Prestige Nursing Limited

Prestige Nursing Exeter

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was announced and took place on the 20 and 21 August 2017. Prestige Nursing Exeter provides personal care support for people living in their own homes in the Exeter area. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit and telephone people receiving a service in their own homes.

This service was last inspected in June 2015 and was rated as 'Good' overall. We had not received any complaints or safeguarding information since that inspection.

We brought forward this comprehensive inspection because we received concerning information relating to the management and quality of the service. The local authority made us aware that at the end of July 2017 Prestige Nursing Exeter had informed them they were unable to cover approximately half of their care packages due to a lack of staff. This meant that at short notice the local authority had to arrange for around 25 care packages to be covered urgently by alternative care agencies. We then received information relating to concerns about the management of the administration of medicines identified by those agencies. We also received information from two anonymous complainants about the management of the service and two complaints from individuals. The service was placed into a whole home safeguarding process by the local authority and we attended a safeguarding meeting. The local authority suspended further placements to the service until further notice.

From June 2017, there had been a set of circumstances relating to changes in management and staff turnover, including a new manager in June 2017 and staff leaving or on holiday, which had impacted the service's capacity to effectively cover their 50+ care packages at the end of July 2017. These changes and their management by the provider had meant that there had not been enough staff to meet people's needs. This had been managed locally in the office initially using their existing staff and other care agencies and then had resulted in the service requesting urgent transfer of some care packages by the local authority permanently to alternative care agencies. During the first week of August some people did not receive a visit and some people received visits that were not their preferred time. Some people complained that they did not know who would be visiting them and they had received care from staff they had not met before.

Therefore, we found there was a failure to maintain adequate staffing levels to meet people's needs during July and early August 2017 and the provider had failed to ensure sufficient oversight of the Exeter office to prevent this happening. These areas required improvement.

During this inspection on 20 and 21 August 2017 there were 23 people remaining who were receiving personal care support. There were ten care workers supporting these people and we saw completed staff rotas for the next two weeks and received reassurance that actions had been taken to ensure these care packages would be covered and people's needs met.

We also found there were failings in medication management and administration. Although care workers had received up to date training in medication management, during this inspection on 20 and 21 August 2017 we found medication administration records were unclear and incomplete and did not describe to staff how to meet people's medication needs. This meant people could not be sure they would receive their medication correctly at the right time. We also found two people's MARS in their own homes contained gaps in administration recording. Although there were good medication assessment forms completed for individuals receiving support with medication, these were only kept in the office and not easily available for care staff to refer to. For example, we saw that one person required prompting with their medication but there was no information in the person's care plan held in their home as to where medication was stored or in what format or how the person took it. The manager told us the medication audit was usually carried out monthly but this had not been completed since April 2017. We saw that where people had repeatedly refused or did not require medications, this had not been followed up to ensure they were receiving medication which could be important for their on-going health and welfare.

Therefore, we found there was a failure to maintain comprehensive medication administration records which put people at risk of not receiving their medication correctly. We also found the provider had not ensured that the weekly compliance report had identified these failings. These areas required improvement.

During this inspection we saw that the provider and manager had taken action to address this issue which was brought to their attention during the safeguarding process. A medication audit had been commenced and was nearly complete. This had also found omissions in recording by various care workers and lack of comprehensive medication information available to staff in people's homes. Actions had been taken to address these findings when we carried out our inspection.

People told us they were happy with the care Prestige provided. They were aware of the difficulties the agency experienced with staffing at the beginning of August 2017, but they had experienced no problems prior to that period, and they told us things were running smoothly. Comments included, "I get a weekly rota and then those staff come. They're all lovely, I'm happy and I don't have any problems", "The worst thing was when no-one rang me about a missed visit [in the first week of August] but since then it has been fine. The [care worker] who comes to me is excellent, very quick, intuitive and tremendous" and "I'm happy with the care. Generally speaking things have worked out ok. [Care worker's name] is my buddy, they know what they are doing and we get on well." Another person's advocate told us they had seen the Prestige care workers over the years and they were always kind and caring and they had never missed a call. They added that staff had seemed unsettled with all the changes in the office but things seemed better now.

