

Prestige Care & Support 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

About the service:

Prestige Care & Support Ltd is a domiciliary care agency that was providing personal care to 48 adults at the time of the inspection.

People's experience of using this service:

People and relatives told us they were generally happy with the care and support provided. People said they felt safe and systems were in place to protect people against the risk of abuse. Risk assessments were in place which set out how to support people in a safe way. People were supported to take their medicines and measures were in place to protect people from the spread of infection. There were enough staff employed to meet people's needs. We have made a recommendation about staff recruitment practices.

The service carried out assessments of people's needs prior to the provision of care to ensure they could meet those needs. People were able to make choices over their daily lives including about what they ate and drank. The service operated within the principles of the Mental Capacity Act 2005. The service worked with other agencies to promote people's health, safety and wellbeing.

People told us staff treated them in a caring and respectful manner. Staff were aware of the importance of promoting people's independence. Privacy and confidentiality were respected.

Care plans were in place setting out the individual needs of people and people had been involved in developing these. They were subject to review, so they were able to reflect people's needs as they changed over time. Complaints procedures were in place and people were provided with a copy of these procedures.

People and staff told us they found senior staff to be approachable and supportive. Various quality assurance and monitoring systems were in place, some of which included seeking the views of people and their relatives.

Rating at last inspection:

At the last inspection this service was rated as Good. The report from that inspection was published on 26 October 2016.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection 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 ●

Prestige Care & Support 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 an 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, in this case a service for older people and people living with dementia.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, younger disabled adults, people with learning disabilities and on the autistic spectrum, people living with dementia, younger adults, people with physical disabilities and sensory impairments and people with mental health needs.

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 three working days' notice of the inspection site visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 14 May 2019 and ended on 14 May 2019. We visited the office location on this date to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the evidence we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant events the provider had sent us. We used information the provider sent us in the Provider Information Return. This is information we

require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we reviewed five sets of records relating to people who used the service including care plans, risk assessments and medicine records. We looked at five sets of staff recruitment, training and supervision records and also minutes of team meetings. We checked various policies and procedures including those relating to safeguarding adults, complaints, medicines and infection control. We looked at the various quality assurance and monitoring systems that were in place. We spoke with eight staff; the registered manager, assistant manager, administrator, care supervisor, care coordinator and three care assistants.

After the inspection we conducted telephone interviews with one person who used the service and 11 relatives.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. One relative said, "I feel that everything is safe here, no problems."
- Systems were in place to help protect people from the risk of abuse. Various policies were in place including those relating to whistle blowing and financial protection of people. The safeguarding adult's policy made clear the service had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission.
- Records showed staff had undertaken training about safeguarding and staff we spoke with understood their responsibility to report allegations. One member of staff said, "I would go straight to the office."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and how those risks could be minimised. Assessments covered risks associated with falling and mobility, medicines, the physical environment, access to people's property and pets.
- Staff had undertaken training about dementia care and demonstrated a good understanding of how to support people who exhibited behaviours that challenged the service. The registered manager told us the service did not use any form of physical restraint when working with people and staff confirmed this.

Staffing and recruitment

- People and relatives told us staff were usually punctual and that they stayed for the full amount of allocated time. A relative said, "They are usually on time and (person) is never rushed."
- Staff told us staffing levels fluctuated. They said at the time of inspection there were enough staff. At other times they reported they occasionally took on extra shifts, but added it was up to them if they did this. The senior staff team had a background of working as carers and they told us they covered appointments on occasions if there were no other staff available.
- The registered manager told us there had been one missed visit in the past six months and said this was due to the individual staff member. They said they were going to take disciplinary action against the staff member, but they resigned in advance of this.
- Staff told us and records confirmed that checks were undertaken on staff before they commenced working at the service. These included criminal records checks, employment references and proof of identification.
- Staff application forms asked people about their marital status. They did not ask candidates to declare if they had any criminal convictions. We discussed this with the registered manager who told us they would amend application forms so they did not ask candidates about their marital status but did ask if they had any criminal convictions. After our inspection the manager confirmed that they had amended the

application form accordingly.

