

Miss Pamela Tawengwa

Prestigious Homecare

Inspection report

11 Blaby Road
Wigston
Leicestershire
LE18 4PA

Date of inspection visit:
16 August 2017

Date of publication:
04 October 2017

Ratings

Overall rating for this service

Requires Improvement ●

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?	Requires Improvement ●

Summary of findings

Overall summary

This was our first inspection of Prestigious Homecare. The visit was announced and was carried out on 16 August 2017. 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 personal care and support to people living in Leicestershire. At the time of our inspection there were 37 people using the service.

The service's provider is also the 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.

People told us they felt safe using Prestigious Homecare and felt safe with the support workers who supported them. Relatives we spoke with agreed with what they told us. Support workers had received training on the safeguarding of adults. They knew what to look out for and the procedure to follow if they felt that someone was at risk of avoidable harm or abuse. The provider was aware of their responsibilities for keeping people safe and knew to refer any concerns on to the local authority and Care Quality Commission (CQC).

The provider had assessed people's care and support needs and risks presented to either the people using the service or the staff team had been assessed and managed.

People using the service had plans of care in place. These had been developed prior to their care package commencing and showed the staff team the tasks they were required to perform. The staff team were aware of people's individual needs, their likes and dislikes and their preferences.

Checks had been carried out for people wishing to join the staff team. Once employed, support workers had been provided with an induction into the service and training had been completed.

People told us there were enough staff members to meet their current needs. They told us they had regular support workers who always turned up. However, some people told us that not all of them were always on time and not all of them stayed for the agreed length of time.

Support workers felt supported by the provider and felt able to contact them for support or advice at any time.

Support workers had received training in the management of medicines.

People's consent was always obtained to make sure that they were happy with the support they were to receive. Support workers had a basic understanding of the Mental Capacity Act 2005 (MCA) and training had been arranged so they would be clear of its principles. The provider understood their responsibilities around MCA.

People were supported with their nutritional needs and were assisted to access health services when they needed them.

People told us the staff team were kind and they were treated in a caring and respectful manner. They told us their care and support was provided in a way they preferred and choices were always offered.

People using the service and their relatives told us they knew what to do if they were unhappy with the service they received. People had received a copy of the provider's complaints process when they had first started using the service.

Management monitored the service being provided to make sure people received the care and support they required, though this was on an informal basis. Following our visit a number of auditing processes were developed to assist the formal monitoring process moving forward. A business continuity plan was in place for emergencies or untoward events.

The provider was aware of their registration responsibilities including notifying CQC of significant incidents that occurred at the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Suitable numbers of staff were available to meet people's needs. Support workers did not always stay for the full duration of people's calls.

People were supported with their medicines appropriately.

People were kept safe from abuse and avoidable harm.

The risks associated with people's care and support were assessed to minimise the risks to people.

Only suitable people were recruited to work at the service.

Is the service effective?

Good ●

The service was effective.

The staff team were trained to enable them to meet people's needs and they felt supported by the provider.

People's consent to their care was obtained and the staff team had a basic understanding of Mental Capacity Act 2005.

People were supported with their nutritional needs and assisted to access health care services.

Is the service caring?

Good ●

The service was caring.

The staff team were caring and people were treated with respect.

The staff team knew the people they were supporting and they knew their likes and dislikes and their personal preferences.

Information about people was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and they were involved in developing their plan of care.

People's plans of care included their personal preferences and the actions the staff team needed to take to meet their needs.

People were provided with regular support workers.

A formal complaints process was in place to support people to make a complaint if they needed to.

Is the service well-led?

The service was not consistently well led.

People felt able to speak with the provider and the staff team felt supported by them.

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

Although monitoring systems were in place to check the quality of the service being provided, these were on an informal basis.

Requires Improvement 

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 visit took place on 16 August 2017 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the provider would be available to assist us with our inspection.

The inspection was carried out by one 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, the 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. We looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about.

At the time of our inspection there were 37 people using the service. We spoke with six of the people using the service and with four relatives of other people using the service.

During our visit to the office we spoke with the provider and the human resource manager. Three support workers were contacted by telephone following our visit to enable us 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 four people's plans of care and associated documents including risk assessments. We also looked at three staff files including their recruitment and training records and the quality checking processes that the provider completed.

Is the service safe?

Our findings

People felt there were sufficient numbers of staff employed to meet their needs. Rotas we checked showed care calls were suitably covered with travel time incorporated depending on the distances between each care call. This ranged from between five to 15 minutes. We did see however that support workers were not always staying for the correct length of time for the care calls. The human resource manager explained that they monitored the calls on a daily basis and had identified that support workers were not always staying the full length of some care calls. They told us that this had been discussed with the support workers to determine the reason and to remind them of the importance of staying the full time. There was no formal process in place to record the monitoring of calls and actions taken to address any issues. The provider explained that this would be implemented.