The management team told us they were committed to providing a good quality, effective service to people going forward. There was now good support from head office. The management team told us they could see how the lack of staff and capacity to meet people's care packages had happened and felt it was an isolated incident. They had devised an action plan and were addressing the issues relating to staffing and medicines which included a more formal new manager induction process so that potential issues could be identified sooner in the future. The manager had met with each remaining staff member to ensure they were aware of the situation, and to ensure the staff felt supported and committed to Prestige. A further group staff meeting was booked.

People told us they felt able to raise any issues with the office management team but had not felt the need to. There was a communication book in the office and telephone calls were inputted into individuals files on the computer system showing they were actioned. We received two separate anonymous comments. They related to management and employment issues at the time of lack of staff capacity. Where one area of poor care affecting one person had been identified in one of these comments, the service had already identified

this and taken action to speak to the individual care worker during supervision and refresh their training.

Care workers were described as "lovely", "kind" and "caring" and their privacy and dignity was respected. Where some people preferred female carers for example, this had happened. During the period of lack of staff some people had received care from a male care worker for one or two visits. They said this had not been a problem and we saw alerts were added to people's computer files and this information was in their care plans. Care plans in people's homes and in the office reflected the care people required. They were personalised and detailed about people's preferences and what tasks they liked carried out and when. This ensured when care workers visited people they had the information they needed to provide person centred care. People told us the service was flexible and made adjustments to accommodate their wishes and changing needs. For example, one person rang weekly to say what care they would like depending on what they were doing that week. Where any concerns were raised about a person's health or well-being prompt action was taken to make sure they received the support and treatment needed. For example, one person told us how fantastic the care worker had been when they had been unwell, ensuring they got the treatment they needed. Another person had been identified as needing further assessment by their care package commissioner for a possible increase in their visits.

People had been involved in discussing their care and telephone quality assurance calls and spot checks had happened regularly. There were quality assurance systems which monitored standards and ensured any shortfalls were addressed. Although this had failed relating to medication management, all other audits were up to date. This included staff training and supervision, care plan and risk assessment reviews and the provider's annual compliance audit. The service had not received any formal complaints over the last 12 months from people using the service; people knew how to complain using the Prestige complaints policy.

At present, people were receiving care from a small group of care workers who they knew. The manager said that going forward when there were more clients they would devise 'staff runs' again. This meant that individual staff would have a more regular rota and people would receive support from two or three care workers. However, people said they were happy with the care workers they currently saw.

Care workers were well trained and competent in their roles. Staff undertook training in health and safety subjects and received the training and information they needed to meet people's specific needs. For example, staff completed training about relevant medical conditions and there was additional information kept in people's care files in their homes such as epilepsy or Parkinson's disease. Training also included safeguarding. Due to the on-going safeguarding process, the management team had booked staff for safeguarding refresher training and support as the service had not been through a safeguarding process before. People told us they felt safe and comfortable with the care workers who supported them. They were confident the problems experienced by the agency had been addressed. One person said, "I know some [staff] were working more hours than they wanted to but this seems better now."

Daily care records in people's homes showed good time keeping other than the first week of August where some calls were made slightly earlier or later than usual. One person was very happy staff could come late morning which they liked and people said care workers were not late and stayed the allocated amount of time. Staff rotas included travel time which appeared sufficient.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People could not always be sure there were enough staff to meet their needs although we found this had improved.

People could not be sure they were supported appropriately with medicines because medication records were incomplete and lacked information.

Risks of abuse to people were minimised because the provider had a robust recruitment process and staff knew how to recognise and report abuse.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

Is the service effective?

Good

The service was effective.

People's health was monitored and care workers acted promptly when concerns or changes were identified.

People were supported by staff who were well trained and competent.

People were always asked for their consent before care was given.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who treated them with respect.

People's right to privacy and confidentiality was respected.

People were fully involved in all decisions about their care and support. There were regular reviews which enabled people to share their views.

Is the service responsive?

Good

The service was responsive.

Prestige Nursing Exeter provided people with a service which was personalised to their wishes and needs.

