

## Prestige Homecare Services Limited

# Prestige Homecare Services

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This announced comprehensive inspection took place on 17 September 2018. We gave the provider 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in to assist with the inspection.

Prestige Care Services Ltd is a domiciliary care agency that provides personal care and support to people living in their own houses and flats in the community. The service registered with the Care Quality Commission (CQC) in August 2017 and the registered manager told us they had started to provide care and support to people in March 2018. It provides a service to older people and people with a learning disability. When we inspected, the service was supporting 17 people. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

The provider had systems in place to protect people from abuse. Care workers had completed training in safeguarding people and the registered manager was aware of their responsibility to report any concerns.

The provider assessed risks to people using the service and acted to mitigate any risks they identified.

The provider carried out checks on new care workers to make sure they were suitable to work with people using the service.

People received the support they needed to make sure they received their medicines safely and as prescribed. People's care records also included information about their healthcare needs and how these were met.

Care workers had access to personal protective equipment to help prevent and control the spread of infection.

The provider acted when things went wrong and changed the way they worked to make sure they did not repeat mistakes.

The provider followed current legislation and standards to make sure they achieved effective outcomes for people using the service.

Care workers had the training they needed to care for and support people safely and effectively.

Where people needed support with eating and drinking, the provider included this in their care plan and risk assessment. Daily care logs completed by care workers showed that people received the support they needed to eat well and stay hydrated.

The registered manager understood their responsibility to act within the requirements of the Mental Capacity Act 2005 and provide care and support in people's best interests.

People using the service received support from care workers who cared about them and liked and respected them. People also told us their care workers respected their privacy and dignity.

People and their relatives told us their care workers listened to them and said they felt involved in making decisions about their day to day care.

People using the service and their relatives told us their care workers understood the person's care needs and made sure they met these on each visit.

The provider had a complaints policy and procedures and we saw they had produced this in languages other than English, including Polish, Hindi, Urdu and Punjabi.

People using the service and their families told us they felt it was well-led. Care workers also told us they felt supported by their managers and said they felt the service was well-led.

The provider registered a qualified and experienced manager who has been in post since the service was registered in August 2017.

The provider had systems in place to monitor quality in the service and make improvements.

## 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.

The provider had systems in place to protect people from abuse. Care workers had completed training in safeguarding people and the registered manager was aware of their responsibility to report any concerns.

The provider assessed risks to people using the service and acted to mitigate any risks they identified.

The provider carried out checks on new care workers to make sure they were suitable to work with people using the service.

People received the support they needed to make sure they received their medicines safely and as prescribed.

Care workers had access to personal protective equipment to help prevent and control the spread of infection.

The provider acted when things went wrong and changed the way they worked to make sure they did not repeat mistakes.

### Is the service effective?

Good 

The service was effective.

The provider followed current legislation and standards to make sure they achieved effective outcomes for people using the service.

Care workers had the training they needed to care for and support people safely and effectively.

Where people needed support with eating and drinking, the provider included this in their care plan and risk assessment. Daily care logs completed by care workers showed that people received the support they needed to eat well and stay hydrated.

People's care records included information about their healthcare needs and how these were met.

The registered manager understood their responsibility to act within the requirements of the Mental Capacity Act 2005 and provide care and support in people's best interests.

### Is the service caring?

Good ●

The service was caring.

People using the service received support from care workers who cared about them and liked and respected them. People also told us their care workers respected their privacy and dignity.

People and their relatives told us their care workers listened to them and said they felt involved in making decisions about their day to day care.

### Is the service responsive?

Good ●

The service was responsive.

People using the service and their relatives told us their care workers understood the person's care needs and made sure they met these on each visit.

The provider had a complaints policy and procedures and we saw they had produced this in languages other than English, including Polish, Hindi, Urdu and Punjabi.

### Is the service well-led?

Good ●

The service was well led.

People using the service and their families told us they felt it was well-led.

Care workers also told us they felt supported by their managers and said they felt the service was well-led.

The provider registered a qualified and experienced manager who has been in post since the service was registered in August 2017.

The provider had systems in place to monitor quality in the service and make improvements.

# Prestige Homecare Services

## 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.

The inspection took place on 17 September 2018 and was announced. We gave the provider 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in to assist with the inspection. The inspection team comprised two inspectors.

Before the inspection we reviewed the information we held about the provider and the service. This included information the provider gave us when they registered with the Care Quality Commission and statutory notifications they sent us. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection site visit we looked at care records for two people using the service, including their care plan, risk assessments, medicines management records and daily care logs their care workers completed after each visit. We also looked at staff recruitment, training and supervision records for two care workers and other records related to the running of the service.

