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Prestigious Homecare

Inspection report

11 Blaby Road
Wigston
Leicestershire
LE18 4PA

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11 October 2018

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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

This was our second comprehensive inspection of Prestigious Homecare. The visit was announced and was carried out on 9, 10 and 11 October 2018. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that someone would be in the office. The service provided domiciliary care and support to people living in and around the town of Wigston, Leicestershire. At the time of our inspection there were 72 people using the service.

Not everyone using Prestigious Homecare received the regulated activity; personal care. CQC only inspects the service received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they did we also took into account any wider social care provided. Of the 72 people using the service, 69 were receiving the regulated activity, personal care.

At our last inspection in August 2017, we found one breach of the regulations. The service was rated overall 'Requires Improvement' with a 'Requires Improvement' rating in the Well Led domain. We asked the provider to complete an action plan to show what they would do and by when to improve the key question, Is the service well led, to at least good. We found formal monitoring systems had not been established and accurate complete and contemporaneous records had not been kept.

At this inspection carried out on 9, 10 and 11 October 2018, we found the provider/registered manager had implemented the necessary improvements and we found evidence to demonstrate and support the overall rating of 'Good'.

The service's provider is also the registered manager and as such is a 'registered person'. 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.

There were systems in place to regularly assess and monitor the quality and safety of the service being provided.

People told us they felt safe with the staff team who supported them. Their relatives agreed with what they told us. The staff team had received training on the safeguarding of adults. They were aware of their responsibilities for keeping people safe from avoidable harm and knew the actions to take should they be concerned for anyone.

People's care and support needs had been assessed prior to them receiving their care and support and the associated risks had been reviewed and managed. Checks had been carried out on both the environment in which people's care and support were carried out and on equipment used to ensure it was safe.

Appropriate checks had been carried out when new members of staff had been employed to make sure they were suitable to work at the service. Staff members had received an induction into the service and relevant

training had been provided to enable them to meet people's needs.

The staff team had received training in the management of medicines. Where people required support with their medicines, they were supported in line with the provider's medicines policy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People told us there were enough staff members to meet their current needs. They told us they had regular members of staff who always turned up, never missed a visit and always stayed the correct length of time.

People were protected by the prevention and control of infection. The staff team had received training in infection control and understood their responsibilities around this.

People were supported by a staff team that was kind and caring and who treated them with dignity and respect. People were supported to make choices about their care and support on a daily basis.

Plans of care had been developed with the people using the service and with people who knew them well. The staff team understood people's needs and preferences because they had read their plans of care.

A complaints procedure was in place and people knew who to contact if they had a concern or issue of any kind.

There were arrangements in place to make sure action was taken and lessons learned when things went wrong and a business continuity plan was available to be used in the event of an emergency or untoward event.

People had the opportunity to be involved in how the service was run. They were asked for their opinions of the service on a regular basis. This was through visits to people's homes and through the use of surveys.

The management team were aware of their registration responsibilities including notifying CQC of significant incidents that occurred at the service.

Further information is in the detailed findings below.

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.

People were kept safe from abuse and avoidable harm and the risks associated with their care and support were assessed and managed.

Appropriate recruitment processes were followed when new members of staff were employed and people were supported by a consistent staff team.

When people needed support with their medicines, this was done in a safe way and people were protected from the risk of infection.

Lessons were learned and improvements were made to the service when things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs had been assessed before their care and support package commenced.

People received care and support from a dedicated staff team who had the necessary skills and knowledge.

People were supported to eat and drink well, their health and wellbeing was monitored and they were supported to access health care services when they needed them.

Consent to people's care and support had been sought and the staff team understood the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

The staff team were kind and considerate and treated people in a caring and respectful manner.

The staff team involved people in making decisions about their care.

The staff team respected people's personal preferences and choices.

The staff team ensured information about people was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

People had plans of care which included their individual needs, choices and preferences.

People knew what to do and who to speak with if they had a concern of any kind.

The staff team had received training on end of life care to enable them to support people in the most appropriate way.

Is the service well-led?

Good ●

The service had improved to well led.

Monitoring systems were in place to check the quality and safety of the service being provided.

People using the service told us it was well managed and the management and staff team were friendly and approachable.

The staff team felt supported by the management team.

People were given the opportunity to share their thoughts on how the service was run.

Prestigious Homecare

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 9, 10 and 11 October 2018. The inspection was announced. We visited the provider's office on the first day of the inspection and members of the staff team were contacted by telephone on the second and third day. The inspection was carried out by two inspectors 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. Their area of expertise was older people with dementia.