People told us they would be comfortable to make a complaint and felt any concerns raised would be dealt with.

People's care and support was regularly reviewed and adapted to meet people's changing needs and wishes.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had failed to provide a consistent and reliable service.

Quality assurance systems relating to medication management had failed to ensure people received safe support with their medicines.

All other quality assurance systems did ensure that people received a good service and ensured any shortfalls identified were addressed promptly, however, the provider had failed to ensure effective support and oversight to prevent the above happening.

People said the office team and manager were friendly and approachable which created a friendly and inclusive atmosphere for people who used the service.

Prestige Nursing Exeter

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.

Before the inspection we looked at other information we held about the service before the inspection visit. This included the previous inspection report, notifications, two anonymous complaints and the two complaints shared with us within the whole home safeguarding process.

During the inspection we spent the first day in the office. We spoke with the manager, field care supervisor, head office head of care and the quality manager, care co-ordinator and administrator. We also visited six people with their permission in their own homes and two relatives/advocates. We spoke to two people on the telephone. We also spoke with three care workers.

We looked at records which related to people's individual care and the running of the service. Records seen included eleven care and support plans and medication administration records, individual risk assessments, quality assurance and audits, staff training and supervision records and three staff recruitment files.

Requires Improvement

Is the service safe?

Our findings

From June 2017, there had been changes in management and staff turnover, including a new manager being appointed in June 2017 and staff leaving or being on holiday, which impacted the service's capacity to effectively cover their 50+ care packages at the end of July 2017. These changes and the provider's poor management of this had meant there had not been enough staff to meet people's needs safely. During the first week of August at least three people did not receive a visit at their preferred time, and they did not know who would be visiting them. Some people received care from staff they had not met before. During the handover to alternative care providers at least three people experienced one or two missed visits as they had been taken off the agency rota but not yet had visits confirmed by alternative providers.

This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The local office had tried to manage this themselves but had found they were unable to provide safe support for people. This had then led to the service requesting the Local Authority to urgently transfer some care packages to alternative care agencies at the beginning of August 2017. There were no missed visits for people who remained listed for care by Prestige.

We also found there were failings in medication management and administration. Care workers had received up to date training in medicine management. However, medicine administration records were incomplete with omissions in medicine administration recording. There was also no information provided to staff on how to meet people's medication needs. At the beginning of August, the alternative care agencies found four people's medicine administration records (MARS) contained discrepancies and omissions in administration signatures. This was shared within the safeguarding process. This meant we could not be sure people received their medicines correctly at the right time because there were gaps in medicine administration records.

During this inspection on 20 and 21 August 2017, there were 11 people receiving support with medicines such as prompting or administration of medicines, creams and eye drops and inhalers.
We found two people's MARS in their own homes contained at least two gaps in administration recording by different care workers, meaning it was unclear if people had had their medicine. Although there were good medication assessment forms completed for individuals receiving support with medication, these were only kept in the office and not easily available for care staff to refer to. For example, we saw that one person required prompting with their medicines but there was no information in their home as to where medicines were stored or in what format or how the person took it.

The manager told us a medicines audit was usually carried out monthly but this had not been completed since April 2017. We saw that where people had repeatedly refused or did not require medicines, this had not been followed up to ensure they were receiving medicine which could be important for their on-going health and welfare. For example, one person had not taken medicines prescribed for constipation for three weeks with records showing the person living with dementia had refused but care workers had not informed

anyone.

Following our inspection medication risk assessments were in the process of being transferred from the office to people's homes. This was because we found that people's medication risk assessments were not available for staff to refer to in people's homes meaning they could not be sure what and how people took their medication or be aware of any associated risks.

Therefore, we found there was a failure to maintain comprehensive medication administration records which put people at risk of not receiving their medication correctly The provider had failed to ensure people received the support they needed to take their medicines safely and in accordance with the prescriber's instructions. These areas required improvement.

This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection on 20 and 21 August 2017 we saw that the provider and manager were taking action to improve the safety of medicine administration. A medication audit had been commenced and was nearly complete. This had also found omissions in recording by various care workers and a lack of comprehensive medication information available to staff in people's homes. Staff, although up to date with medication training, were receiving further training and the findings of the audit were being shared to ensure it did not happen again.