Following the inspection site visit we spoke with four people using the service or their representatives and contacted six care workers for their views on the service. We received comments from three of the care workers.

# Is the service safe?

## Our findings

People using the service and their relatives told us people were cared for safely. They said, "It has taken away so much stress and worry just knowing [family member] is safe," "Absolutely safe, no worries at all" and "The best thing is not having to worry about [family member]. I know they are completely safe with the carers."

The provider had systems in place to protect people from the risk of abuse. They had a safeguarding adults policy and procedures that defined types of abuse and the responsibilities of the registered manager and care workers if they had concerns a person might be subject to abuse. The registered manager had reviewed the policy and procedures in April 2018 and they told us there had been no safeguarding concerns since the service began providing care and support to people in March 2018. The provider also had a whistle blowing policy for staff that they had reviewed in April 2018.

When we asked care workers what they would do if they felt someone was abusing a person using the service, they told us, "I would call the office and report to my coordinator which is the agency policy. I will not write it down in the book (communication sheet) because if the abuser is in the family they might read the book which will be dangerous for the individual involved" and "I will notify the office if I feel a client or a service user is being abused so that they can follow up on this."

People's care records included assessments of possible risks and risk management plans to mitigate risks the provider identified. For example, one person using the service was at risk of falling. The provider had completed a risk assessment in August 2018 and provided care workers with clear guidance on how to manage the risk. For example, they told care workers to "Ensure the area is clean and clear from trip and slip hazards" and to "ensure you contact emergency services or the office if [person's name's] condition changes or worsens."

The provider also completed a general risk assessment of each person's home environment to make sure it was safe for them and their care workers. This included assessments of arrangements for storing and managing medicines, carrying out personal care tasks and supporting the person to move around their home. Where they identified a possible risk, the provider acted to make sure people were safe. For example, they ensured care workers had access to Personal Protective Equipment (PPE) to use when they supported people with their personal care.

The provider had a policy and procedures for the management of people's medicines to make sure they received these safely and as prescribed. Where a person needed their care workers to administer their medicines, this was clearly detailed in their care plan. Care workers had completed training to enable them to support people and they completed a Medicines Administration Record (MAR) sheet each time they gave people their medicines. The MAR sheets we saw were well completed and indicated people received their medicines safely. Where people had specialist medicines, for example, anticoagulants, we saw the registered manager had provided care workers with clear guidance and information to make sure they administered these safely.

The provider carried out checks on new care workers to make sure they were suitable to work with and support people using the service. Recruitment records included an application form, proof of the person's identity and right to remain and work in the United Kingdom, professional and personal references and a Disclosure and Barring Service check. Care workers told us, "The office carried out a lot of checks among which is police check (DBS), my character reference from my previous employer, my eligibility to work as well" and "The office carried out Home Office checks, DBS check and reference request from my former employer."

The provider had a policy and procedures for recording accidents and incidents that involved people using the service. The registered manager told us there had been no incidents or accidents since the service began providing care to people in March 2018. The registered manager told us they reported any missed or late calls to the local authority's monitoring team each month. We saw the records for June – September 2018 and these showed the provider acted when things did not go as planned. For example, they apologised when calls were missed and changed their procedure to ensure they checked with care workers to confirm they had received their rota each week. We also saw the provider kept a record of calls they received 'out of hours' when the office was closed. The provider gave people an emergency out of hours phone number and the on-call manager recorded any actions they took if called. For example, when a care worker reported to the on-call manager that nobody answered the door when they visited a client, the manager rang the person's relative who confirmed they were in hospital. The registered manager then emailed the social services department so that they were aware the visit had not taken place.



## Is the service effective?

### Our findings

People using the service and their relatives told us their care workers were well trained. They said, "They employ experienced and well trained carers, it's very reassuring" and "The carers seem to be well trained, they know what they are doing and always explain things clearly if [family member] asks."

The provider had policies and procedures that included best practice guidance from organisations such as the Royal Pharmaceutical Society and the National Institute for Health and Care Excellence. The policies and procedures covered all aspects of the service and included clear guidance for care workers with information they needed to care for and support people using the service. The registered manager had reviewed all the policies in April 2018 and we saw these included references to current standards and legislation.

The provider had policies and procedures on training care workers and the care certificate and we saw they reviewed these in April 2018. The registered manager confirmed all care workers who were new to the care sector would complete their care certificate training as part of their induction. The care certificate is an identified set of 15 standards which health and social care staff should adhere to in their daily working life.

