

Mrs Catherine Fisher

Prestige First Call

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Prestige First Call on 31 May 2016. This was an announced inspection. We informed the registered provider at short notice (48 hours before) we would be visiting to inspect. This was the first inspection since the service registered with the CQC.

The service is registered to provide personal care to people living in their own homes. The service can provide care and support to older people and younger adults, people with mental health conditions, people with a physical disability, people living with dementia, people with a sensory impairment or those people who need end of life care.

The service had a registered manager 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.

Systems in place for the management and administration of medicines were not adequately robust, which meant there was a risk of people not receiving their medicines safely.

Recruitment and selection procedures were in place, but we saw not all appropriate checks had been undertaken before staff began work. For example, they did not always have references in place.

Prior to the commencement of the service staff completed environmental risk assessments of the person's home and ensured equipment was in safe working order.

There were risk assessments in place for people who used the service, covering areas such as mobility. However not all known risks had been assessed and recorded in areas such as pressure care and swallowing difficulties.

Assessments were undertaken to identify people's care and support needs. Care records we saw contained information about the person's likes, dislikes and personal choices. However changes in the support people needed was not always reflected in the care plan.

The registered manager and staff we spoke with had been trained and had an understanding of the principles and responsibilities in accordance with the Mental Capacity Act (MCA) 2005. All staff could describe how they had used their knowledge to support people to make their own decisions and work in people's best interests. However they had not recorded their assessments or best interest decisions in people's care records.

There were enough staff employed to provide support and ensure people's needs were met.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice.

Staff told us the registered manager was supportive, and staff had received regular and recent supervision and an annual appraisal. Staff training was up to date and well managed. Staff told us they had received training which had provided them with the knowledge and skills to provide care and support.

People and family members told us staff treated people with dignity and respect.

People were supported appropriately where needed with their food and drink, which helped to ensure their nutritional needs were met. Staff worked and communicated with social workers, occupational therapists, hospital staff as part of the assessment and on-going reviews for people.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided but they were not always recorded, and the range of audits was not robust. The registered manager told us this was an area they were committed to develop in the future. Staff told us the service had an open, inclusive and positive culture.

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.

There were enough staff employed to meet people's needs. Appropriate recruitment checks were not always undertaken before staff started work.

Systems in place for the management and administration of medicines did not ensure people received their medicines safely.

Not all areas of people's care and support needs were risk assessed, and therefore not all control measures were recorded to prevent harm. Staff were knowledgeable in recognising signs of potential abuse and knew how to report concerns.

Is the service effective?

Requires Improvement ●

The service was not always effective

The registered manager and staff had an understanding of the Mental Capacity Act 2005 and had received training. The service was assessing people's capacity informally and acting in their best interests but were not recording the decisions made.

Staff had a programme of training, and were trained to care and support people safely and to a good standard. Staff had received supervision and an annual appraisal.

People were supported to maintain good health and had access to healthcare professionals and services. Staff encouraged and supported people to have meals of their choice.

Is the service caring?

Good ●

This service was caring.

People told us they were well cared for. People were treated in a kind and compassionate way.

People were included in making decisions about their care. The staff were knowledgeable about the support people required

and how they wanted their care to be provided.

Is the service responsive?

The service was not always responsive.

People's needs were assessed and care plans were in place. Where a person's needs changed it was not always recorded in the care plan, but staff knew what the changes were.

People we spoke with were aware of how to make a complaint or raise a concern.

Requires Improvement 

Is the service well-led?

The service was not always well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided but checks were not always recorded and the range of audits was not robust. The registered manager told us they would develop this area.

The service had an open, inclusive and positive culture.

Requires Improvement 

Prestige First Call

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 checked 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.

We inspected Prestige First Call on 31 May 2016. This was an announced inspection. We gave the provider short notice (48 hours) we would be visiting, because we needed to be sure someone would be in the office.

The inspection team consisted of one adult social care inspector and one 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. The experts by experience made telephone calls to people who used the service and relatives to find out their views on the care and service they received.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 11 people who used the service.

During the inspection we spoke with four people who used the service or their relatives / representatives. We also spoke with the registered manager and four care staff. We contacted the local authority to find out their views of the service. They did not report any concerns. We looked at three people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We looked at the systems in place to manage people's medicines. We saw the medicines policy dated March 2016 did not accurately reflect the arrangements in place for the management of medicines for people. For example, it did not describe how to safely manage topical medicines (creams and ointments) or how staff should safely dispose of medicines in people's own homes.