Before the inspection, we reviewed information we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted Healthwatch Leicestershire, the local consumer champion for people using adult social care services to see if they had any feedback. We used this information to inform our judgement of the service.

We were able to speak with five people using the service and four relatives of other people using the service. We also visited two people in their own homes to gather their views of the service they received. A support worker supporting one of the people we contacted also shared their thoughts of the service.

During our visit to the office we spoke with the provider of the service who was also the registered manager and the care coordinator. Four support workers and two senior support workers were contacted by telephone following our visit to gather their views of the service.

We reviewed a range of records about people's care and how the service was managed. This included the plans of care of four people receiving care and support. We also looked at associated documents including risk assessments. We looked at records of meetings, the recruitment checks carried out for three staff members and the quality assurance audits the management team had completed.

Is the service safe?

Our findings

People told us they felt safe with the staff team who provided their care and support. One person explained, "They use the keysafe, I feel safe and they don't forget to lock me in and return the keys to their rightful place." Another told us, "I feel safe with the keysafe, they use it and I can hear when they return the key outside." A third stated, "Oh yes we feel safe with the carers coming into our home, they clock in and out on their phones."

The staff team had completed training on the safeguarding of adults and knew what to look out for and what to do if they were concerned about someone's welfare. One explained, "I would report anything straight away to the manager and if they were grave concerns, I would phone the police."

The management team were aware of their responsibilities for keeping people safe from abuse and avoidable harm. They told us any allegation of abuse would be referred to the local safeguarding authority and CQC. This showed us they took people's safety seriously and followed their own safeguarding processes.

Risk assessments had been completed prior to people's care and support packages commencing. This enabled the management team to identify any risks presented to either the person using the service or the staff team during the delivery of the person's care. Risk assessments included a moving and handling risk assessment and a physical health risk assessment. Assessments had been completed on the environment in which the care and support was to be delivered, and possible risks relating to the external areas of people's homes, such as pathways and lighting had also been considered. This showed us people's personal safety had been taken seriously and risks relating to people's care and support were, wherever possible, minimised and managed.

Appropriate checks had been carried out when new members of staff had been employed. This included the obtaining of references and the carrying out of a check with the Disclosure and Barring Scheme (DBS). This check provided information as to whether someone was suitable to work at the service. We did note in one staff members file that their previous employment had not been explored. The provider/registered manager explained they had seen this persons CV but a copy had not been obtained. They explained they would obtain a copy and keep this on file. During the interview process, standard interview questions were asked to ensure all prospective staff members were treated fairly and equally. The people using the service were protected by the pre-employment checks that were in place

Staffing rotas showed there were sufficient numbers of staff to provide people with a consistent service. People received their care and support from support workers who attended on a regular basis. One person explained, "I have the same carers during the week and another set at the weekend."

People told us the support workers always turned up and never missed a visit. The provider/registered manager explained if for any reason a support worker was unable to complete a person's visit, a member of the management team would be dispatched to carry it out. One of the people using the service explained,

"Yes they come on time, 4.00pm." Another told us, "On time? Now that is a moot point, 9.30am -10.00am is what is on the form with no variation, the management thinks half an hour either way is OK. The earliest has been 8.45am and the latest 10.30am. I know that sometimes it is unavoidable." A third stated, "Yes [support worker] is on time, I can't fault them for that."

For people who needed support to take their medicines, information had been included in their plan of care. One person told us, "They remind me of my meds." Another explained, "They [support workers] come at lunch time and give me my medication in a safe manner and record it." Support workers had received training in the safe handling of medicines and were aware of their responsibilities. One explained, "There is a list of the medicines we prompt and you can only prompt from a chemist approved dossett box (a container used to store medicines). You don't give if it's not in a dossett box. You can never be certain what it is." Audits had been carried out on the medicine records held to ensure they were accurate and up to date and people had been provided with the appropriate support.

People were protected from risks to their health and well-being by the prevention and control of infection. Protective personal equipment (PPE) was readily available including gloves, aprons, shoe protectors and hand gel. One person explained, "Yes they wear gloves and dispose of things in the right way."

Evidence was seen of lessons being learned when things went wrong. At our last inspection in August 2017 we found there were no formal quality monitoring processes in place. The provider/registered manager has since invested in an external company to assist in the development of a formal system enabling the management team to regularly audit the service being provided.

Is the service effective?

