

Premier Care Limited

Westfields

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Westfields was previously known as London Care (Human Support Group Limited - Westfields). Premier Care Limited took over the operation of the service from the previous care provider in June 2020.

Westfields provides personal care and support to people living in self-contained flats located in a single building. This is known as extra care housing and is operated by an independent housing provider which is The Anchor Group (Anchor), who employs a housing manager to take care of the premises including maintenance and gardening. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection there were 13 people being provided with personal care and support by the service.

People's experience of using this service and what we found

People were safe at the service. People received personalised care and support specific to their needs and preferences.

Recruitment practices were safe and there were sufficient numbers of consistent staff available to meet people's needs. There were enough staff working to provide the support people needed. Two new staff were due to start at the service, this would reduce agency usage.

Staff received effective training that gave them the skills to support people with their needs. The provider was looking to support staff with further training for health and social care diplomas, previously known as National Vocational Qualification (NVQ)

Staff followed current hygiene practices to reduce the risk of infections. Visitors to the service were given information to help them reduce the risk of catching and spreading infections. The provider made sure safety concerns about the premises were reported promptly to the housing provider.

Risks to people's safety were assessed and reviewed and systems were in place to safeguard people from the risk of abuse. Processes were in place to ensure medicines were managed safely and staff had received medicines training.

Staff were kind, caring and respected people's rights to privacy and to be treated with dignity. People were supported to be as independent as they could be with daily living tasks. Relatives could visit with family members without unnecessary restrictions.

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.

Staff helped people to stay healthy and well. They supported people to eat and drink enough to meet their needs, to take their prescribed medicines and to manage their healthcare conditions.

There were arrangements in place to make sure accidents, incidents and complaints would be fully investigated and people would be involved and informed of the outcome. The provider had systems in place to monitor the quality and safety of the service and people, relatives and staff felt comfortable raising any concerns and giving feedback.

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

Rating at last inspection

This service was registered with us on 3 June 2020 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 04 December 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Westfields

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 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

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the provider 24 hours' notice because people are often out, and we wanted to be sure there would be people at home to speak with us. Inspection activity started on 22 April

2022 and ended on 26 April 2022. We visited the location's office on 22 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke two care support workers, a team leader, the registered manager, and a newly appointed manager. We observed interactions between people and staff. While we were on site, we spoke with three people. We reviewed a range of records including two people's care records, medicines administration records and arrangements for two people and other records relating to the management of the service.

After the inspection

We the expert-by-experience phoned two people and asked them for their feedback about the service. We continued to speak with the registered manager and sought clarification about the evidence gathered.

Is the service safe?

Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and care practices were safe. People told us, "I am very happy here and safe, compared to where I was before" and "Very happy here. I feel safer here than where I used to be, it is a lot calmer. Carers very kind, very good to me, I like it here."
- People were able to say how they wanted staff to keep them safe and secure at the service. This information was recorded in their care records so staff would know how to do this.
- Staff received relevant training and support to help them safeguard people from abuse. They were aware of how and when to report concerns to the appropriate person or authority.
- The registered manager understood their responsibility to liaise with the local authority and other relevant agencies if a safeguarding concern about a person was reported to them. However, we did find one complaint raised contained an element of an allegation that had not been reported to safeguarding authority. Subsequently the registered manager discussed the allegation and explained how they investigated the complaint with the local safeguarding authority, who were happy with the action the registered manager had taken.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were well managed. People's care records contained current information about identified risks to their safety and wellbeing.
- Risk assessments were completed to check for any potential hazards and how to reduce or eliminate the risk and keep people and staff safe.
- In addition to people's scheduled care calls, staff undertook a welfare check on people to make sure they were safe and well. People also had an emergency pendent in their rooms that would summon the support from staff in emergency situations.
- There was a lone working system in place to promote staff safety.

Staffing and recruitment

- There were enough staff to support people. People told us staff turned up on time for their scheduled care calls. A person said, "It's a very reliable service, I am very lucky that it's the same staff and I know them all well."
- People were also complimentary about the support they received. One person told us, "Very nice people, get on with everybody here, when the carer pops in to see me they always greet me with a 'good morning and how are you today.'"
- There was a computerised duty management system, which detailed the staffing requirements for each day. Any short-term staff absences were managed through the use of overtime from existing care staff, as

well as additional support provided by the team leader and agency staff. The service also received support from staff at other extra care schemes the provider owned when required.