The service did not have 'as and when required' (PRN) protocols in people's care plans. PRN protocols are used to inform staff when it is necessary to administer medicines for particular symptoms 'as and when required'. There was no topical administration record to explain to staff where to administer creams and lotions on a person's body and for what symptoms. The registered manager showed us new forms which were due to be introduced for topical medicines and they told us staff were due to be told about the new forms at a staff meeting the following day.

The medication administration record (MAR) did not contain sufficient detail to ensure staff had all the required information to support safe administration of medication. For example staff did not have space or direction to record the reason why a person was not prompted to take their medicine or did not take their medicine.

Staff had received training in medication management but their competency to administer and understand the medicines system had not been checked. The registered manager told us the spot checks they completed involved observing medication practices. However the spot check form did not specifically describe medication competency.

People we spoke with told us they were happy with the way staff supported them to take their medicines as were family members we spoke with; however systems did not ensure people received their medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we looked at the records of three newly recruited staff to check the recruitment procedure was effective and safe. Checks to confirm a staff member's character and suitability to work with vulnerable people included references from previous employers and Disclosure and Barring Service checks (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions.

The registered provider's recruitment policy dated March 2016 stated 'The offer will be subject to references, proof of identity, DBS check'. We saw in two of three of the staff files staff had commenced employment prior to their references being in place. Also one of the staff members had started employment prior to their full DBS being returned.

The registered manager told us people did not work alone and they were supervised more if they started without full recruitment checks. However the service had not evidenced the candidates were of good

character prior to them providing personal care to people in their own homes. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

All the people we spoke with and their family members told us they felt very safe with their care workers and the care workers know what they are doing and they are kind and respectful. One family member said "My relative is very safe with the carers. They treat them well and have a little chat with them which is nice."

We asked staff about their understanding of protecting people who used the service. Staff were aware of the different types of abuse and what to do if they witnessed any poor practice. The registered manager was aware of local safeguarding protocols and we saw information was available for staff to use to report concerns if they needed to. Staff told us they had received training in respect of abuse and safeguarding of vulnerable adults. Records we saw confirmed this.

The registered manager told us how they matched staff to people they supported during people's assessment and staff interviews. They used knowledge of similar interests and personalities to where possible match staff to people who would get along, which helped provide a more person centred service.

Nearly all the people we spoke with said they really liked to have the same care workers and this was delivered. People also told us there were no problems with the timings of visits and the service was responsive to requests for specific call times. One person told us "I've never seen a rota but I don't need to because it's the same team and they are always on time."

The registered manager and staff told us they never missed calls for people and people confirmed this was true. Staff also told us where they may be late arriving at a call they would always inform the person. Staff told us there is always someone to cover when staff are sick or on holiday and one staff member said "It is the only service I have worked in where the manager goes out to cover." This evidenced there was enough staff employed to meet people's needs.

We were shown records completed prior to the commencement of a service which risk assessed the environment in the person's home. The registered manager told us equipment such as hoists were checked to ensure they had been serviced and were fit for use, and we saw records to confirm this.

There were risk assessments in place for people who used the service. Risk assessments covered areas such as mobility and falls. The care plans contained descriptions of the tasks staff should complete to keep a person safe. Some of these tasks such as turning a person for pressure relief or supporting a person with a swallowing difficulty did not have a corresponding assessment of risk. Staff confirmed they complete all the tasks safely and they had received training in how to support people with more complex needs. However this was not assessed in a planned way and it was not documented thoroughly in people's care records. A family member told us "The thing I like is how they never rush my relative. They always take as much time as they need which is really good because then my relative will not slip or fall."

The registered manager told us they would review the assessment process to include more in depth risk assessment for people with more complex needs.

We asked the registered manager what staff would do in the event of a medical emergency when providing care and support for people who used the service. The registered manager told us in the event of a medical emergency an ambulance would be called and staff would follow the emergency operator instructions until an ambulance arrived. There is also an on-call service available to staff 24 hours per day 7 days per week to

call for advice and support.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff told us they assume people who used the service have capacity unless they are told otherwise. The registered manager told us they had any concerns in relation to a person they would involve the person's social worker or health care professional if needed. Staff had been trained in MCA and we saw records to confirm this.

Staff we spoke with understood their obligations with respect to people's choices. Staff told us people and their families were involved in discussions about their care. People we spoke with confirmed this, one family member told us "My relative can be really difficult and the carers who come are really good at dealing with that."

One staff member told us how they support a person whose capacity is impaired for complex decisions but through positive communication, prompting and patience staff can support the person to make day to day decisions about their food, clothing and medications.