- Records showed that one newly recruited staff member had a number of criminal convictions, none of which were recent. The registered manager told us they planned to do a risk assessment on this but it had been overlooked. They said they were aware an assessment should have been carried out and that would be their usual practice if a similar situation arose again. After our inspection the registered manager confirmed that they had carried out a risk assessment. They added that the staff member only worked on double handers, that is with clients who required the support of two staff, so they did not work alone. They said this was the situation from the start of the staff members employment and would continue to be so. We noted that all the other staff recruitment records we checked were satisfactory. We recommend the service reviews its staff recruitment practices so that it reflects their procedures at all times.

Using medicines safely

- People and relatives said they were supported with medicines. One relative said, "The carer gives the medicine, (person) gets their medicine on time."
- The service had a policy in place providing guidance about the safe administration and recording of medicines.
- Staff told us and records confirmed that they had undertaken training about the safe administration of medicines. This included an assessment of their competence in this area.
- Medicine administration records were maintained, and staff signed these after each medicine was given. Once completed, these records were checked by two staff including the registered manager to ensure they had been completed correctly.

Preventing and controlling infection

- Staff told us they wore protective clothing when providing support with personal care to reduce the risk of the spread of infection.
- The registered manager said they provided a supply of protective clothing for staff to wear and we observed one member of care staff came to the office on the day of inspection to collect a box of gloves for use when providing support with personal care.

Learning lessons when things go wrong

- There was an accident and incidents policy which said accidents and incidents should be recorded and reviewed.
- Records confirmed that the policy was followed, and the service sought to learn from any accidents or incidents to reduce the likelihood of re-occurrence.

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.

Good: 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

- A senior member of staff carried out an assessment of people's needs prior to the provision of care. This was to determine what the person's needs were and if the service was able to meet them.
- Records showed assessments covered needs associated with personal care, health and medicines, mobility and nutrition. They also covered needs relating to people's religion and culture.

Staff support: induction, training, skills and experience

- Staff were supported to develop knowledge and skills relevant to their roles. New staff undertook an induction programme comprised of classroom based and on-line training, shadowing experienced staff and completing the Care Certificate. The Care Certificate is a nationally recognised qualification for staff who are new to working in the care sector. A staff member said of their induction, "It covered all the important things. I had to shadow the carers and watch what they did."
- On-going training was provided for staff which included dementia care, safeguarding adults, health and safety, moving and handling, infection control and first aid. Staff also had regular one to one supervision with a senior staff member where issues of mutual interest could be discussed.

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

- Where people required support with meal preparation or eating and drinking this was detailed in care plans. Plans included information about people's likes and dislikes regarding food.
- Staff told us they offered people choices about the meals they prepared for them. One staff member said, "I ask them what they want (for breakfast)."

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

- The service worked with other agencies to promote people's health, care and wellbeing. Records showed they worked with the district nursing service, GP's and occupational therapists to ensure people got the support they required.
- Care plans included contact details of people's next of kin and their GP. This meant staff could contact them if the need arose. Staff were aware of what to do in case of a medical emergency.

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.

- We checked whether the service was working within the principles of the MCA and found that they were. Staff told us most of the people they worked with were able to make choices about their care and for other people family were involved.
- Records showed that mental capacity assessments had been carried out to determine if people had capacity to make decisions. People had signed forms to consent to the care set out in their care plans.

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.

Good: 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; respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully. One person said, "They are excellent, I have never had one that I don't like, I am so happy with them. I think they are very caring because they are kind to me." A relative told us, "They sit and talk to (person), they are very good."
- Staff understood the importance of working with people in a kind and caring manner. They explained how they respected people's privacy when providing care. One staff member said, "I always knock on the (bedroom) door and shout out its me. I make sure the curtains are closed. I put a towel over their private bits while I'm washing them."
- Staff were also aware of the need to promote people's independence. They told us where possible they supported people to manage as much of their care as they could. One staff member said, "I know (named person) can't reach their feet or back but I give them the flannel and they do their face and arms. If they can do it, I let them do it."
- The service had a policy in place on confidentiality and staff understood the need to keep personal information confidential. Confidential records were stored securely in lockable filing cabinets and on password protected electronic devices.
- Care plans included information about people's equality and diversity needs, for example in relation to sexuality, religion and ethnicity. People told us these needs were met, for example a relative said they were able to choose the gender of care staff to fit in with the person's preferences.
- The registered manager told us they were not aware of any people using the service who identified as being LGBT at the time of our inspection. They added if a person did then the service would seek to provide personalised support to them in line with their wishes.

