people were tactile with staff and we saw they felt comfortable with them. Staff communicated with people in ways that suited their needs and demonstrated a familiarity and knowledge of people's preferences and dislikes.

Staff spoke of people in a caring, kind, thoughtful way. They were gentle, reassuring and patient with people. Staff told us "I love my days at (X's), getting to know them, doing things they enjoy"; "We all love what we do, I adore coming to work, it's my highlight, I love the challenge, every day is different"; "I love building relationships with people, there's always a period when they are learning to trust you"; "X is always happy to see me" and "We pull together as a team, we work together." Staff also felt the service was caring. They felt cared for and valued, listened too and supported.

People's social interests and preferences were recorded and there was a matching process to ensure that suitable staff cared for them. Each person had a personal support plan detailing their likes and dislikes. People's personal support plans detailed their achievements and strengths. Staff encouraged people to be as independent as they could be with household tasks and personal care needs.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished. People and their relatives were encouraged to be involved in their care and had signed their care plans wherever possible. People showed us their friends in photographs and told us about the parties and events they had enjoyed with them.

People were treated with dignity and respect. Staff were always conscious they were in people's homes and treated them and their belongings with dignity. Those who required help with personal care were offered the support they needed and privacy with tasks they could manage alone. Staff told us they always knocked on people's doors to announce their arrival at their home. Support plans and staff told us, if people were having time alone they could check them by listening at their door instead of disturbing them; they would always do this first. Staff knew people's individual ways of communicating which might indicate they wanted them out of their room or wished to be alone, they respected people's wishes. Confidentiality and personal boundaries were understood and respected by staff.

People were made to feel special. Birthdays and special occasions were celebrated.

Is the service responsive?

Our findings

The provider had an assessment process which helped ensure staff were able to meet people's needs. This assessment process also helped to identify when staff required further training before they were able to support people, for example epilepsy training.

People had pictorial support plans in place which were individualised and encouraged choice and independence. They provided clear guidance and direction for staff about how to meet a person's needs, their likes and dislike and routines. People's care plans were personalised and written using their preferred name. People's support plans were active documents and reviewed monthly with them, this enabled people's care to be personalised.

People and their families where appropriate, were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and how to support their needs.

People's care plans reflected the activities they enjoyed as part of their care package. People had active lives where possible engaging in sporting events, music and craft activities. People told us they enjoyed holidays, going to the theatre, shopping trips, cooking, sewing and were as active as they wanted to be. Those less able had opportunities created for them too. Staff told us one person liked water and tactile stimulation so a sandpit and water play area had been created for them. People were encouraged to participate in the activities they enjoyed and staff respected people's wishes if they did not want to go out at certain times. One staff member told us "X will sometimes sit on the pavement if they want to go home or put their shoes away."

There was a system in place for receiving and investigating complaints. Easy read complaint policies were in place. People, who were able, told us they had no concerns or complaints and if they did were confident the office would resolve these. We reviewed a complaint which had been received and the registered manager advised they had followed their policy, met with the family and the situation was now resolved to the complainant's satisfaction.

People told us they had been asked for their feedback and we saw their comments from questionnaires they had completed. Feedback forms were in pictorial format so people were able to understand what was being asked. Staff were also asked for their views and told us they too felt listened to.

Is the service well-led?

Our findings

People told us the service was well led. The focus of the service was to ensure people came first and received good outcomes. People and staff told us they regularly saw the management team and everyone confirmed the leadership was good. Comments included "Any problems are reported, we call the office and they come out"; "If we needed things from the shop and couldn't get out, they would come and get what we needed"; "I think they do a great job, I've watched the service expand"; "The management team are approachable, if I have any concerns about work or a personal matter, I feel listened to."

Staff were given the opportunity to share feedback and ideas. Staff meetings were held and during supervision staff were always asked for their feedback. Staff told us "The management team are awesome" and "I feel listened to – suggestions and improvements are acted upon, for example if someone is not doing enough, it is addressed."

The service encouraged staff to provide quality care and support. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included; "The company are very supportive, they always ask how it is going and help you get through difficult times"; "The supervisors visit the projects, check how people are, check the paperwork, all are approachable".

The registered manager worked in partnership with other agencies, such as community health teams and the local authority, ensuring a collaborative and transparent approach. Members of the team were seen to contact other partnership agencies to make referrals and share information. The registered manager explained that working in partnership and communicating well was particularly important when new people were being transferred to the service.

The provider had a range of organisational policies and procedures. Staff had access to these and were given key policies as part of their induction. The provider's whistleblowing policy supported staff to question practice. It defined how staff who raised concerns would be protected.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

People's views were actively sought to ensure the service was run in the way they would like it to be. People and relatives were sent quality assurance questionnaires, the results of which were audited in order to drive continuous development of the service. Results from the most recent survey indicated that people were satisfied with the service they had received.

The service monitored their service provision and quality against the Commission's five key areas, Safe, Effective, Caring Responsive and Well-Led. Reports detailed how the provider was meeting these areas and where they felt further work could be done, for example end of life care. These areas were regularly reviewed

and monitored by the registered manager.