Although the service was working to empower people and had used the principles of the MCA and recorded what they understood of a person's capacity; they had not formally documented people's capacity or the best interest decisions made with regards to the care and treatment the service provided in line with the MCA process. The registered manager told us they would document the use of MCA in future when they developed people's care plans. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.

People told us they were confident staff had the skills and knowledge to support them with their specific needs. One family member told us, "They need to use a hoist to put my relative in a chair and two of them always do that." They went on to say another family member had been trained in their own job to hoist and they were impressed by how careful the staff were in this service.

The registered manager showed us staff information which detailed training staff had undertaken. We saw training was well managed and kept up to date.

Staff we spoke with told us on the commencement of their employment they undertook a full induction. This included reading policies and procedures and shadowing other experienced staff whilst they provided care and support to people. This helped to ensure people were supported by skilled and experienced staff.

Staff confirmed the quality of the training was good and provided them with the skills and knowledge to do their job. One staff member told us about their induction. They said, "Even though I felt confident because I

worked elsewhere previously they still let me shadow staff so I knew people better."

Another staff member told us about the registered manager who delivered some of their training. "They are really passionate and friendly, they love what they do, you can relate to them and you don't feel silly." The registered manager explained to us how they used different teaching methods so staff members truly understand how situations feel for people they support. They told us about the 'Tomorrow is another day' dementia specialist training and how they used experiential learning to help staff develop empathy for people living with dementia. Another staff told us the registered manager is keen on training staff members to help them do their job and the registered manager portrays a good understanding in the topics they had taught them.

Staff spoken with told us they felt well supported and they had received regular supervision. We looked at the records which showed staff had received regular supervision and an annual appraisal. One staff member told us "We have supervision quite regular and more if we need it. I am close to the manager, she is open and we talk."

The service provided support to some people at meal times and people who were able to take part in meal preparation were supported with this to maintain their independence. Staff encouraged and supported people to have meals of their choice. One family member said, "They get meals out for my relative but family prepare them so they just have to put them in the microwave." The district nursing team and social workers were involved with people where staff had noticed people were not eating well or had lost weight.

The registered manager and staff we spoke with told us they worked with other healthcare professionals to support the people. The registered manager told us how they communicated with social workers, occupational therapists and hospital staff as part of the assessment process and ongoing care. This meant people were supported to maintain good health and had access to healthcare services.

One family member said "The carers are brilliant. They look out for any changes in my relative and will let me know if there is anything I need to call the doctor for. We work as a team."

Is the service caring?

Our findings

People we spoke with were complimentary about the care and service received. One person said, "I don't mind which carer comes because they are all really kind and thoughtful." Another person said, "Carers are wonderful and the office staff are good. They say they will call back sometimes if you phone for anything and they never fail."

The registered manager told us there was a person centred approach to the support and care people received and this was evident in the way the staff spoke about people who used the service. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported.

Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. One staff member told us how they used a document in the person's care plan which told them about the person's past to build a rapport and positive relationship.

It was clear from our discussions with staff the values of dignity and respect underpinned the work they carried out with people. One staff member told us "I think of what care my mum wanted." Another staff told us "I love my job and I would trust the service with my mum and dad."

One person who used the service told us how staff maintained their dignity and privacy. "They are all excellent. They shower me and have to do quite intimate things for me but they are all ever so careful and gentle." Staff demonstrated to us they knew how to protect people's privacy and dignity whilst assisting with personal care. One staff member said, "We make sure we put towels over people to protect people's dignity and we respect their privacy during personal care."

People we spoke with during the inspection process told us how staff were supportive. One person said, "They are superb, I don't need a lot of help but I can't say more than that. They are brilliant and very kind. They talk to me which for me is the most important thing."

Staff told us how they encouraged people who were able to maintain their independence. For example they supported people to prepare their own food. Another example we were told was where staff supported a person to hang out their washing, through prompting staff did some parts and the person the other parts of the task. The staff member talked to us about working with the person and not taking over in their home. Another staff member said "We work together to promote independence, and everyone knows everyone and we communicate well, it makes it more personalised."

All the people we spoke to described routine reviews and regular discussions about their preferences and changing needs. One person said "They [staff member] spent about an hour or more at first going through everything and now the owner comes every few months to check on things."

Is the service responsive?

Our findings

People and family members we spoke with during the inspection told us staff knew them well and were responsive to their needs. One person said, "The organisation is really good. I can make a judgement because the previous company we had were not very good at all, so I can make the comparison and these are excellent. I think it works better because they are not a big organisation." A family member told us how the staff team supported their relative with their continence. They told us staff never appeared stressed, were really cheerful and always made sure their relative was comfortable.