The provider's training matrix showed care workers completed training in areas the provider considered mandatory. This included, moving, handling and hoisting people, safeguarding adults, basic first aid, food hygiene, health and safety, infection control and managing medicines. In addition, the provider arranged training that was specific to the care needs of people using the service. This included dementia awareness, learning disability, epilepsy and diabetes. Care workers told us they found the training helpful. One care worker commented, "I recently completed the GDPR [General Data Protection Regulations] training which allowed me to know more about confidentiality and sharing information. It was very useful for me personally and for the clients that I visit regularly." A second care worker said, "Apart from my initial training when I joined the company, I had training on Epilepsy and Diabetes awareness, as well as training on GDPR. The training has equipped me with more knowledge about these illnesses, as I might have clients or can come across clients with Diabetes or Epilepsy. The GDPR training has been useful in handling information about my service users."

Where people needed support with eating and drinking, the provider included this in their care plan and risk assessment. They also recorded people's likes and dislikes, preferences and routines so that their care workers could provide support in the way the person preferred. Daily care logs completed by care workers showed that people received the support they needed to eat well and stay hydrated.

People's care records included information about their healthcare needs and how these were met. The registered manager told us that, in most cases, people's relatives supported them to attend health care appointments with their GP but care workers would provide this support if it was part of the person's care plan. The provider also reminded care workers to note any changes in a person's healthcare needs, for example loss of appetite or weight loss and report these to the office. People's daily care logs showed that where their care workers supported them with eating, they received the food and drinks they needed to

remain in good health. A relative also told us, "Since he has had the carers, my [family member] has put on weight and is much healthier."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider had a consent to care form they asked people to sign if they had the mental capacity to make decisions about their care and support. Where the person lacked capacity, the provider recorded this on the form together with the arrangements for making decisions in the person's best interests.

We checked whether the service was working within the principles of the MCA and found the registered manager understood their responsibilities under the Act. Where the relatives of a person using the service had Lasting Power of Attorney (LPA) to manage their affairs or make decisions about their health and welfare, the registered manager made sure they kept a copy of the LPA on the person's care records. People's care records included an assessment of their mental capacity. We saw the provider had assessed one person's capacity to make decisions about their personal care and their ability to manage their own medication. They had concluded the person could not make these decisions and had worked with the person's family who had lasting power of attorney for health and welfare issues to make decisions in the person's best interests.

A second person's care plan included a mental capacity assessment that indicated the person could make decisions about their care and support. However, it also indicated that a family friend had a LPA. We discussed with the registered manager who confirmed following the inspection that they had obtained a copy of the LPA and confirmation that this had not been actioned at the time of our inspection.

## Is the service caring?

### Our findings

People using the service received support from care workers who cared about them and liked and respected them. Care workers developed relationships with the people they cared for and took the time to get to know them individually. People's relatives told us, "We are very happy with the carer, they are excellent," "I have to say the carers are fantastic, we have struck gold. They go over and above what they are meant to do to make sure my [family member] is cared for properly" and "I can't fault the carers, they are lovely people and genuinely care about my [family member]."

People and their relatives told us their care workers listened to them and said they felt involved in making decisions about their day to day care. One relative commented, "There's a care plan and we all know what's in it. They call us every so often and make sure things are going OK." A second relative said, "They are very flexible. Sometimes my [family member] wants to change what's in the care plan and they make sure they listen and do what she needs."

Care plans and daily logs that care workers completed showed that they encouraged people to maintain their independence wherever possible. For example, one person's care logs showed care workers encouraged them to dress themselves as much as possible and also to complete some personal care tasks.

People said they usually had the same care workers and they usually arrived on time. They said, "We have regular carers and they are all very good. They arrive on time or if they are running late they let us know" and "We have stability and it is so good for my [family member]. They know and like all the carers."

People also told us their care workers respected their privacy and dignity. One person described how new staff were introduced to them before they started providing care. We also saw people's care plans promoted independence and reinforced people's human rights.

## Is the service responsive?

### Our findings

People using the service and their relatives told us their care workers understood the person's care needs and made sure they met these on each visit. They also told us their care workers stayed the correct length of time and completed all the tasks in the person's care plan. Their comments included, "The care plan is exactly right. The carers know what my [family member] needs and they always make sure they stay until everything is done" and "We are very happy with the carer, they know what they are doing and always make sure they follow the care plan. Office staff contact us from time to time to make sure the plan is working."

People's care records included a referral and care needs assessment the local authority had completed. This included details of the support the person needed and what they could do for themselves. The registered manager told us they used this assessment to develop a care plan and risk assessments for the person before they started to provide care and support. People's care records included a profile of the person, details of significant people involved in their care and guidance for care workers on the tasks they needed to complete on each visit. While the care plans were mainly task focused, they did include information about what the person could do for themselves and reminded care workers to greet the person when they arrived and make sure they were safe and comfortable when they left.