For people who needed support to take their medicines, information had been included in their plan of care. One person told us, "My medication is in a dossett box and reordered. The carers log everything down." Another explained, "They help me with medication, they put my tablets in a pot. I self-administer. They check if you have taken them and make a note of it, they always write everything down."

Support workers had received training in the safe handling of medicines. Those we spoke with were aware of what they could and could not do when supporting people with their medicines. One told us, "Medicines, you can give from a dossett box, you can't give out pain relief from the shops. You can only give if it's on the medication sheet and prescribed, rather than over the counter." Another explained, "We don't give them, we present them to them [people using the service] and show them which ones they need to take."

We did note in the records we checked that medicine administration records (MAR) were not always completed when people's medicines had been prompted. Support workers had instead recorded this in the daily notes. We also noted that one person's medicine plan was not clear with regard to the amount of support they needed with their medicines. We discussed this with the provider who assured us this would be addressed and the relevant paperwork put in place. This was confirmed following our visit.

People told us they felt safe with the support workers who provided their care and support. A relative explained, "My relative feels safe with a regular team. Carers seem fully aware of the risks she may be open to and act carefully." Another told us, "She is safe and carers are friendly and chat."

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 staff member told us, "There can be different abuse, financial and physical, I would report anything to my manager she would sort it." Another explained, "There's financial, physical, mental and emotional, any of them, I would notify [provider] she would sort it but if not, I would ring CQC."

The provider and the human resource officer, who also carried out care and support calls, were aware of their responsibilities for keeping people safe. They told us that any allegation of abuse would be referred to the local safeguarding authority and CQC. This showed us that they followed their own safeguarding

processes.

Risk assessments had been completed prior to people's care and support packages commencing. This enabled the provider 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 had been completed on people's home environment where their care and support was to be provided. A moving and handling risk assessment and a health assessment had also been completed. This showed us that whenever possible, the risks associated with people's care and support had been identified, minimised and appropriately managed.

The provider's recruitment process had been followed when new staff members had been employed. This included verifying people's identity, obtaining references and carrying out a check with the Disclosure and Barring Scheme (DBS). A DBS check provides information as to whether someone is suitable to work at this service. We did note that one person had started shadowing another member of staff three days before their DBS had been verified. We saw that a risk assessment had been completed to assess the possible risks associated with this. The provider also assured us that they only visited people with another member of the staff team and made sure the person was not alone at any point during the calls.

Is the service effective?

Our findings

People told us the support workers who supported them knew their care and support needs well. One person told us, "They are all nice people and I have a chat with them. They do the job perfectly." Another explained, "I get on well with my carer. She is quite polite and we have a laugh together. She makes sure I have fresh water for the day." A relative told us, "They give personal care to my relative, make their breakfast and a drink and do the bins. In the evening they help with eye drops and tablets and check doors are locked. They leave her safe, they are very good."

Support workers had received an induction when they had first started work at the service and training relevant to their role had been provided. Staff training records confirmed this. One support worker told us, "We went through the policies and procedures and were able to have copies if we wanted." Another explained, "I had an induction in the office and had training also." Training completed included food hygiene, dementia care and moving and handling.

Support workers had been provided with the opportunity to shadow more experienced workers when they had first started work. This enabled them to understand what would be expected of them and to get to know the needs of the people using the service. One support worker told us, "I had three days shadowing [support workers]." Another explained, "I did all the mandatory training and shadowed [provider]."

Support workers felt supported by management. They told us there was always someone to talk with if needed. One support worker told us, "[Provider] is always available any time of the day, like from 5.30 in the morning to 11.30 at night she is very approachable, I feel 100 % supported." Another explained, "I do feel supported, [provider] is always available."

The provider had commenced annual appraisals with the staff team and regular spot checks had been planned for the coming year. This enabled them to check the support workers were carrying out the care and support they were required to do and provide them with support whilst working in the community.

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 explained that 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 planned for the week commencing 4 September 2017 and the support workers we spoke with had a basic understanding of its principles. One explained, "You can't have a blanket approach because every decision is different. Decisions would involve the manager and their family who know them well." Another told us, "It's about whether people can make a decision and if decisions are made, whether they are in their best interest and to their benefit."

Support workers explained that they always sought people's consent before providing any care or support. The people we spoke with agreed with what they told us. One support worker told us, "Before I do anything I always get their permission, I ask them if they are alright with me helping them." One of the people using the service told us, "The carers chat and communicate and always ask permission for example, talcum powder and clothes choice."

