Prestige Social Care Services Ltd

Leicester

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

The inspection visit took place on 31 October 2016 and was announced. We gave the provider 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

The service provides personal care and support to people who live in their own home in Leicester and villages to the west of Leicester. At the time of our inspection nine people were supported with personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were safe. They were supported and cared for by staff that had been recruited under procedures that ensured only staff that were suited to work at the service were employed. Staff understood and discharged their responsibilities to protect people from abuse and avoidable harm. They advised people about how to keep safe in their homes. People who used the service consistently told us they felt safe when they received care and support.

People's care plans included risk assessments of activities associated with their personal care and support routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting their independence.

Enough suitably skilled and knowledgeable staff were deployed to meet the needs of the people using the service. This meant that home care visits were made at times that people expected.

People were reminded to take their medicines by staff who were trained in medicines management.

Care workers were supported through supervision and training. People who used the service told us told us they felt staff were very well trained and competent.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2015. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights.

Staff understood the importance people having health diets and eating and drinking. They supported people mainly by heating ready prepared meals but gave more support if people or their relatives requested it.

People were involved in decisions about their care and support. This happened when care workers visited them and when their care plans were reviewed by the registered. They received the information they needed about the service and about their care and support.

People told us they were treated with dignity and respect. The registered manager actively promoted values of compassion and kindness in the service.

People contributed to the assessment of their needs and to reviews of their care plans. Their care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider. When people expressed preferences about their care and support these were acted upon by the service.

The provider had effective arrangements for monitoring the quality of the service. These arrangements included asking for people's feedback about the service and a range of checks and audits. The quality assurance procedures were used to identify and implement improvements to people's experience of the service. The provider sought the views of staff about how the service operated.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood and put into practice their responsibilities to protect people from abuse and avoidable harm.

The provider's recruitment procedure ensured as far as possible that only people suited to work for the service were employed. Suitably skilled and knowledgeable staff were deployed to meet the needs of people using the service.

People were reminded to take their medicines by staff who were trained in safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff were supported through supervision, appraisal and training and were supported to study for further qualifications in health and social care.

Staff understood their responsibilities under the Mental Capacity Act 2005. They ensured that care and support was provided only if a person gave consent and they protected the rights of people to make decisions about their care.

Staff supported people with their meals.

Staff supported people to access health services when they needed to.

Is the service caring?

Good

The service was caring.

Care workers were matched with people using the service and consequently developed caring relationships with people they supported.

People were involved in discussions about their care and support and had a say about when care was delivered.

Care workers respected people's privacy and dignity when providing care and support.

Is the service responsive?

Good

The service was responsive.

People received care and supported that was centred on their individual needs.

People knew how to make a complaint if they felt they needed to.

Is the service well-led?

Good

The service was well-led.

The registered manager and staff shared the same vision of providing the best possible care to people using the service.

People using the service and staff knew how to raise concerns and were confident their concerns were taken seriously.

The service had effective arrangements for monitoring the quality of the service.

Leicester

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October 2016 and was announced. The provider was given 48 hours' notice because the service is a home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and what improvements they plan to make.

Before we visited the office on 31 October 2016 we made telephone calls to people using the service or their relatives. We spoke with one person who used the service and relatives of seven other people.

On the day of our site visit we looked at three people's care plans and associated records. We looked at information about support staff received through training and appraisal. We looked at two staff recruitment files to see how the provider operated their recruitment procedures to ensure they only recruited staff that were suited to work for the service. We looked at records associated with the provider's monitoring of the quality of the service. We spoke with the registered manager and three care workers.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicester, who are the local consumer champion for people using adult social care services, to see if they had feedback about the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe when care workers provided care and support. A person told us they felt safe because, "The [care workers] are all alright, they look after me". Relatives told us they felt people who used the service were safe. One told us, "They work with me to keep my husband safe" and another said "I know [person who used the service] is very safe because of the way he is cared for".

