

Independent Care Assistants Ltd

Prestige Homecare

Inspection report

Bowden Hall
Bowden Lane
Marple
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Website:

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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?

Good



Is the service well-led?

Requires improvement



Overall summary

This was an announced inspection which took place on 21 and 22 April 2015. We made telephone calls to speak with people using the service and staff working for the service on 23 April 2015. This was the first inspection of this service, although it had previously operated under a different name and registration. Most of the staff and many of the service users had transferred across to the new service.

Prestige Homecare is registered to provide personal care to people living in their own homes. At the time of our

inspection there were 55 people using the service and eight care staff employed to deliver the service. People told us they felt safe with the staff who supported them and they also spoke positively about the caring nature and attitude of the staff.

Prestige Homecare has 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the owner of the service.

We identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Staff who we spoke with told us that they had received no training since the service had moved to the Marple office and, at the present time, felt the registered manager was 'no longer approachable or very supportive'.

Staff rotas indicated that staff were working a lot of hours in one week to make sure that the contracted hours with the local authority were being met.

Care plans contained limited information to support staff to deliver safe and effective care to those people using the service. Risk assessments had not been completed by Prestige Homecare in relation to people's individual and assessed needs.

We found that the registered manager had limited understanding of the principles of the Mental Capacity

Act (MCA) 2005 and our discussions with staff also indicated they were lacking a clear understanding of how to ensure people's right to make their own decisions were being upheld.

People using the service told us that the care being provided was responsive to their needs and that regular contact was maintained by the registered manager.

Appropriate records had not been maintained in the office for all the people using the service.

A system was in place to record and respond to any complaints raised about the service and most of the people we spoke with told us they would be confident enough to approach the staff or registered manager with any concerns.

The registered manager told us that they carried out random monthly checks of service user files, staff rotas, care plans and reviews. Although there were 'tick sheets' that had been signed by the registered manager there were no details about what information had been checked in the records. We found that there was no structured and meaningful audit process in place for the service. This had resulted in many of the shortfalls and breaches of regulations we found during the inspection process.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Insufficient numbers of staff employed by the service meant that existing staff were working a lot of hours in one week to meet the needs of people using the service.

Care records we looked at contained very little information about the risks people using the service might be experiencing.

People who used the service told us they felt safe when they received care and support from staff employed by the agency.

Requires improvement



Is the service effective?

The service was not effective.

Evidence found during the inspection and speaking with staff indicated that staff were not receiving the training they required although people using the service were confident in the staffs abilities and skills to deliver their care.

The registered manager and staff had very limited understanding of the principles and requirements of the Mental Capacity Act (MCA) 2005. This meant that people using the service may not always have their rights to make their own decisions upheld.

Requires improvement



Is the service caring?

The service was caring.

Positive feedback was received about the staff from those people using the service.

People told us that staff knew what they were doing when delivering their care. Staff were said to be pleasant, look after people properly and were respectful.

Good



Is the service responsive?

The service was responsive.

People told us they knew how to make a complaint and that they felt any complaint would be appropriately dealt with.

People said they received regular contact from the registered manager who checked if they were happy with the standard and quality of care they were receiving.

Good



Is the service well-led?

The service was not well-led.

We found that records were not in place for all the people using the service.

Requires improvement



Summary of findings

<p>There were no effective systems in place to monitor the quality of service people received.</p>	
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Prestige 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.

We had recently received some anonymous concerns about the service and were aware that the local authority had also received similar concerns. It was decided to carry out an inspection of the service sooner than planned to check the information that had been received.

The inspector contacted the provider, who is also the registered manager, two working days before our visit and told them of our plans to carry out a comprehensive inspection of the service. This was to ensure the manager and any relevant staff would be available to answer our questions during the inspection process.

During our visit to the office of the service, only the registered manager was available to speak with.

The inspection team consisted of one adult social care inspector.

Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

During the inspection we looked at the care records for four people who were using the service. We looked at four staff personnel records, staff training records and policies and procedures. We also looked at a range of records relating to how the quality of service was monitored.

We talked with five people who used the service, one relative, four members of staff, and the registered manager who is also the registered provider of the service.

Is the service safe?

Our findings

We had recently received an anonymous concern that staff had to work a lot of hours in one week in order to meet the contracted hours of people using the service. We were also informed that some staff were allegedly carrying out calls where two carers should attend, on their own. These calls were predominantly where people required use of a hoist and assistance with mobilising.

A total of 55 people were using the service at the time of our inspection, with staff delivering a total of 604 hours per week. To maintain delivery of this number of hours meant that most staff were working a lot of hours in one week, with the registered manager also working and delivering care in the community. We were provided with copies of times sheets for week April 13 to April 19 2015. One member of staff had worked 93.15 hours; another had worked 85.35 hours and a third 76.45 hours. The registered manager had also worked 88 hours in the community delivering care.