During our inspection we met a member of staff, who had been allocated to visit everyone receiving support with medication/topical creams, as part of a medicines quality audit. The audit now showed each person's name, what type of support they required with medicines and when their records had been checked. Actions showed that medication expiry dates had been checked and individual care staff responsible for recording omissions were booked for one to one supervision to discuss the issue. During our inspection there was also some good practice medication administration processes taking place. For example, care workers had identified that one person living with dementia required an 'as required' medication and had given that appropriately detailing why.

During this inspection on 20 and 21 August 2017 there were 23 people remaining who were receiving personal care support. There were ten care workers supporting these people and we saw completed staff rotas for the next two weeks and received reassurance that actions had been taken to ensure these care packages would be covered and people's needs met. Two care workers had moved to the Prestige Exeter branch from other branches outside the area to provide support. One care worker from another branch said they were happy delivering care and had received good information about each person they were visiting to ensure they people received the care they required. We saw good daily records showing the care workers had provided the appropriate care. People told us these care workers had been very good. The care co-ordinator who had previous experience of care, had also received training to enable them to practically support the care staff team and cover any unforeseen absences, such as sickness going forward.

Now that some care packages that could not be managed had been moved to alternative care providers. During this inspection on 20 and 21 August 2017 people who continued to receive personal care from Prestige Nursing Exeter told us they felt safe with the staff who supported them. One person said, "They know what they are doing, I don't have to tell them, they just do it" and "They are lovely staff and they look after me." People received a weekly rota that informed them who would be visiting, and the times they could expect a visit. People told us they received visits from staff they knew and trusted. People said they liked their care workers and looked forward to their visits. We looked at staff rotas and saw there was

sufficient time to travel between visits and that a small group of care workers visited each person. People's care records showed they received the care they required at the times they preferred. People told us the service was flexible and made adjustments to accommodate their wishes and changing needs. For example, one person rang weekly to say what care they would like depending on what they were doing that week. Another person had rung the office to say they required a different time due to an appointment and this had been included on their rota.

People said staff stayed the allocated amount of time and carried out the tasks they required. Although some people had experienced one or two missed calls during the week of August, they said this had not occurred since then or before. People said the office staff rang them to say if the care worker would be late or were caught up in traffic. One person said how the office had let them know when a care worker was assisting with a previous client and they would be late. The service had a logging in and out system. Care workers logged their arrival and when they left using a telephone logging system. If a care worker did not arrive at someone's home an alert would tell office staff and they could let the person know. Office staff said that during the first week of August this had been difficult to manage due to the lack of staff but now there were no problems, which people confirmed.

There was also on-going recruitment and one new care worker was going through the recruitment process so there would be an additional care worker available to work in the near future. We looked at three recruitment records. Safe recruitment procedures were followed. Criminal checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable to carry out lone working with vulnerable people. References had been taken up when staff were appointed and were obtained from their most recent employer. This ensured people and their relatives/advocates could be confident that staff were of good character and fit to carry out their duties.

All staff received training in how to recognise and report abuse during their induction period. Staff were aware of local authority safeguarding contact details and information in the online employee's handbook. Care workers were clear about their responsibilities in respect of keeping people safe from abuse and were confident that any concerns reported would be dealt with promptly. There had not been any safeguarding issues raised since the last inspection prior to the issue relating to lack of staff. The manager was ensuring staff received refresher training in safeguarding. Care workers said they felt that any safeguarding concerns relating to individuals would be acted upon and they knew how to raise an alert.

Staff carried photographic identification to make sure people knew they were from the agency. Where people lived alone and had limited mobility care workers told us they always made sure people's doors were locked when they left the house. Each person receiving care had a thorough risk assessment including assessment of risks relating to their premises and access. For example, how the person liked staff to enter their homes and if there were any pets or lighting issues that could put staff at risk when lone working.

Care plans contained risk assessments which outlined measures in place to enable people to receive care safely with minimum risk to themselves and others. Where people required physical assistance to help them to mobilise the risk assessments stated the number of care professionals needed to assist them and any specialist equipment needed to support them. There were no people receiving care from two care workers or using a mechanical hoist during this inspection.