Staff knew how to identify and respond to signs of abuse. They used the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with demonstrated knowledge about the types of abuse recognised in the Health and Social Care Act. They knew how to protect people from such abuse. Their safeguarding practice included being alert to abuse by colleagues and risk of abuse from people's relatives or visitors. We saw a report the registered manager made to a social worker about concerns they had about a person's visitors. This showed that care workers had a good practical understanding of how to protect people from abuse or harm.

The registered manager and care workers we spoke with told us they advised people about being safe at home. For example, they advised people to have fire alarms and informed them about how to keep safe during the forthcoming 'Halloween' evening by using posters if they did not want 'trick or treat' visitors`. People who used the service had `key safes' which care workers used to leave a person's home secure after completing a home care visit. A relative told us, "The carers make sure they lock the door when they leave".

People's care plans had risk assessments of activities associated with their personal care and support routines. The risk assessments were detailed and included information for care workers how to support people safely and protect them from harm or injury when they used equipment, for example a hoist. A relative told us, "The carers have all been really good. They are all very competent with the hoist". Risk assessments of people's home environment were carried out and people were advised how to make their home safer. For example, they were told about trip hazards which, with a person's consent, were made safer.

A person using the service and relatives told us that care workers always wore gloves and aprons when providing care and support. This contributed to people feeling safe and was good practice that reduced the risk of infection being transmitted.

The provider had procedures for staff to report incidents and accidents that occurred or were in connection with home care visits. Staff were aware of the procedures and we saw they had made reports which were investigated by the registered manager. The registered manager reviewed risk assessments after people had accidents to minimise the risk of similar incidents happening again.

A contributing factor to why people felt safe was that they received home care visits at times they expected. Just as important to people was that they were telephoned by office staff if a care worker was delayed. A person told us, "They are usually on time and if they are going to be late they will let us know".

The provider operated recruitment procedures that ensured as far as possible that only staff suited to work for the service were recruited. Candidate's suitability was first assessed through review of their job application. Only candidates considered potentially suitable were invited to an interview with the registered manager and assistant manager. The registered manager told us, "We don't take risks with staff recruitment. We reject a lot of applicants before the interview stage". We saw evidence that people who were interviewed were asked questions that tested their suitability to work with people who require personal care. All necessary pre-employment checks were carried out before a person started work including Disclosure Barring Scheme (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce.

Most people using the service did not require support with their medicines other than to be reminded to take their medicines. Some required prompting which meant that care workers removed medicines from their container and placed them in a cup for a person to take. People who used topical creams were supported to do so. Care workers applied the creams to the correct areas because people's care plans contained a 'body map' showing where the creams were to be applied. A person told us, "I have creams applied to my legs. The staff do that for me. They always wear gloves when they do that". All care workers had training about the safe management of medicines. This included training about how medicines should and should not be taken, for example some medicines must not be taken with grapefruit juice and how to support people with eye drops.

Good

Is the service effective?

Our findings

Relatives of people who used the service told us they felt that they felt care workers were well trained. One told us, "I do believe they have a lot of training" and another said, "I don't know about the training they have but they are all very good at what they do".

The provider had a staff training and development plan which ensured that all staff were supported by training that equipped them to be able to support people using the service. For new staff this began with a structured induction of between three and seven days depending on their previous experience and qualifications. At the end of the induction period the registered manager evaluated a their suitability and competence and gave them an opportunity to say if they felt their job was the right one for them. Most new recruits were 'signed-off' as suitable after induction, but not all. After the induction training new care workers were introduced to the people they would be supporting. A relative told us, "If a new carer comes they will come with one of the regular staff. They introduce themselves and then learn exactly what needs to be done".