A number of people using the service required the support of two carers for certain tasks, especially relating to help and support with mobility and rotas indicated those times. We found that on time sheets relating to 13 – 19 April 2015 inclusive, there were at least 13 occasions when only one carer attended, which put the person using the service and the carer at risk. On the time sheets for the following week we had only been provided with the details from Monday to Friday inclusive as the weekend hours had still to be allocated. We found that there were at least five occasions when the same person did not receive the support of two carers as the rota indicated which put the person using the service and the carer at risk. This was confirmed by those staff we spoke with. One person using the service told us that they had two carers supporting them in the week, but only one at weekend because the service is short staffed, particularly at weekends. This information was shared with the local authority.

The lack of sufficient numbers of skilled and experienced staff employed to meet the identified needs of people using the service meant there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Care records we looked at contained very little information about the risks people using the service might be

experiencing. Most identified risks were based on the original assessments carried out by the local authority before the service began and had not been reviewed since that time. In one care record we looked at, information indicated that the person was at risk from falls and required support from care staff with mobilisation. No risk assessments had been completed by the service to indicate to staff how they should support this person and themselves to minimise any known risks. No risk assessments relating to people's home environment had been undertaken and this was confirmed by the registered manager.

The lack of clear risk management processes to protect people who used the service meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Those people using the service, who we asked, told us they felt safe when their service was being delivered by the care staff. Comments included, "[I feel] very safe", "Yes I do because I have got to know them all [staff]", "Gosh yes" – "I really rate them [staff]" and "It's fine with them [staff]" no bullying and "I trust the people [who visit]". Another person said she was supported by "mostly male workers" and felt "happier with men" and gets on "very well with them."

At the time of our inspection, eight care workers were employed to deliver a service to people living in the community. All the staff had transferred across from another agency previously registered to the same provider, which had now ceased trading.

Staff who we asked said that the way in which they provided care and support to people using the service was safe. We asked the same staff if they had received appropriate safeguarding training since starting their employment with Prestige Homecare. All answered "no" although certificates placed on file and signed by the registered manager indicated that such 'refresher' training had been completed by the same staff in June 2014. We found little evidence on staff personnel files to confirm training that had been completed in previous employment. Staff who we asked confirmed they understood the principles of whistleblowing and understood their responsibility to whistle blow if necessary. One said, "I would have no hesitation in doing this if poor practice was taking place."

Is the service safe?

We looked at three staff personnel files to check the details of recruitment procedures. All had information from the Criminal Records Bureau (CRB) or the Disclosure and Barring Service (DBS) and references from previous employers. We did note however, that not all gaps in some employment histories had been fully explained with the

details recorded. Discussion with the registered manager confirmed that this information was now fully checked out for all new staff being recruited. At the time of our visit, four new care staff were waiting to start work. All appropriate pre-employment information had been requested and details of gaps in employment had been checked.

Is the service effective?

Our findings

We looked for evidence that people using the service had given their consent before any care or support was provided. We saw that there was a consent form in place but in those files we looked at, none of these forms had been fully completed or signed. The registered manager told us that they relied on social services to carry out a capacity assessment for the person should one be needed before a service was provided. The registered manager told us they were aware of the Mental Capacity Act 2005 (MCA) but staff still needed to complete MCA training. They also told us that, as the registered manager, they still needed to complete their own training regarding the MCA and its associated legislation. We spoke with staff about their understanding of the MCA which was very limited and they also confirmed they had yet to complete training in this subject.

The lack of evidence that a capacity assessment had been completed or that staff sought and acted in accordance with the full consent of people using the service was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people who used the service, who we asked, told us they felt the staff were competent. Their comments included, “Yes they know what they are doing”, “Definitely”, “[I have] confidence the staff know what they are doing when using the hoist” and “The staff are competent.”

The registered manager told us that all staff currently employed to work for Prestige Homecare had received ‘refresher’ training in safeguarding awareness, infection control awareness, medication awareness and moving and handling. We saw training records that included a certificate, signed by the registered manager to confirm that each member of staff currently employed by the service had completed this ‘refresher’ training. The registered manager told us that it was his intention to sign up to a professional training website that would provide ‘e-learning’ (access to learning via an electronic system) opportunities for all staff.

We asked staff about training they had completed since starting their employment with Prestige Homecare. All the staff we spoke with confirmed they had yet to receive training in safeguarding awareness, infection control awareness, and medication awareness and moving and handling with the new organisation.

The lack of evidence that staff had received appropriate training to support them in carrying out the duties they are employed to perform was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In those staff personnel files we looked at were records of supervision sessions. No appraisals had been completed for staff as the organisation had not yet operated for 12 months. The registered manager confirmed that appraisals would be arranged for all staff during July 2015.

Is the service caring?

Our findings

People who used the service, who we asked, were positive about the caring nature and attitude of the staff who visited them. Comments from people who used the service included, “They [staff] meet my every need”, “I don’t think it [the service] can be faulted really”, “They look after me really well” and “I’ve been with them four years and not had a bad word about them and I’ve always enjoyed their [staffs] company.”

We also asked people if they thought visiting staff treated them with respect. One person said, “Yes the certainly do, I don’t think you can fault them.” Other comments included, “Absolutely”, “They treat me very well actually” and “I know they are never going to diss me.” Other comments from people using the service about care delivery included, “It’s the quality of the actual carers that is important”, ‘Oh they know what they are doing” and “I’ve never been left without a carer – carers themselves are no problem, [they are] pleasant and look after me properly.”