Risk assessments were up to date and gave care workers good information detailing any risks relating to lone working, mental health and cognition and mobility, for example. One risk assessment detailed how the person could be forgetful and prone to falls. Where a risk was identified this was then recorded as a specific

risk with an action plan. Staff knew to ensure the person always used their stair lift, had their emergency call pendant on and used their wheeled trolley to mobilise. Daily records showed care workers had noted the above each visit. Care workers had identified that the person had recently had a hospital admission for a fall and were raising the issue with their care manager to possibly review and increase their visits. Risk assessments also included maintaining people's skin integrity. One care plan had noted the person's skin was becoming sore and detailed how they were monitoring progress and using appropriate creams to reduce soreness.

Good

Is the service effective?

Our findings

Everyone we spoke with said they received good quality care that met their needs and expectations. One person said "They are excellent, all of them. I wouldn't have anyone else. They know about places I get pain and look after me." People also said, "They do what I want", "My carer is my buddy. They know what they are doing and we get on really well" and "I like my scrambled egg and latte and they make it very well".

People receiving support during our inspection said they felt confident their health care needs would be monitored and action would be taken to make sure they received the treatment and support they required. One person told us, "They were fantastic when I was unwell. The care worker went 'above and beyond' and sorted a prescription with my GP and even picked it all up in their lunch hour. What would have taken me a few days was done in a day." Another person had care information in their care file about their recent hospital admission. Care records showed care workers were to encourage them to rest with their feet up. The person said, "Yes, they keep telling me. My chair is all ready."

New staff had supervision within the first three months, then staff had quarterly supervisions and an annual appraisal. Records showed these were up to date or due and being booked. This ensured new care workers were able to share any concerns and their line manager was able to make sure they were providing an appropriate standard of care to people. Supervision forms showed the meetings were meaningful and covered a range of topics. For example, one supervision record had been completed by visiting the care worker during their care visit. The form included discussion about their professional appearance, care task activities, communication with the person and how the care worker promoted autonomy and independence for them. The records noted how the care worker gave the person a choice of clothes, enquired after their health and communicated well using eye contact. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

Training records showed new staff received a wide range of training topics the provider had identified as essential training during their induction. This included handling information and communication, emergency procedures, dignity in care, food hygiene, health and safety and moving and handling. The training matrix showed all staff were either up to date or had been sent a reminder to complete refresher training. Training was a mixture of classroom training and e-learning. Staff could access a Prestige 'member's portal- My Development' online from home and see what training was due. One care worker told us they had been supported to complete their national vocational training (NVQ) Level 3 and an assessor had visited to assess them at the office. Care staff were also able to tell us what care the people they visited required and how they carried out tasks for them. This showed they knew what to do and people confirmed they received the care they required. The manager told us due to recent events they were organising small training sessions within staff meetings, the next one being a care scenario to work through.

All staff received training in first aid and basic life support when they started work. This ensured they had the skills needed to respond to medical emergencies. One person's daily records showed how a care worker had arrived at one person's house when they had had a fall. They made them as comfortable as possible and

ensured they received appropriate care and had not hurt themselves and informed the family.

Each person who used the service had a small team of care workers who supported them at the time of the inspection. This enabled any changes in their health and well-being to be observed and monitored. All care workers at the time of our inspection had been at Prestige for at least a year and knew their 'clients' well. One person said, "They seem to notice if things aren't right."

Where care workers supported some people with meal preparation we saw good records detailing that the person had eaten and food was left within reach. One person said, "I don't have lunch time visits now because I can manage but they were very good, always washed and tidied up and made sure I had everything." This person had just asked office staff if the care worker could bring some milk with them and they said they often asked this and nothing was too much trouble. Food likes and dislikes had been recorded to enable staff to offer the people food they liked. For example, one person had a list on the wall in their home by their food trolley which staff could use to help the person living with dementia choose. Information about how to support the person was very comprehensive.