The registered manager tried to match care workers with people by taking into account people's preferences, shared culture and interests and care worker's temperament. They told us that 90% of care workers were 'matched' to people they supported. Training then progressed to staff `shadowing' an experienced care worker and watching them before participating in care routines. After that they were observed by the registered supporting people. Staff were not allowed to support people unsupervised until they had been assessed as competent to do so by the registered manager. Care workers we spoke with told us they found the training to have been very helpful. One said, "I'm very satisfied with the training I've had. It's made me confident". Another told us. "The training is very good. Our moving and handling training included using a hoist and being hoisted ourselves which made us know what it felt like to be hoisted. I think that was really important because we know more about how people feel when we use hoists".

Alongside the induction training, new staff were supported to achieve the national Care Certificate. This was launched in April 2015 and is a benchmark for the skills people require to be effective care workers. The provider introduced the Care Certificate in 2015 and all new staff were being supported to achieve it. Their progress was monitored and assessed by an independent assessor from a local college.

The registered manager carried out `field supervisions' to check that care workers put their training into practice and continued to show they had the competencies to support people with their needs. Staff were also supported through one-to-one supervision meetings where they discussed their performance and training needs and an annual appraisal. Care workers we spoke with felt well supported. One told us, "My supervision meetings are helpful. It's a good way of being in touch with the manager. The communication with the manager is really good".

Care workers communicated with each other about people's needs through notes they made of their homecare visits. A care worker told us, "I read the person's care plan and notes from the previous home care visit if I haven't been to a person for a few days. It helps me make sure I support a person properly". We

looked at a sample of notes and we found they were informative because they described people's well-being and requests they'd made about the next scheduled. Relatives told us that when care workers arrived they referred to notes made at a previous visit when they This meant that people received care that was responsive to their daily needs.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager had a thorough understanding of the MCA. All of the people using the service were presumed to have mental capacity which is the correct approach required by the MCA. The provider relied on information about this from the local authority that paid for the care of the people who used the service. However, this was not recorded in people's care plans. We discussed this with the registered manager and provider and they told us they would add a 'mental capacity' section and that they would in future review people's capacity to make decisions about their care and support whenever there was a suggestion a person may lack capacity.

Care workers we spoke with had an awareness of the MCA and its importance. They understood that they could provide care and support to a person using the service only with their consent and that people should be given information in a way that supported them to make an informed decision. Relatives we spoke with told us that care workers always sought a person's consent before providing care and support. One told us, "They always ask [person] if he is alright and ready to do something, for example to have a wash.

Staff supported people to eat and drink by warming up meals that relatives had made. On occasions relatives left instructions for care workers about how to make a meal. A relative told us, "We usually make a meal but occasionally we need to ask the carers to do it. We leave a ready meal and a note and they will sort it for [person]". All staff had received training in food hygiene and preparation. They understood the value of healthy eating and drinking. For some people records were kept about what and how much they'd eaten so that relatives would know and feel assured that people were supported with their meals and had eaten enough or could take action if they felt they hadn't eaten enough.

People who used the service were supported with their health needs. We saw records which showed that care workers had reported changes in people's health to the registered manager who visited the person the same day to review their needs. The registered manager telephoned people's GP to advise them about people's health. They also contacted health professionals such as occupation therapists to invite them to assess whether people needed equipment at home to make their lives more safe and comfortable. Care workers supported people to attend healthcare appointments or get them ready to be taken to a hospital by ambulance. A relative told us, "The carers get [person] ready for the ambulance and if we ever have extra appointments I just have to ring [the service] and it is no problem". Another relative told us about how the service referred them to specialist support services. They told us, "Prestige have been really good at pointing me in the right direction. They work as part of a big team [with other services]".

Good

Is the service caring?

Our findings

Every person we spoke with told us that staff were kind and caring. A relative told us, "I think they are a very caring company" and another said, "We have had other [providers] over the years. These are the most courteous and caring".

The registered manager and assistant manager set out to show that people using the service mattered to them by carrying out assessments of their needs. They also visited people at least once a week to ask people what they thought of the care and support they received and also provided care and support themselves on those days. A relative told us, "The manager comes and we go through everything to make sure everything is alright". Those visits also meant that the registered manager and assistant manager had an in-depth knowledge of people's needs and preferences.