Our findings

People's individual and diverse needs had been assessed. The provider/registered manager explained either they or the care coordinator always completed an assessment of need prior to a person's care and support package commencing. Records seen confirmed this. A senior support worker also attended the assessment visit. They then carried out the person's first calls to make sure the identified care and support needs were accurately reflected in their plan of care. A senior support worker explained, "I always go to the initial assessment and carry out the first calls, I think that is important for us and them. [People using the service]." Assessments were included in the records checked and people spoken with confirmed assessments had been completed prior to their support commencing.

People felt the support workers were appropriately trained and had the relevant knowledge and skills to meet their care and support needs. One person told us, "I would say they are well trained, they know what they are doing with me anyway."

Before new support workers were allowed to support the people using the service, they were required to attend a two day induction into the service. This covered the standards of the care certificate. The care certificate is the benchmark that has been set for the induction of new support workers and is therefore what we should expect to see as good practice from providers. Appropriate training had also been provided. This included training in the moving and handling of people, the safeguarding of adults, food hygiene, infection control and equality and diversity. The opportunity to shadow a member of the staff team had also been provided to enable new support workers to observe the care and support people required and understand what was required of them. One support worker told us, "I did two days mandatory training then went out shadowing for a day. I felt that was enough to be able to familiarise myself with the senior and the care calls." Another explained, "I had two days training including catheter care and hoist training. I then shadowed for three days and then they asked me if I was okay to go out on my own, I was. It helped that the people they took me too to shadow, are the ones I now go to."

The staff team supported people to have sufficient food and drink when they carried out a mealtime call and forms were used to monitor people's daily intake. They knew the importance of making sure people were provided with the food and drink they needed to keep them well and people's plans of care included their preferences. For example, one person's plan of care stated, 'Please note – please leave glass of orange juice on leaving'.

Support workers monitored people's health and wellbeing on a daily basis and any concerns regarding people's welfare had been reported to the management team and appropriate referrals had been made to healthcare professionals. During our visit the care coordinator received a call from a support worker who had noted that a person was 'out of character'. The care coordinator advised them to ring the NHS 111 number to get their advice, which they did. A support worker explained, "I have got the ambulance out before now. I walked into someone's home and they were on the floor so I rang the ambulance straight away." People's health and wellbeing was taken seriously and acted upon.

People's care and support were provided in line with relevant legislation and guidance. 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection.

The management team understood their responsibility around the MCA. They told us if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. Training in MCA had been provided and the support workers we spoke with understood its principles. One explained, "MCA is to safeguard people. People should be able to make their own decisions and choices but if they are not capable to make a healthy choice, then a deprivation of liberty can be put in place so you can make a best interest decision for the person at that time."

People's consent was always obtained prior to their care and support package commencing and support workers made sure they received people's consent before they supported them. One person told us, "They always take my wishes into account." A support worker explained, "I always ask permission and explain what I'm doing before I do it."

Is the service caring?

Our findings

People told us the support workers and the management team were kind and caring and treated them with respect. One person told us, "They are extremely kind and courteous, I haven't got the tiniest bit of concern about them." Another explained, "They are good girls, I am treated with respect. [Care coordinator] is lovely and the carers are cheerful and bring a bit of sunshine into the house." A third told us, "They are all very pleasant, every one of them."

Support workers had been provided with training on how to promote people's privacy and dignity during their induction into the service and those spoken with gave examples of how they ensured this was promoted. One explained, "I always keep the curtains closed and always cover them with a towel when I'm washing them." Another told us, "I always close the door and I explain what I am doing. If I am giving someone a full body wash, I cover the bottom half while I'm washing the top half, I would never leave them totally naked, that's not dignified."

People confirmed their privacy and dignity were promoted when being assisted with personal care. One person explained, "They treat me well, give me my breakfast, wash me and put moisturiser on me. They treat me with respect and protect my dignity."

People told us the staff team had the time they needed to properly support them in a caring and personal way. One person told us, "I have regular carers and I have never felt rushed." Another explained, "They are quite nice girls, I can have a cup of tea and chat when they have finished." A support worker explained, "I work in the same postcode area so don't need to rush around."

The staff team understood the importance of promoting equality and diversity and respecting people's beliefs and their personal preferences and choices. Plans of care demonstrated people and their relatives had been actively involved in making decisions about their care and support. Support workers had the information they needed to provide individualised care and support. People's preferred routines, the people who were important to them, their likes and dislikes and personal preferences were included in the documentation kept in people's homes. One support worker told us, "There's always a care plan, but because I go to the same people, I know them and know what they prefer."

Details of advocacy services were available and included in the provider/registered managers service user handbook. This document was made available to everyone using the service and was kept with the records held in people's homes.

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. The computer which stored personal information was password protected and people's care records were kept secure. People's personal information was safely stored and held in line with the provider's confidentiality policy. A support worker explained, "We promote people's confidentiality for example, we would never speak about a service user in front of other service users."