Care workers completed a care log each time they visited a person to record the care and support they gave. The care logs we saw showed that people received the care they needed, care workers generally arrived on time and stayed the length of time detailed in the care plan. Care workers' rotas showed that the registered manager arranged calls to make sure the care worker had time to travel between people's home addresses.

At the end of each month we saw that care workers returned the care logs they completed at each visit to the office. The care logs recorded the care and support the care worker gave to each person using the service. A member of the office staff checked the care logs to ensure they met the provider's standards for recording. The audit checked that care workers recorded the time they arrived at and left the client's home and recorded the tasks they completed on each visit. Where the audit identified the need for improvements, the provider acted. For example, one care worker was provided with additional supervision to make sure they understood the need for detailed recording of the work they completed with a person using the service.

The provider had a complaints policy and procedures and we saw they had produced this in languages other than English, including Polish, Hindi, Urdu and Punjabi. The registered manager had reviewed the policy and procedures in April 2018. If a person making a complaint was not satisfied with the provider's investigation, the procedure included details for other organisations, including the local authority, the Care Quality Commission, the Local Government Ombudsman and the Information Commissioner. The registered manager told us they dealt with verbal complaints from people when they arose and there had been no written complaints since the service started providing care and support to people. People using the service and their relatives told us they knew about the complaints procedure but had not needed to use it. One relative commented, "There was an issue at the start but it was sorted out. We didn't need to complain."

The provider had a policy and procedures for supporting people with care at the end of their lives. The registered manager told us they were not supporting any person with end of life care at the time of this inspection.

## Is the service well-led?

### Our findings

People using the service and their families told us they felt it was well-led. They said, "[The registered manager] is first class, very caring and a good communicator. You can trust her" and "I would say it is very well led. The manager listens and responds if you query anything or just want to talk about [family member's] care."

Care workers also told us they felt supported by their managers and said they felt the service was well-led. One care worker commented, "In my first week there was support with shadowing other care workers in order to get to know the service user and their needs before starting work. I had a field supervision three months later, and I had an office supervision. We have a yearly appraisal at which progress is discussed and if I have any issues, I will discuss with my care co-ordinator." A second care worker said, "We have a yearly appraisal, but since I started, I have had 2 supervisions. I believe that the service is well managed because the office staff show a very high level of compassion towards care workers and service users, and if there are any issues, the office staff tries to sort it out as soon as possible." They added, "The service is well managed as I am always getting support from my care co-ordinator, and I feel really confident about discussing any problems or concerns about clients with the office staff or personal issues that I might need support with." A third care worker told us, "In my first month of starting work, I have had a field supervision done, a spot check and there is an appraisal waiting for me when I am a year with the agency. The service is well managed as I always get support from my care manager and the care co-ordinator. And I feel confident about discussing any problems or concerns about clients and staff with them and the outcomes are always satisfying."

The provider registered a manager who had been in post since the service was registered in August 2017. They told us they had more than three years' experience of providing homecare services as a care coordinator, field supervisor and on-call manager before joining the service in 2017. They also said they had a Level 5 qualification in management and a National Vocational Qualification level 4 in Leadership and Management for Care Services. The registered manager told us the provider was a full member of the United Kingdom Homecare Association (UKHCA) and had registered with the Information Commissioner's Office (ICO).

The provider had a policy and procedures for monitoring quality in the service and making improvements and they had reviewed these in April 2018. The procedures included monitoring and reviewing service provision and responding to the experiences of people using the service.

People's care records included records of quality monitoring visits the provider carried out. One person's records showed the provider had carried out two quality monitoring visits in August 2018. They had discussed the person's care with them and their family and noted that they were happy with the care and support their care worker provided. A second person's care records included three quality visits in June, July and August 2018 and a visit in April 2018 to complete a risk assessment. At each of the quality visits the person reported they were happy with the care they received and their care worker.

The provider arranged meetings to monitor quality in the service. They met regularly with the registered manager to discuss staff recruitment, tendering for local authority contracts, staff training and supervision. The registered manager also met with the provider's care coordinators and field supervisors to monitor people's care plans and make sure they had up to date information about developments in social care practice and legislation, for example the General Data Protection Regulations (GDPR) and the impact on the work of the service. The registered manager also arranged meetings with care workers every two months where they discussed practice issues, recording, policies and care workers' rotas.

The provider had a policy for the use of people's money by key workers when their care plan included shopping. The registered manager audited the records of financial transactions each month and we saw that when they identified issues they acted to make sure these were not repeated. For example, they arranged additional supervision with two care workers to make sure they understood the procedures and recorded the use of people's money accurately.

The registered manager told us they had worked with the London Borough of Harrow's contract monitoring team who carried out a review of the service in July 2018. The provider prepared an action plan in response to the review and the registered manager said they continued to work to act on areas for improvement identified in the review report.