Support workers supported people to have sufficient food and drink when they carried out a mealtime call. This showed us that they knew the importance of making sure people were provided with the food and drink they needed to keep them well. One person told us, "She makes sure I have fresh water for the day. I choose my own breakfast." A relative told us, "They do meals at the weekend and give her a choice."

Support workers monitored people's health and wellbeing and when concerns about people's welfare had been identified, these had been reported to the office and acted on. We saw in one person's records that they had become unwell and the support worker had contacted the provider for advice. The provider advised them to contact 111 and they waited with them until the ambulance arrived. This showed us that staff were attentive to people's health and wellbeing.

Is the service caring?

Our findings

People told us the support workers who visited them were kind and caring and treated them with respect. One person told us, "They are very considerate and without doubt treat me with respect and dignity." Another explained, "They all chat and are kind and courteous." A relative told us, "I have no concerns about [relative] treatment and standards of wellbeing."

Support workers gave us examples of how they preserved people's dignity when supporting them. One explained, "I make sure the doors are shut and the curtains are closed. I try to encourage their independence and always ask them what they want me to do rather than just doing it." Another told us, "When I'm helping with personal care I sit them down and take the top half off but leave the bottom half covered. Then I cover the top half and wash the bottom half. I use a towel to cover them for their dignity."

Support workers knew the care and support needs of those they were supporting. This was because they visited people on a regular basis. Plans of care were available in people's homes. These included information which enabled the support workers to provide the care and support that people wanted and preferred. For example one person's plan of care stated, 'Likes a drink of lemonade by his side and a sandwich'. Another person's plan of care stated, 'Likes porridge and a cup of tea, one sugar'. Support workers knew people's individual preferences and daily records showed us that these preferences were met.

People were supported to make decisions on a daily basis and the support workers knew them well. One person told us, "They know my needs, they facilitate my independence and if they have spare time they ask if I need anything else doing." Support workers shared with us how they offered people choices when they provided their care and support. One told us, "I always offer choices such as what clothes they want to wear. I will give them two or three choices to choose from."

Details of advocacy services were included in the provider's service user guide. A copy of which was given to everyone using the service. The provider explained that if people were unable to access these services either by themselves or with the support of a relative, they would support them to do so.

The provider had a confidentiality policy in place and members of the staff team understood their responsibilities for keeping people's personal information confidential. Computers which stored personal information were 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.

Is the service responsive?

Our findings

People told us they had been visited prior to their care package commencing to determine what help and support they needed. They also told us they had been involved in developing their plan of care. One person explained, "I was involved in my care plan." A relative told us, "My initial meeting with the manager was honest and friendly. Everything has been fine and the manager is contactable and responsive."

The provider explained that people's care and support needs were always assessed. They explained that a visit was always carried out at the person's own home when an initial assessment would be completed. Paperwork checked confirmed this. This was so the person's support needs could be identified and the provider could satisfy themselves that the person's needs could be appropriately met.

From the initial assessment, a plan of care had been developed. 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. For example, one person's plan of care told the reader, 'Likes a banana and a slice of toast and jam for breakfast'. Another stated, 'Ensure [person using the service] is warm with blankets and cardigans if required'. We did note that not all of the plans of care included specific instructions for the support workers to follow. One person needed reminding to wear their life line. This was not recorded in their plan of care. Another person required the use of a key safe to enable the support workers access to their home. This again was not included in their plan of care. Whilst this information was not included, the provider had made sure the support workers were aware of these instructions. They told us they would update people's plans of care to reflect this information.

People told us that, on the whole they had regular support workers who provided the care and support they needed. One person told us, "I have the same two regular carers and I am happy with them. Another explained, "I have different carers but I have no complaints, they are all nice people and I have a chat with them. They do the job perfectly." A relative told us, "My relative has dementia. She has the same carers which is a real bonus as she knows their names. This gives her stability and one less unknown to deal with."

People's views on the punctuality of the support workers and them staying for the full duration of the care calls varied. One person told us, "The carers are fantastic, a brilliant team. The only thing they drop down on is their timing, they don't have enough travel time, though they arrive on time within reason." Another told us, "The carers are not often on time but usually within 15 minutes. Travelling time is a problem. Sometimes they only stay 20 minutes instead of 30 minutes." Another told us, "Sometimes I don't get the full hour or half hour. My eldest daughter talks to the manager about it." A relative told us, "Punctuality varies but they are within half an hour but sometimes they have only stayed 20 minutes rather than 30." Another explained, "They are on time with any delays accounted for. They stay the correct length of time." Whilst punctuality was questioned, people we spoke with told us the support workers carried out the tasks they were required to perform and didn't leave the call until everything was completed.