- Generally, staff felt there was enough staff and staff were pleased to learn two new staff were due to commence their employment.
- The provider operated safe recruitment practices. They carried out appropriate checks on new staff to make sure only those suitable were employed to support people.

Using medicines safely

- Where the provider was responsible for this, people received their medicines safely and as prescribed.
- People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way.
- People told us they received their medicine safely and as prescribed. A person told us, "I can be a bit forgetful with my medication, but thankfully the staff keep me on track." Another person said, "The staff are well trained, they always give me my tablets on time."
- The registered manager and team leader undertook competency checks on staff and audits on people's records to make sure staff administered medicines safely. When issues had been identified with staff's practice, the registered manager had taken action to provide the appropriate support to staff to reduce the risk of these issues reoccurring.
- Staff were required to refresh their training in medicines administration at regular intervals to make sure their skills and knowledge remained up to date.

Preventing and controlling infection

- The provider was managing risks associated with infection control and hygiene.
- Staff followed current guidance to keep people safe from risks associated with poor infection control and hygiene. We saw they used personal protective equipment (PPE) appropriately.
- Staff supported people to keep their flats clean and hygienic to prevent the spread of infection.
- The team leader completed regular infection prevention and control audits and spot checks to ensure safe practices were being followed.
- The provider's infection prevention and control policy was up to date. The provider had plans in place to manage an infection outbreak at the service.

Learning lessons when things go wrong

- Learning from accidents and incidents was used to reduce safety risks to people.
- A new electronic system had been implemented. This has improved the providers ability to assess and analyse accidents and incidents. We saw evidence that any accidents and incidents were investigated, and actions put in place to minimise future incidents.

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.

This is the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received support, training and supervision to carry out their roles safely and effectively.
- Staff completed an induction upon commencement of their employment. New staff shadowed senior staff until they were deemed competent and felt confident to support people.
- Some staff felt further opportunities to develop their skills had not always been available, such as, health and social care diplomas, previously known as National Vocational Qualification (NVQ). We discussed this further with the registered manager who has provided assurances that diplomas will soon be offered to staff.
- The training staff received included essential training, such as medicines management, safeguarding adults, moving and handling and infection control. Recent face to face additional training was provided to staff in first aid.
- Staff received regular supervision sessions with the team leader. One staff member told us, "The team leader is amazing, I feel well supported."

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

- The provider had arrangements in place to make sure people's care and support needs could be met by the service.
- Prior to people using the service the provider had undertaken assessments of people's needs and also discussed the person's needs with the housing team to ensure the extra care setting could meet the person's needs.
- Care plans were reviewed and updated on a regular basis, or more frequently if required. This ensured the care people received met their choices and needs.
- People had been able to state their choices about how and when support was provided, and this information had been recorded in their care and support plan.

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff were supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. One person told us, "I am not the best cook so I usually get my own meals and the carers will reheat them for me if I ask them."
- Staff recorded what people ate and drank at each care call. This helped managers monitor people were receiving appropriate support and for any issues people may be having with their fluid or nutrition intake.

- People were supported by staff to manage their health and medical conditions. People's care records contained information for staff about how they should do this to help people achieve positive outcomes and reduce the risk of people's conditions deteriorating.
- Staff worked proactively with healthcare professionals. They shared any concerns they had about people's health and wellbeing. At the time of our inspection a social worker was assessing a person's needs due to concerns the provider had raised. This showed the provider was proactive and responsive, sharing concerns when they were discovered.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had capacity to make and to consent to decisions about specific aspects of their care. They were free to leave and return to the service with no undue restrictions.
- No one using the service at the time of the inspection was subject to a community DoLS.
- Staff had received training in the MCA and associated codes of practice. The registered manager understood their responsibilities under this Act.

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.