Most people who used the service were able to make decisions about what care or treatment they received. People signed consent forms when they began to use the service to state they agreed to the service being provided. They also signed staff work sheets to say they had received care each day. One person said, "They always ask me what I want. I don't always want a shower and that's ok."

The Mental Capacity Act 2005 provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Care workers had received training about the Mental Capacity Act during their induction period and there were annual updates to make sure they were aware of any changes to legislation. Care plans detailed people's mental capacity, for example, if they were living with dementia and also showed the tasks and decisions which they were able to make independently. Where people had relatives/advocates with legal power of attorney this was documented with clear contact details.

Good

Is the service caring?

Our findings

People told us they found the service caring. They told us they knew the care workers had been very busy recently but they had no problems with the care they received. They said care workers had told them they had taken on additional hours to cover staff absences and worked over their usual hours to try to reassure them during that time. One person who had found another agency that could accommodate their visit timings more effectively had sent Prestige a letter which stated, "In cancelling I must mention that this decision in no way reflects upon the attention provided by [care worker's name]. Invariably [care worker's name] is cheerful and efficient, and is a credit to your company." In the office staff spoke about people in a respectful way showing they understood their needs and personalities. During our visits we met one care worker who had spent extra time just chatting with someone and they said it had been a lovely visit.

Care workers were described as "lovely", "kind" and "caring" and people said their privacy and dignity was respected. Where some people preferred female carers for example, this had happened. During the period of lack of sufficient staffing levels some people had received care from a male care worker for one or two visits. They said this had not been a problem and they had been asked and we saw alerts were added to people's computer files and this information was in their care plans. One person said, "It was fine and I have female care workers now." People said they looked forward to their care worker visits and smiled when we asked about them. Some people had developed meaningful relationships with their care workers and spoke of their families and how they enjoyed a good chat.

Care plans were written in a personalised and respectful way taking into account people's preferences and choices. For example, one person's records described how they lived alone and liked to be very independent and that family was important to them. Daily records also re-iterated how the person tried to do tasks independently but referred to their risk of falls. Care workers clearly reassured and prompted the person to carry out tasks in a safe and careful way. Records included support information to enable people to maintain their independence. For example, one care plan for a person living with dementia stated how the person went out on Tuesdays and staff reminded them to take their money and handbag on that day.

Daily records showed how care workers recorded how people were when they arrived and that they had followed detailed information in their care plans. For example, one care plan gave a range of scenarios about how the person may be in bed or downstairs when care workers let themselves in. Staff had information about what to do for each scenario and wrote how they called out to announce their arrival, greeting the person. People said they were treated with respect and dignity at all times. When we visited one person living with dementia who had just received support from their care worker, we saw they were comfortable, the environment was clean and tidy with the television left on for them. They had their bed socks on and an appetising breakfast next to them. Another person had signs on their cupboards reminding them where things were when the care worker was not there. All care plans had details such as make sure lounge table is wiped clean and ensure there are no items on the floor should [person's name] need to use the bathroom in the night. This showed care workers thought about how people would manage when they were not there and did what they could to aid people's independence.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. Reviews, telephone and in person and spot checks had been completed. People had said they were happy with the care. One person had requested a later time and this was accommodated. People told us they felt fully involved in planning their care and care was provided in accordance with their wishes. Most people did not want to read their care plans saying, they are good so I don't need to worry. However, people signed care workers work sheets to say they had received their care. People said care workers were aware of issues of confidentiality and did not speak about other people in front of them.

The agency were able to care for people at the end of their lives and care workers had received training. There were no people receiving end of life care at the time of the inspection. Care plans contained information about what was important for people including contact details of people who were important to them.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. Care plans were very detailed and included up to date information such as any recent bereavements, hospital admissions or recent illnesses. One plan said a person had recently suffered from an illness which they were taking time to recover from. The plan recognised the person's dementia may be affected and detailed how the person could become more anxious. People told us how staff had helped them or recognised when they had been unwell, contacting GPs or family members. Where people were living with dementia, care workers had recognised changes in health or behaviour and noted this in the care plan and daily records. Despite the recent period of insufficient staff people said they had still been able to request visits at times that suited their needs and lifestyles and these were accommodated. For example, changes in times for healthcare visits or outings.