The registered manager and assistant sought to make people feel they mattered by arranging for them to be cared for and supported by the same care workers. They matched care workers skills, knowledge and other characteristics with people's preferences to identify the most suitable care worker. A relative of a person who used the service told us it was important to them that the same care workers came. They told us, "It means we work really well together and [person who used the service] recognises their faces and they are so considerate". Care workers we spoke with told us that supporting the same people was very important to them because it meant they developed caring and professional relationships with people they supported. A care worker told us, "It is so important to have 'regulars'. It helps us to get to know people, to understand them, to know how they like to be supported. It means we know them and they know us". Relatives' comments illustrated that care workers and people who used the service had caring relationships. Comments included, "They [staff] are marvellous" and "The staff and [person who used the service have a bit of fun which makes him happy". The registered manager sent greetings cards to people on their birthdays as an indicator that people mattered to the service.

People using the service or their relatives were involved in decisions about how their care and support was delivered. They told us they had chosen the times they wanted home care visits to take place. Most relatives we spoke with had seen their care plan and three told us they regularly looked at the care plan. Relatives told us they were told which care workers would be visiting them. They also felt that they were kept informed about things they needed to know about the care and support their relative received. Relatives added that they themselves felt well cared for and treated by care workers. One told us, "They always ask how I am and if there is anything they can do for me as well as [person who used the service]". Another told us, "When it rains the carers even put on overshoes to protect the carpets". This showed that staff were consistently kind and considerate.

Two relatives told us that the way they were involved in decisions about their spouse's care made them feel they were part of a team. A relative told us, "We discuss things we have a good routine, we all work together". This showed that the provider involved people in an inclusive way in the delivery of care.

People using the service were given a `service user guide' that included information about the service, what support it could provide.

The provider promoted dignity and respect through policies, staff training and supervision. A person who used the service told us, "When they wash me they keep me covered". Relatives we spoke told us staff treated people they were supporting and themselves with respect. One told us, "The carers always call my husband by his name" and another said, "The staff are all without exception respectful. Care workers we spoke with told us that in their training they were taught how to support people with dignity and respect during care routines. For example, a care worker told us, "When I support someone I always close doors and curtains to ensure privacy. When I support a person to wash I use towels to cover where I am not washing". This showed that care workers respected people's privacy as well as dignity.

Good

Is the service responsive?

Our findings

A person who used the service and relatives of other people told us that were satisfied with the quality of care and support the service provided. A person told us, "The carers are good. They help me to help myself". Relatives told us about the positive difference the service made. One told us, "I am so relieved to have them coming in. I don't know how we would have got on without them".

The registered manager visited people before they began to use the service in order to assess their needs. People and their relatives contributed to those assessments of their needs and decisions about how they to be supported. People's most important and most commonly expressed needs were that the same care workers came and that they came at times they wanted. We found that that the provider's planning of home care visits meant those two needs were consistently met.

Relatives told us that people who used the service received care and support that was in line with their care plans. One told us, "The carers do what they should". Care workers we spoke with told us they developed an understanding of people's needs and preferences from reading their care plans and from getting to know people by regularly supporting them. They told us they found people's care plans to be informative and easy to follow. This included knowing how much support people needed and how much they could do for themselves. A relative described how care workers achieved this. They told us, "They don't rush [person who used the service]. They help him by prompting, for example when he shaves, but are there in case he needs help. They make sure he has clean clothes to put on". Another relative told us, "[Person] is definitely getting the right care. They never rush [person] and they try to encourage him to do what he can". Care workers made records of their visits at the end of each visit. When we looked at three people's notes we found that they referred to how people had been supported. The notes provided assurance that care workers supported people in line with their care plans.