This is the first inspection for this service. This key question has been rated good. 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; equality and diversity

- People were looked after well by staff. Comments included, "I like the staff very much, they've got a good sense of humour", "Carers are all very nice, they speak to you, they are approachable, never too busy to have a little chat" and "Must have a caring side to do their job, they will go out of their way to check things out for you if you have an issue."
- Staff spoke about people with warmth and kindness. A staff member told us, "I have worked here for years, I really love caring for these people. We are a little community here."
- We spent time observing people interacting with staff. Staff were friendly and warm with people and encouraged them to talk about topics they were interested in.
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were recorded in their care records so staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People had been supported to express their views and be involved in making decisions. People's care records reflected the choices and decisions they had made about how their care and support was provided.
- People's feedback was obtained at regular intervals, this tended to be completed by the team leader to make sure the care and support people received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we observed staff gaining people's permission before entering their flats. They obtained people's consent before providing any care and respected their choices and decisions about this.
- People were supported to be as independent as they could be. People's care records prompted staff to support people to undertake as much of the tasks of daily living as they could.
- Staff respected people's privacy and dignity. A person told us, "The staff know I like my own space and do respect this."
- The team leader used spot checks on staff to seek assurances staff were treating people with dignity and respect when providing care and support.

Is the service responsive?

Our findings

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

This is the first inspection for this service. This key question has been rated 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

- People's care was personalised. People's care plans contained a one-page summary of what was important to the person and more detailed step by step guidance about what support they would like during each visit.
- Staff understood people's needs and told us how they provided care and support to people in the way people preferred.
- Staff recorded the care and support they provided to people. This helped managers check and monitor staff were providing the care and support planned and agreed with people.

Support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting them to develop and maintain relationships to avoid social isolation

- Staff supported people to enjoy activities and socialise within the extra care housing setting. Thursday bingo and chippy Friday were regular events that took place. Staff were keen to re-introduce more communal activities with restrictions to COVID-19 being eased.
- People received support to maintain relationships with the people that mattered to them. People's friends and family were free to visit with no unnecessary restrictions. Staff made sure visits were undertaken safely to reduce risks posed by COVID-19.

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.

- People's communication needs had been identified, recorded and highlighted so staff had access to relevant information about how they should be supported with these.

Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with formal complaints. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care.
- People's care plans contained information about their end of life wishes, including where they wanted to be cared for and who they wanted involved.

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.

This is the first inspection for this service. This key question has been rated good. This meant 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; continuous learning and improving care; 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

- There was a clear management structure in place which consisted of the provider, registered manager, care coordinator and team leader, Staff understood the role each person played within this structure. A new manager had recently been recruited and was due to take over the registration from the current registered manager.
- Quality assurance systems were effective, and we saw a number of audits, checks and monitoring systems including, the environment, medicines, training and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action.
- We received some mixed feedback from staff regarding the support they received from the provider, particularly during the pandemic. Staff commented, "In the main, yes I feel supported, but during the pandemic it was tough and I don't think the provider acknowledged this" and "As a team we work very well, it would be nice to be praised for the work we do from senior managers, but maybe I just had a different outlook to them." We discussed this feedback with the registered manager who was surprised by these comments and stated support was always available to the staff team and counselling was available to staff during the pandemic.
- The registered manager was open about things that went wrong and proactive about putting things right. They investigated, accidents, incidents and complaints and made sure people were kept involved and informed of the outcome.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us there was an open-door policy. Staff told us they felt confident to speak to the team leader or registered manager if they needed to share feedback.
- The culture of the service was positive and inclusive. Staff spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the COVID-19 pandemic.
- We received positive feedback in relation to how the service was run. People told us, "I am happy, this is a nice place and to have the same staff is very nice" and "They do an excellent service. They are nice people, can always have a laugh and joke with them. I am quite happy here. I go out whenever I want to."

Working in partnership with others

- Good relationships had been developed with a range of healthcare professionals involved in people's care. The registered manager and staff team acted on their recommendations and advice to design and deliver care and support that met people's needs.
- The registered manager maintained a close working relationship with the housing provider of the extra care housing scheme and made them aware of any issues or concerns relating to the environment and premises promptly.