

Premier Healthcare Support Service

102a West Princes Street
Helensburgh
G84 8XD

Telephone: 01436 674 477

Type of inspection:
Unannounced

Completed on:
19 May 2025

Service provided by:
Dorothy MacLeod trading as Premier
Healthcare

Service provider number:
SP2008009687

Service no:
CS2008173018

About the service

Premier Healthcare provides a care at home service to adults and older people living in their own homes.

The company office is located in central Helensburgh and services are mainly provided within the local area.

The service operates over seven days, 365 days a year. The office is open standard operating hours with an out of hours telephone number covered by the senior team outside of this.

At the time of the inspection, 65 people were using the service.

About the inspection

This was an unannounced inspection which took place on 13 May 2025 between 10:00 and 18:30, 14 May 2025 between 8:00 and 18:00 and 15 May 2025 between 11:00 and 15:30. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 11 people using the service and 12 of their family
- spoke with nine staff and management, and received 21 returns from staff questionnaires that we had issued
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals with three returns from questionnaires that we had issued.

Key messages

- People were all pleased that support from the service meant they could live in their own homes.
- Staff received good training and were knowledgeable in their practice.
- Families were impressed by the support given to loved ones and had full trust in the service.
- Managers knew people well and regularly attended at their home to observe staff practice.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People told us they were very happy with the support received. They felt that staff always respected their dignity and that they were compassionate people with a good understanding of their needs. We saw that personal care tasks were carried out sensitively and many spoke to us of the kindness and professionalism of staff. They told us that they enjoyed the support provided by the team as it helped them to remain in their own home.

Families made positive comments to us about the service and told us that they had trust in them and knew they would always do the best for their loved ones. One family member told us "the staff are great, they always go the extra mile for my mum, even with physical exercises, and this really helps mums wellbeing".

It was good to see that staff promoted independence by supporting people in daily choices such as meals, clothing, and care decisions. This approach enhanced people's autonomy and contributed positively to their overall wellbeing.

We were told from a family member about a particularly positive example when they described how proactive care and close monitoring from staff had prevented hospital admission for their loved one. This ensured a positive outcome for the individual and helped build further trust and confidence in the service.

People and their families enjoyed that managers and team leaders regularly visited their home. This helped build connections and relationships, and ensured that people's' needs were being understood. These visits helped people feel heard and supported, reinforcing responsive care.

Staff had regular training in moving and handling and we saw that good risk assessments were in place to keep people and staff safe when people were assisted with movement. It meant that people with mobility difficulties could be confident when staff were using the required equipment to support them. We observed that staff had a good awareness of infection prevention and control procedures, and this helped keep people well while they received good quality care.

The service used a personalised approach with people and this kept care person-centred, whilst reflecting individual preferences and cultural considerations. Staff tailored support to make care responsive and meaningful.

Preventative care and early intervention were priorities in the service and staff proactively monitored nutrition, hydration, and mobility in order to prevent deterioration. Early identification of these concerns enabled timely support from staff and/or external health professionals, and led to positive health outcome for people.

The service supported people's physical and mental wellbeing by helping maintain routines and quality of life at home. People were offered emotional support and encouragement by staff and this showed us that staff recognised and understood the importance of sustaining health and independence for people who were supported.

There was an electronic planning system in place that streamlined communication between care staff and office-based staff. This system showed us that visits were kept within an agreed timescale, all care tasks took place and people were confident in staff attendance.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality assurance could easily be seen on the electronic app and there was no doubt that managers were aware where improvement was needed in the service. We saw this in the service improvement plan which is an ongoing document that highlights when improvements have progressed or have been met. There was a good overview of what was happening in all areas of the service.

There were good policies in place, such as complaints, whistle blowing and medications policy. The medication policy was a lengthy document and we discussed that a short easy read version of the policy could be provided for staff and included in their induction pack. Managers agreed that this would be put in place.

People being supported (and families) felt that managers, as well as carers, knew who they were and understood their needs well. They put this down to managers visiting their home and getting to know them. During the initial assessment a manager spent a lot of time with people finding out their needs, asking what support they would like and how it could best be provided. The time spent was really appreciated by all the families we spoke to.

We saw that regular supervision with staff took place, and that observations and recording of staff practice was carried out regularly. This meant it could be discussed at individual staff meetings and that praise, recognition and/or development could be discussed.