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

- Care plans made clear that people were to be offered choices and be involved in their care. Staff told us they always sought consent before providing care, one staff member said, "I always ask their permission before I do anything."
- Care plans had been signed by people which showed they agreed with their contents.
- The service held regular coffee mornings at their offices for people who used the service and their relatives. This gave people to discuss the service and their support in a relaxed and informal setting and helped to develop relationships between people and senior staff.

Is the service responsive?

Our findings

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

Good: 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 received care that was based around their individual needs and they were involved in planning their care. People said they were happy with their care and staff were responsive to their needs. One person said, "They know what they are doing. They know me very well and they know how to look after me." A relative said, "I am quite satisfied with them, I feel that I can talk to them."
- Care plans were in place which set out how to meet the needs of individuals. They covered needs associated with personal care, communication, moving and handling and medicines.
- People and relatives told us they were involved with care plans. One relative said, "Yes, (person) has a care plan, I was involved in writing it. I am very happy with the care plan."
- Plans were subject to regular review which meant they were able to reflect people's needs as they changed over time. The registered manager told us, "Normally we do it (care plan review) on an annual basis, but if things change, say the client gets better or needs a change of care we review then."
- Daily records were maintained which showed that care was delivered in line with the care plans and people's assessed needs.
- Staff told us they were expected to read care plans and they were able to explain to us the individual needs of people they supported.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. Each person was provided with their own copy of the complaints procedure to help make it more accessible to them.
- The registered manager told us there had not been any formal complaints made within the past twelve months and we found no evidence to contradict this.
- We saw relatives and people who used the service had made complimentary comments about the service. For example, one person had written, "Very reliable staff. Always cheerful and willing to help in any way."

End of life care and support

- The registered manager told us no one using the service at the time of inspection required end of life care. However, we saw this issue was covered within people's care plans up to a point. Although the registered manager told us many people did not like to discuss this issue.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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 service had a registered manager in place who was also the owner of the business. They were supported in the day to day running of the service by an assistant manager.
- The registered manager was aware of their regulatory responsibilities and of their duty to notify the Care Quality Commission (CQC) of significant events and had notified CQC accordingly of such events.
- Staff spoke positively about the registered manager and other senior staff. One staff member said, "We have all the support we need from management and colleagues, I would say it's like a big family. Any concerns, we can always talk to the management."

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

- Various quality assurance systems were in place, some of which included seeing the views of people who used the service.
- The registered manager carried out an annual audit of the service in line with the five key questions CQC inspect, i.e. is the service providing care that is safe, effective, caring, responsive and well-led. Various records were also routinely audited and checked including medicine charts and daily records.
- Staff told us that regular team meetings were held and records confirmed this. They included discussions about punctuality, record keeping and teamwork. A member of staff said, "In the team meetings (registered manager) always asks us if we have any concerns."
- Senior staff carried out spot checks. These involved carrying out an unannounced visit to a person as they received care.

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

- People's equality characteristics were covered in their pre-care assessments. The registered manager told us where people had needs related to equality and diversity they sought to meet them. Where they were unable to they said they had declined to take on care packages. For example, because staff could not speak the same language as a person or a person required support from male care staff when none were available.
- To seek people's views about the service a yearly survey was carried out which asked people, relatives and staff about their views. The most recent completed survey contained mostly positive feedback and where issues were identified steps had been taken to address them.
- People told us they were listened to. One person said, "Yes they do listen, sometimes the supervisor comes to see me."

Continuous learning and improving care; working in partnership with others

- The registered manager told us they worked with other agencies to develop practice and share ideas. This included attending a forum for care providers run by the local authority. The service was affiliated to Skills for Care and a member of the UK Homecare Association (a trade body for domiciliary care providers). The registered manager told us both of these organisations provided updates about the care sector and training opportunities.