Each person had their needs assessed before they began to use the service. This was to make sure the service was appropriate to meet the person's needs and expectations. People said they were happy that care workers knew what their needs were but always asked if there was anything else they could do before they left.

From the initial assessments detailed care plans were devised on the computer system to ensure staff had information about how people wanted their care needs to be met. Care plans were personalised to each individual and contained information to assist care workers to provide care in a manner that respected people's wishes. Information included in the care plan ranged from the support people needed to meet their physical needs to how they liked their cup of tea. For example, one person had a part gluten free diet. There were clear instructions for staff about what the person liked to eat, for example they liked 'normal' biscuits. For one person living with dementia in a large house, the care plan described how the person used the rooms and what their usual daily routine was. For example, it was not unusual for them to go out to town and use the stairs in the four story house. This was not a risk as the person had been doing the same routes for many years. People were encouraged to maintain their independence as far as possible and care plans were very clear that this was the focus for staff when providing support. For example, meal choices were left visible on a certain shelf in one person's fridge so they could see the options and manage this themselves.

The service responded to changes in people's needs and we saw records of how staff had recognised when people required changes to their visit duration. For example, one person's mobility was decreasing. This was a sensitive subject for the person as they were reluctant to receive further care visits. They were discussing possibilities with their family and care workers continued to ensure the person was as safe as could be when they left each visit. The service was referring the person to their care manager for a review and had discussed this with the person.

The service listened to the views of people and made sure the service they received was responsive to people's individual needs and wishes. One person said, "I mentioned I would prefer not to have a particular care worker. Sometimes you just prefer someone else. They were fine about that and I had a different care worker from then on." The care co-ordinator showed us how the computer system could be marked to make sure people only saw the care workers they were comfortable with. Another person said, "I never have to ring

the office but I definitely would if there was a problem but there hasn't been." Their relative also told us they had been present when care workers visited and they had always seen responsive support where care workers listened to their loved one. There had been no formal complaints during the last 12 months. Any requests or incidents were recorded on individuals' computer files. A communication book also ensured office staff did not miss or delay any actions from a telephone call. Staff said there had been no problems before the period of lack of staff and that at the time of the inspection there were no problems. The complaints we received related mainly to the period of lack of staff and the support for staff rather than poor care. We heard how staff had identified a possible area of improvement for one care worker and this was being raised within an individual supervision session and in general at the next staff meeting next month.

Requires Improvement

Is the service well-led?

Our findings

The provider had failed to effectively manage; and manage in a timely way, a change of circumstances that led to the agency being unable to provide care to a number of people prior to this inspection.

Staff and the management team told us how a sequence of events had resulted in the service not having sufficient available care staff to call upon. In June 2017 the previous manager left the service and a new manager, currently employed, started employment at the Exeter office. They were not yet registered with CQC. There was no physical handover of the workings of the Exeter office or clients from the previous manager. A field care supervisor worked with the new manager for two days but was then also leaving. Between the new manager's interview and starting employment the regional manager also left. The new regional manager was experienced with Prestige but had recently moved areas to cover the South West. They spent two days with the new manager in the Exeter office. Another care co-coordinator also left. A 'buddy' manager from another branch spent half a day showing the new manager the computer system and the new manager then spent a day at their office. There had been no cohesive information shared about the current people receiving a service or how the Exeter office worked. This resulted in insufficient management and care staff to provide a consistent and reliable service.

The provider had failed to have effective oversight of the Exeter branch to enable them to also identify the many staff role changes and staff turnover. They had also failed to have a system that should have identified that excessive care workers were approved to take annual leave at the same time. During this time it was discovered that the previous manager had approved annual leave for a large number of staff from the office and care workers (6 or 7 staff out of 15 for two weeks beginning of August). This then resulted in available care staff being asked regularly to cover visits over and above their preferred hours.