All staff were invited to attend team meetings on a monthly basis. It was often the case that only a few staff could make the meetings, however there was open discussion about developments in the service and other relevant areas of social care. These were always recorded and were in place for all staff to view. This ensured that all staff could be aware of any changes to service delivery, or new developments in social care.

Accidents and incidents, and outcomes of these, had all been recorded by the service. However, we noted that no notifications had been sent to the Care Inspectorate to inform us. These should be sent as part of a governance procedure. They allow us to scrutinise if there are any concerns or patterns of accidents/incidents that we would be concerned about and that we would discuss with the service. (Please see area for improvement 1)

People deserve to have their correct medications administered at the right time and there was an Electronic Medication Administration Record (EMARS) in place. Staff recorded in this when an individual received, or was prompted to take, their medication. This meant that managers received an alert if medication was late or had not been given. This could then be addressed with staff and rectified. A whole audit check was carried out regularly by managers.

Areas for improvement

1. To adhere to regulatory and statutory duties, the service should ensure that they follow the notifiable events guidance as set out in the Care Inspectorate document entitled 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff told us that they all worked well together, and we saw this when speaking with or observing staff members in practice. The staff supported each other well as a team and had good supportive working relationships. There were some long serving staff on the team and this assisted with the induction of new staff. Feedback we received from all was very positive. They felt they were well supported by managers and this gave a nice atmosphere when speaking with them individually or together. It was clear to us that staff had good values and that they enjoyed their work. This meant they were an effective staff team who had confidence in colleagues, and supported people well.

There had been recent internal recruitment in the service for team leaders and they were able to promote staff into this role. This meant that there were opportunities for staff to develop personally and professionally. People are more likely to stay in employment that offers opportunities for development and this was an effective way of maintaining the team.

Training was rated very highly by staff, and each told us that regular good quality face to face training was provided. The training covered areas such as moving and handling, medication training, dementia awareness and adult support and protection. Staff enjoyed the face to face training and felt it was more effective to learning than online training, it also gave more opportunities to meet with colleagues.

The team told us that managers outlook on training was very positive and they were always looking for ways to improve it. This meant that the staff team were confident and knowledgeable when supporting people.

Each staff members training was recorded in their personal file and was up to date. We discussed that the service could benefit from producing a training matrix. This would give the managers clearer oversight of all completed training, and enable gaps to be identified. The service agreed this was something they would take forward.

The induction process for new staff was a positive experience. There was an induction pack prepared for each person which contained all the information needed, such as company policies, expectations of the service, Scottish Social Services Council (SSSC) registration requirements and SSSC code of conduct. This ensured that staff were fully aware of their rights and responsibilities towards the service and people being supported.

Comments from all people and families we spoke to were very positive. They told us how kind and caring they were, how understanding of different issues and that their values were second to none. Even though they sometimes had several different carers to support loved ones they had never yet met any who were not compassionate and cared about their loved one.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

It is important that people and families are encouraged to say what they want and need from a service. People we spoke with told us that they participated regularly in reviews of their care and support and they felt fully involved.

We saw in people's personal plans that each person was treated as an individual and that their needs and wishes were respected. People without capacity had an input; carers and family knew them well and their views were taken into account. Personal plans contained up to date information and reflected any changes in the care required.

Appropriate discussions were held with people and families, however, the plans would benefit from being more outcome focused in their recording. As well as needs and wishes, it's important to record people's strengths early in the plan. Staff encouraged independent choice for people and it would have been good to see what people wanted to do for themselves, what goals and aspirations were. This would assist in further promoting people's independence. (Please see area for improvement 1)

We saw and heard that external health professionals were involved in the review of personal plans. They were regularly consulted when it was felt their input could aid with preventative measures to ensure the best health for people. They were also involved when future care planning was being put in place for people.

External health and social care professionals shared with us that the service was always seen to provide a high standard of care and support, and that managers were happy to consult with multi-disciplinary teams when further input for people was required.

Areas for improvement

1. Personal planning should be more outcome focused, ensuring that personal goals and aspirations are clearly identified and supported. Plans should reflect how care and support will enable people to achieve positive, meaningful outcomes that enhance their well-being and independence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I get the most out of life because the people who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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