During our visit we reviewed the care records of three people who used the service. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care plans described the support needed at each of the visits in a person centred way, as the document contained a list of how the person wanted their support to be delivered.

Staff we spoke with found the care plans easy to navigate and felt they had the information needed to support people. They told us they would report anything missing from the care plans to the office.

We saw people had taken part in reviews which had highlighted changes in need for some people. The changes in need had been communicated to staff, and support provided had changed for the person where required. Staff could tell us changes in peoples planned support, but we found the care plan document had not always changed. Because the team was so small everyone knew what people needed, however the recording of these changes was not always robust. For example one person's review stated they needed a more balanced diet but there was no description of what that meant in the care plan, however staff were able to tell us what they did differently for the person and why.

We discussed this with the registered manager and they recognised this needed to improve and told us they would make plans to update peoples care plans following reviews or changes in need.

The registered manager told us the service had received one complaint in the last 12 months. We saw the complaint had been fully investigated. We were told senior staff maintained regular contact with people and relatives to make sure they were happy with their care and support. If any concerns were identified then these were acted upon quickly to avoid any unnecessary upset.

We looked at the complaints procedure, which showed people how to make a complaint. The procedure gave people timescales for action. People told us they felt listened to and they felt confident in approaching staff or the registered manager. People told us they knew how to raise concerns, and we saw the 'Service user guide' given to people using the service contained information about the complaints process.

We saw a compliment from a person who no longer used the service. They had written to say they missed the personalised elements of the care Prestige First Call had provided.

Is the service well-led?

Our findings

There was a registered manager in place at the time of the inspection. People who used the service and family members we spoke with during the inspection spoke highly of the registered manager, and were impressed with the management and organisation of the service. All told us they thought the service was well led. One person said, "The care staff are brilliant. I won't hear a word said against them and the office people are very approachable."

We received feedback from people who use the service, family members and staff about how this makes the service more person centred. For example a staff told us "[Name of registered manager] is really good and friendly and easy to get on with. The service users all love her. She chips in to help staff; it is such a small company which is really person centred, friendly and tight knit. [Name of registered manager] really cares and people are not just a number." A person who used the service said "They really do care about people." They went on to say as did other people that individual care is really excellent , really good and kind they felt because it is a small service.

We found there was a culture of openness and support for all staff members, people and family members throughout the service. Staff told us they would have no hesitation in speaking up should they have any concerns about the quality of the provision. From discussion with staff we found the registered manager was an effective role model for staff and this resulted in strong teamwork, with a clear focus on working together. A staff member told us, "I can't knock her [name of registered manager] she is professional, the volume of training drives you mad but it develops you and gives you lots of confidence. She is a good manager and I have learnt a lot from her. She picks quality people to join the team." Another staff member said, "I have had a good experience as I am new to care, all credit to [name of registered manager], the organisation, team work, we are a team."

Staff told us they were kept up to date with matters which affected them. We saw records to confirm staff meetings had taken place regularly. The registered manager shared key points such as pensions, pay increases and timekeeping. We also saw the registered manager would give regular updates on knowledge and good practice in areas such as dementia and mental capacity which staff said keeps them up to date. Staff also told us the staff meetings are arranged to enable them to attend around their calls to people or home life and they really appreciated that.

We looked at the arrangements in place for quality assurance and governance. These processes are systems which help providers to assess the safety and quality of their services. Checks were carried out on staff whilst they were delivering support to people to assess their professionalism and performance standards. Checks were also carried out on the medication charts and daily notes once returned to the office to look for any problems with the package of care. However these checks were not recorded on a formal document which provided guidance on what to check and where issues identified could be placed into actions to complete. We also found some areas such as care plans, accident/ incidents and complaints were not audited or patterns and trends analysed.

The registered manager was keen to develop the quality assurance system as the service grows to support more people, and told us they would take action following the inspection.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us surveys were sent out to people on an annual basis to seek their views on the care and service provided. We saw records to confirm in August 2015 questionnaires were sent out to people and in September 2015 a survey to staff members was completed. The survey results were positive and the registered manager had used them to plan improvements where issues were raised.

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 11 HSCA RA Regulations 2014 Need for consent The service was not recording assessments and best interest decisions in accordance with the Mental Capacity Act 2005. 11 (1), (2), (3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service was not ensuring proper and safe management of medicines. (1), (2) (g)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service had not evidenced all candidates were of good character prior to them providing personal care to people in their own homes. 19 (1) (a) (3) (a)