The two anonymous complaints we received describe "office harassment", "high rate of sickness, often at short notice" and "rotas being changed and being produced late so staff did not know what visits they were doing". The office staff told us they had had to ring care staff to ask them to cover all the time during July and rotas had been late with care staff sickness increasing. Some care staff also gave in their notice and left, leaving the current ten care staff. During mid July 2017, it became clear to management staff that it was becoming more difficult to cover people's visits so alternative care agencies were contacted to cover some visits. Eventually, due to the lack of care worker numbers and care staff working over their hours, the service contacted the provider and the local authority to transfer some clients to permanent alternative providers. Prior to this the provider had failed to have systems that should have identified that there were issues within the branch, and to enable them take action earlier.

This showed that there was a lack of communication between the provider to support the new manager in a timely way and recognise the difficulties the office was experiencing. This then impacted on people's care packages. Although we did not hear any examples of poor quality care of the people left receiving care, some people did have one or two missed visits putting them at risk and experiencing uncertainty about who was going to provide their care. During this time medication audits had not been completed weekly using the Prestige compliance audit tool. The provider did not have an effective system to identify that these

audits were not being carried out. This resulted in failings in medication management that were not picked up by the service from May 2017.

This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection the service had only 23 people receiving a service following 25+ people transferring to alternative providers. The service was now more stable and had enough staff to manage the care packages, confirmed by staff rotas. The new care co-ordinator had very good knowledge of how domiciliary care worked and knew details about people who received a service. At the time of our inspection they had also been at the Exeter office since June 2017. The new manager had met with each of the remaining ten care staff and gave us assurance they could fulfil the current care packages. They had ensured the on-call staff were trained to cover visits if necessary and the level of care packages meant current staff had availability to cover each other.

When the provider was told about the staffing difficulties during the last week in July 2017, we did see there was action taken although care packages still had to be transferred. For example, two care workers were sent from other branches to cover visits, there were weekly conference calls with senior managers to monitor the situation and the head of care and regional manager came to work in Exeter. During our inspection the provider's quality manager was supporting the Exeter service and staying locally. A senior manager specialising in complex care was coming to assess medication issues. Staff told us they felt they were getting back to normal, and people told us the same. The office appeared calm and professional and care staff popping in told us they "loved their job" and "things were better now". They also said there had been no problems prior to June 2017. Recruitment was on-going and there was one new care worker recruitment in progress.

Despite the difficulties with staffing and medication management, all other audits, spot checks for staff and staff supervision and training were up to date. Where supervision raised competency issues further training and support had been provided. The provider's annual audit had been completed and showed where areas for improvement were identified actions had been taken. Care plan reviews were being completed again due to the unsettled period but these had also been up to date showing that people were happy with the care and support they received. Care plans reflected the care people were receiving in a person centred way and any updates were done at the time on the computer system. There had not been a staff meeting since May 2017 with the previous manager. Although the new manager had introduced themselves to people using the service by letter they had had been too busy to get to know each person of fully understand the service being provided. They had now met with care staff individually and were planning a group meeting now there were enough staff to cover care packages remaining. They would also be working with care staff to meet some people receiving care in the future.

The two anonymous comments received by us had described how the on call support staff had not felt fully supportive, comments said staff had not felt they were listened to. The management team were looking at the quality of the on-call and had trained the new care co-ordinator who had care experience so the service now had enough emergency on-call cover from staff who could go out and support care staff if necessary. One care worker said there had been no problems with communication prior to the lack of staff and they received regular emails and texts from the office and could log on to the Prestige online 'member's portal' for information at any time. Staff rotas were drawn up in advance, people confirmed they received a rota weekly and the care staff named on their rota arrived on time. The management team clearly wanted to ensure the service continued providing good quality care and support from head office was now on-going and they felt it would be sustained.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not benefit from proper and safe management of medicines which put them at risk. Regulation (1) (2) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have management oversight of the Exeter office through a period of change, resulting in lack of staff and capacity to fulfil care package contracts. This had resulted in half of the care packages having to be transferred urgently to alternative providers. Quality assurance processes had not ensured that medication administration and management failings had been identified and addressed in a timely way. Regulation 17 (1) (2)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People using the service had not always benefitted from receiving care from sufficient numbers of suitably qualified, competent, skilled and experienced staff. Sufficient staffing levels must be sustained. Regulation 18 (1).