People's care plans were regularly reviewed by the registered manager or assistant manager. Reviews took place after a change in a person's circumstances or after they reported or were found to be unwell. The care plans were reviewed with the involvement of people using the service and relatives.

The provider responded promptly to people's changing needs. A relative told us, "We sometimes have to change the times of the visits, but this has never been a problem". Relatives also told us that the provider had made a positive difference to their lives. Relatives of two different people told us that they were originally very worried about using a home care agency but were pleased they chose this service. One told us, "When it was first suggested we get care in I was against it. However, this company has been marvellous". Another told us, "The carers talk to [person], they always treat him with respect and this makes him feel good".

People using the service were provided with a `service user guide' that included information about how to make a complaint and which organisations they could contact if they were not satisfied with the care and support they received. The provider's complaints procedure made clear that people's complaints and concerns would be used as an opportunity to identify areas of the service that required improvement.

Relatives we spoke with told us they knew how they could make a complaint but none had any reason to make one. On occasions they raised a concern the provider had taken prompt action. The concerns were not critical of the service. For example, when a relative decided that an older care worker would be better suited to care for a person the registered manager arranged for that to happen.

Good

Is the service well-led?

Our findings

People's needs were very well known to the registered manager and assistant manager. They also had an in depth knowledge of the individual skills and talents of staff which they used when they planned staff rotas. They used their knowledge of both to plan care that met people's individual needs. Care workers we spoke with told us they felt very well supported by the management team and that they felt motivated by their leadership. Relatives we spoke with told us they felt the service was well run. Comments included, "We would not want to move to another company" and "They are the best company we have ever had"

The provider had an open and transparent culture. This was communicated to people using the service through the service user guide they were given. It was communicated to staff through policies and procedures, training, supervision, staff meetings and newsletters. A care worker told us, "I feel confident about expressing ideas and suggestions because the management are very approachable". They also told us they felt confident about raising any concerns they had with the registered manager. We saw from records we looked at that care workers had raised concerns about people's vulnerability and that these had been acted upon by the registered manager.

Care workers told us they received helpful and constructive feedback from the registered manager and assistant about how they supported people who used the service. They told us they received feedback at supervision meetings and after one of the mangers had observed their care practice. One told us, "The managers are very good at communicating. Their feedback is helpful and it shows the company has high standards". Another told us, "The support from management is good. I feel motivated".

The provider had a clear sense of what they wanted to improve and how. We saw this from their Provider Information Return and from speaking with the registered manager and assistant manager. For example, they aimed to introduce an electronic record keeping system for care workers to record details of their home care visits and to encourage more staff to take higher level qualifications in health and social care. They wanted to build upon the extent to which people who used the service and relatives were involved in decisions about their care and support. The provider was taking opportunities to create the best possible organisation and infrastructure for the service whilst it was small. Their aim was to have systems and structures in place that would support the service to grow.

People using the service and their relatives were confident they could raise any concerns with the registered manager and assistant manager. They knew how to raise concerns because the service user guide they had included information about this. Relatives told us they found the registered manager and assistant manager approachable. A relative told us, "They often come to give care so I know I can talk to them then. They are very open to feedback". Another told us, "They have given me their telephone number so I can ring if I was worried about anything".

The provider had effective arrangements for monitoring the quality of the service. This included seeking the views of people who used the service and their relatives when they regularly visited them and through telephone monitoring calls. People's feedback about their experience of the service was consistently

positive.

The registered manager and assistant manager carried out spot-checks of care worker's care practice. These were used to monitor the quality of care and to observe whether care workers abided by the provider's policies and procedures, for example in relation to wearing uniforms and carrying ID badges. They also observed whether care workers conducted themselves to the standards expected by the provider.

Other monitoring and quality assurance activity included audits of care plans and care records, monitoring of punctuality and duration of home care visits. The audits identified areas for improvement and action plans were being developed, for example in relation to supporting some care workers to improve the quality of their record keeping.

The registered manager understood their legal responsibilities including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.