Rotas showed us support workers were provided with travel time depending on the distances between each

care call. This ranged from between five to 15 minutes. We did see however that support workers were not always staying for the correct length of time for the care calls. The human resource manager explained that they monitored the calls on a daily basis and had identified that support workers were not always staying the full length of some care calls. They told us that this had been discussed with the support workers to determine the reason and to remind them of the importance of staying the full time. There was no formal process in place to record the monitoring of calls and actions taken to address any issues. The provider explained that this would be implemented.

There was a formal complaints process in place and this, along with the office contact details, was included in the information held in people's homes. People and their relatives knew who to contact if they were unhappy or unsure about anything. One person told us, "I feel able to voice any concerns to the management." Another explained, "I know who to call, I have had to deal with the management twice, one for an invoice query and one was for a late arrival which I wasn't notified of."

Records showed that when a complaint had been received, the provider's complaints process had been followed to a point. Complaints had been investigated and the outcome discussed with the complainant however, it had not been recorded within the provider's records. A complaints, concerns and complements register was developed following our visit and put into use.

Is the service well-led?

Our findings

The provider explained that they regularly monitored the quality of the service provided. However, at the time of our visit there were few formal monitoring processes in place. The human resource manager told us they were monitoring people's care calls daily but there were no records to demonstrate this. There were also no formal records to demonstrate that they were monitoring that support workers were staying for the correct length of time.

A record in one person's daily records stated, 'Got to stair gate and [person using the service] let go of walker and fell back onto me then slid down me and landed on the floor'. There was no evidence to demonstrate that this had been identified through the monitoring of the daily records. It was not included in the accident and incident record and no evidence was available as to any actions taken.

Support workers regularly contacted the provider by telephone if any issues arose during their working day. There were no formal records of these contacts to enable the provider to easily identify any patterns or trends in people's health and welfare. The provider acknowledged this though explained that they knew the people they were supporting well and monitored these contacts on an informal basis.

The provider explained that people's care and support packages were regularly reviewed. Evidence of this was seen, though people's paperwork had not always been updated to reflect that these had taken place. We discussed with the provider how this would provide an audit trail for them to demonstrate that reviews had been carried out. They agreed and told us that they would record dates of the reviews moving forward. One of the people using the service told us, "The manager asks every month if all is well. The manager has visited to check up." A relative told us, "The care package has been in place over a year. We had a review with the carer's and the management at my mum's home. They were very good in recommending things."

The provider told us prior to our visit that there were systems in place for monitoring the quality of the service provided. These were not seen. They told us they would commence a more formal monitoring process moving forward.

The provider was failing to ensure that they had effective systems and processes established that were operated effectively. There was a lack of accurate and clear and contemporaneous records being kept. These matters constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

People told us the service was well managed and the provider was open and approachable. One person told us, "They [provider] are very approachable." Another explained, "This is one of the better care companies. I have used a lot. Both carer's and the office are pretty good." A relative told us, "The manager sorted out a key mix up. We are quite happy, no concerns and we would recommend the company based on our experience."

People felt they could contact the provider if they had any issues about their care and support and felt that

they would be listened to. One person told us, "The management responded to a different time request and I was listened to."

Support workers felt supported by the provider and they felt the service was well led. One explained, "I am supported and [provider] is always available." Another told us, "We are like a little family, communication is really good, It is a good place to work."

Staff meetings had taken place though only one had taken place so far this year. The provider explained that informal meetings also took place to discuss current and ongoing issues. Items discussed at the last meeting which took place on 15 June 2017 included the importance of accurate record keeping and ensuring that all tasks were carried out when completing care calls. A leaflet on dementia and a copy of the staff handbook had also been distributed to the support workers for their information.

People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through regular telephone calls and visits to people's homes. This enabled the provider to review people's care packages and to make sure they remained happy with the care and support they received. The provider and human resource manager also carried out support calls. These visits enabled them to check that people were happy with the support workers and the care and support they were provided with.

Surveys had been used to gather people's views of the service being provided. Comments seen in surveys returned included, "They treat our [relative] with respect and enjoy a joke and a chat." And, "They spend time to listen to his stories and keep us informed of any concerns." And, "They are friendly and caring." The provider explained that any issues or concerns included in the returned surveys were followed up and addressed. At the time of our visit the provider was not collating the information included in the surveys and making it available to interested parties. They told us this was something they would do.

The provider 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.

This was a first ratings inspection of the service. The provider understood their responsibilities for ensuring that once rated, this rating would be displayed. The display of the rating poster is required by us to ensure the provider is open and transparent with the people using the service, their relatives and visitors.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Monitoring systems or processes were not established or operated effectively to ensure compliance with the regulation. Accurate complete and contemporaneous records were not being kept.</p> <p>Regulation 17 (1)(2)(c) Good Governance</p>