Is the service responsive?

Our findings

People had been visited prior to their care and support package commencing to determine what help and support they needed. Following the initial assessment, a plan of care had been developed. People told us they had been fully involved in the process and in the development of their plan of care. One person told us, "The manager interviewed me for the care plan." Another explained, "My daughter was involved in the care plan."

People's plans of care included their care and support needs and how they wanted those needs to be met. They included people's personal preferences with regard to how they wanted to be supported. The plans of care checked were up to date. They covered areas such as, mobility and personal care and showed the staff team how to support people in the way they preferred. For example, one person's plan of care stated, 'Use red bowl and flannels' (for personal care). It also showed their drink preference, i.e. 'Likes a glass of juice and cup of tea, one sugar'.

The plans of care had been reviewed on a regular basis. Where changes in people's health had occurred, the appropriate action had been taken including the involvement of appropriate healthcare professionals. One person told us, "My carer took a photo of my skin and took it to the GP who helped me, and the manager has offered to take me to the GP in the past."

The management team kept in regular contact with the people using the service to ensure they remained satisfied with the care and support they received. A call or visit was made by a member of the management team on a two-weekly basis to make sure people were happy with the support workers who were supporting them and with the level of support they received. The provider/registered manager explained formal face to face reviews were also completed. These were carried out approximately every six months and provided people with the opportunity to discuss their care and support. Records seen confirmed this.

There was a formal complaints process in place and people knew who to contact if they were unhappy or unsure about anything. One person told us, "My daughter liaises with the office." Another explained, "I would ring up the depot! (office)."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

The staff team had received training on death and dying and knew how to support people who were at the end of their life. One support worker explained, "You need to be more sensitive, it is a hard time for everyone, not just them but their family as well." Another told us, "It's about making them comfortable and at peace, it's about talking to them gently."

Is the service well-led?

Our findings

There was a registered manager in place who was also the registered provider. 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.

At our last inspection in August 2017, we rated the Well Led domain as 'Requires Improvement'. We found the provider/registered manager had not been compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. We found that monitoring systems or processes were not established or operated effectively to ensure compliance with the regulation and accurate complete and contemporaneous records were not being kept.

We required the provider/registered manager to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found they had made the required improvements.

The provider/registered manager had invested in an outside company to improve the monitoring systems in place and the quality and safety of the service was now being checked on a regular basis. Regular audits on the paperwork held had been carried out. This included people's plans of care and the daily records the staff team completed after every visit. These included food intake forms, medicine records and a comprehensive explanation of the care and support provided to each person.

People told us the service was well managed and the management and staff team were open, friendly and approachable. One person explained, "They are all really nice people." Another told us, "When I have called the office, they have always answered. I feel I get value for money and I would give them full marks."

A care coordinator had been employed since our last inspection in August 2017 and they provided day to day support to the provider/registered manager.

The staff team felt supported by the management team. One support worker explained, "There is always someone at the end of the phone, even at 10.00pm at night. The management was responsive when I noticed a deterioration with a couple I supported recently." Another told us, "It is a good care agency. The service users are happy and the manager makes sure the carers are the best they can be." A third stated, "I am impressed with the company, it is good. I would recommend it to work for and to my grandfather who needs support."

Staff members had been given the opportunity to share their thoughts on the service and be involved in how the service was run. Staff meetings had taken place. An all staff meeting had been held on 21 June 2018 and a team meeting had been held on 9 July 2018. The next all staff meeting was booked for 31 October 2018. One staff member explained, "We have staff meetings and are able to share our thoughts and ideas."

The staff team confirmed they had received supervision however, it was evident from the records checked that some had not had the opportunity to meet with a member of the management team for some time. One support worker explained, "There is general supervision, but I don't have any at the minute." Another told us, "They are always asking how I am getting on and have a chat with me." A third stated, "I have had a spot check but not had a supervision yet." The care coordinator was in the process of organising further supervision meetings in order to provide further support to the staff team.

People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through visits to people's homes and the use of surveys. Surveys had been sent out on an annual basis. In May 2018, 50 surveys had been sent out. 18 had been returned and ticked to state people were very happy with the service. The provider/registered manager was in the process of collating the information and explained they intended to share the results with all interested parties. A comment in one of the surveys returned stated, "Extremely happy with all care given."

The provider/registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They worked openly with stakeholders and other agencies. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety.

The provider/registered manager was aware of their responsibility to have on display the rating from their last inspection. We saw the previous rating was displayed at the provider's office. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.