The registered manager told us they tried to make sure that people using the service received visits from the same care

staff whenever possible. Those staff rotas we looked at confirmed this in most cases. One person using the service said they received support ‘most of the time from consistent staff and knows them all personally.’

Discussion with the registered manager indicated there was an expectation on staff to make sure people using the service are treated as individuals with the right to expect their privacy and dignity to be maintained without compromising the care and support that has been agreed.

Staff we spoke with told us that they were committed to providing a reliable and consistent service to the people they visited. One member of staff said “People are well cared for by all the carers and are very much respected.” Another one said, “We try to give the person a choice in everything we do with them and at all times showing them dignity and respect.”

We asked staff what they thought person centred care was. They told us that it was making sure that people using the service were treated as individuals, with individual choices and supporting them to maintain their independence wherever possible. One member of staff said, “I put the person first in everything I do and make sure I give them a choice wherever possible, as long as they are not endangering themselves or others.”

Is the service responsive?

Our findings

People who used the service told us the care and support they were receiving from Prestige Homecare was 'mostly' responsive to their needs. One person confirmed they had a care plan and that the staff record each visit made, "[They] write when they come in and go out." They also told us that staff "do listen" to them when discussing their care needs. Another person also confirmed they had a written care plan in place and staff record each visit made.

The service had a written complaints procedure and staff who we asked, were confident that any complaint would be dealt with appropriately by them and their direct line manager. People using the service told us, "I would complain to the manager, if I had to", "I have never had a complaint but sure he [registered manager] would listen" and "There is a red book with details [of who to contact]." Another person said they had a good working relationship with the staff and if there was an issue they would "tell them myself." They also told us they did complain once about staff being late but this was 'sorted'.

The registered manager told us that most referrals were made to the service via the local authority commissioning

team and sometimes those referrals would be for someone being discharged from hospital the same day. This meant that there was not always time for the registered manager to complete an initial assessment before the service started. He did however; advise us that he always met with the person using the service on their discharge home to make sure the service could meet their needs. Both the registered manager and staff we spoke with said they worked closely with health care professionals and general practitioners to try and make sure everything was ready for the persons discharge home, especially any equipment that may be needed.

We looked at three files relating to people's individual care needs. Each file held a basic assessment of needs and their care / support plans. On the files we reviewed we did not see any evidence that people who used the service and / or their relatives had been involved in any sort of formal review meetings. However, comments we received from those people using the service confirmed that the registered manager did make regular contact with them to make sure things were 'going OK and they were happy with the service'. One person told us, "[The registered manager] comes in practically weekly and leaves next week's rota."

Is the service well-led?

Our findings

People who used the service, who we asked, were positive in their comments about it. Comments included, times of evening calls vary a bit but are “more or less on time”. If not on time “I let [registered manager] know and problems are not allowed to snowball. No need to complain because it is sorted” and “[Registered manager] is very good. He is quite inspired in his ability to choose staff.”

There was a lack of organisational structure within the service. Some care staff were relied on to take over the reins in the absence of the registered manager even though they were working in the community. For example, to take calls or cover rotas when staff rang in sick.

Whilst checking staff rotas it was noted that more service user names were listed on the rotas than files that were being maintained in the office. On the rotas a further 24 service users were identified as receiving a service. This meant that of 55 people receiving a service, only 31 had files made up in the office. When asked, the registered manager said that they knew everyone receiving a service had a file in their home but had not had chance to ‘put together’ the files that were missing in the office. We therefore could not determine if those 24 people had received a pre-service assessment or if appropriate care plans were in place for the registered manager to manage.

The lack of such records being in place was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager about any quality assurance processes / systems in place for monitoring the quality of the service provided. They told us they relied mainly on having personal contact with people and spot checks being carried out whilst a service was being delivered. We saw that spot checks had been completed on the three staff files we reviewed. The registered manager told us that they carried out random monthly checks of service user files, staff rotas, care plans and reviews. Although there were ‘tick sheets’ that had been signed by the registered manager there were no details about what information had been checked in the records. We found that because there was no structured and meaningful audit process in place for the service, this had resulted in many of the shortfalls and breaches of regulations we had found during the inspection process.

The lack of robust systems being in place to monitor the quality of the service people received was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not have sufficient numbers of skilled and experienced staff employed to meet the identified needs of people using the service. Regulation 18 (1).

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not taken appropriate action to ensure person-centred care was planned and delivered in a way that assessed and minimised risks to people using the service. Regulation 17 (2) (b).

Regulated activity

Personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider did not have suitable arrangements in place to obtain consent from people using the service in relation to the care and treatment they were receiving. Regulation 11 (1).

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider failed to ensure that staff received appropriate and regular training to support them in their job roles. Regulation 18 (2) (a).

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider failed to maintain accurate records in relation to people who used the service. Regulation 17 (2) (c).

Regulated activity

Regulation

Personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have a sufficient and effective system in place to regularly assess and monitor the quality of service that people received. Regulation 17 (1) (2) (e) (f).