

Prestige Healthcare Services Limited

Prestige Healthcare Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Prestige Healthcare Services is a domiciliary care agency providing personal care to people in their own homes. The service supported older people, people living with dementia and people with a physical disability. At the time of this inspection the service was supporting 28 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives. However, records did not always evidence how staff supported people in the least restrictive way possible and in their best interests; the policies and/or systems in the service were not always followed by the registered manager.

Records relating to staff competency were not completed in full and actions were not always identified to make the necessary improvements.

People told us they felt safe. Relatives and community professionals fed back that they felt the provider took appropriate action to manage risks to people. There were enough suitable staff to meet people's needs and provide safe care. The provider had implemented a new system when recruiting new staff to ensure that safe recruitment checks were undertaken to meet the fundamental standards.

Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately. People's medicines were managed in a safe way. There were safe systems in place to help ensure people received their medicines as prescribed. Staff received training on infection control and were provided with personal protective equipment such as disposable aprons and gloves.

People had the necessary support to eat and drink in line with their needs and preferences. Staff worked well with people, families and health and social care agencies to support people's wellbeing. People's health was effectively monitored by staff to ensure people received the right support from the wider health and social care network.

A health and social care professional told us, "Prestige as a provider in my experience have always demonstrated good management and leadership – the registered manager is always happy to discuss service users."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 1 August 2019).

The provider was served with a warning notice after the last inspection for breaches in regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found improvements had been made. However, not enough improvement had been made in relation to Regulation 17 and the provider was still in breach of this regulation.

Why we inspected

We undertook this focused inspection to confirm the provider was now meeting the legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions of caring and responsive. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection. The rating of the Key Question well-led remains Requires Improvement.

At this inspection enough improvement had not been made and the provider was still in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prestige Healthcare Services Ltd on our website at www.cqc.org.uk.

Enforcement

We have identified a continued breach in relation to Good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Prestige Healthcare Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Since the last inspection the service had a new manager who registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at feedback and any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We used all of this information to plan our inspection.

During the inspection

We spoke to four members of staff including the registered manager, nominated individual and two care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We attempted to contact six people who use the service and we received a response from three people. We spoke with two relatives of people who use the service. We attempted to contact a further five care staff by telephone and spoke with three. We requested feedback from eight community professionals and received four responses.

Is the service safe?

Our findings

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider failed to ensure the management of medicines. We found gaps in people's medicine administration records and some people did not have guidance in place for 'as required' (PRN) medicine. This was a breach in Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12(1)(2)(g).

- Since the last inspection the provider had introduced a new electronic medicine records system. This allowed staff to record when they had administered a person's medicines and also sent an alert to the office staff when staff had failed to record they had administered a medicine.
- Medicine records reviewed did not contain any gaps where staff had failed to sign or where people may not have been administered their medicines.
- There were procedures in place to support the safe administration of medicines and staff who were administering medication had completed appropriate training and competency checks.
- Where medicines were prescribed to be administered on an PRN basis, protocols to guide staff were in place.

Assessing risk, safety monitoring and management

At the last inspection the registered provider failed to ensure risk management processes were robust and to ensure they did all that was reasonably practicable to mitigate risks. This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12(1)(2)(a)(b).

- Risks to people's safety had been identified and these were managed safely.
- People and relatives told us they felt the service supported them to manage any risks in a safe way.
- People's individual risk assessments contained information for staff to follow to mitigate and manage risks should these occur. For example, measures were in place to avoid falling or pressure sores, with the use of specialist equipment.
- Risk assessments were reviewed regularly with the person, which ensured they were up to date and accurately reflected people's changing needs.
- A health and social care professional told us, "Prestige complete their own risk assessments and are not

risk adverse, but manage any risk well with the best interest of the client [people] and staff."

Staffing and recruitment

At the last inspection we found the provider had not always undertaken the necessary recruitment checks to ensure that, as far as possible, staff were suitable to do their role. We made a recommendation that the registered provider refer to current guidance to operate robust recruitment procedures, including undertaking any appropriate relevant checks. At this inspection we found that the provider had made some improvements.

- We looked at six staff files and found that checks with the Disclosure and Barring Service (DBS) were undertaken. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. However, the provider had not always sought evidence of satisfactory conduct for a staff member who was previously employed in a health and social care role. We discussed this with the registered manager who advised they had called the employer to gain further information about the staff members conduct but had failed to record this.
- The provider had an appropriate induction, supervisory arrangements and monitoring processes to ensure staff were suitable to undertake the role they were employed to do. This supported the registered manager to mitigate any potential risks regarding the lack of satisfactory conduct information.
- We received feedback from the local authority that the provider had not always ensured staff had completed the full induction prior to them delivering care to people. However, the files we look at illustrated that staff had completed the appropriate induction process.
- The registered manager confirmed that they now ensured staff undertook a full induction and training before commencing work. They further advised they would ensure a robust risk assessment was in place when they were unable to obtain evidence of satisfactory conduct.
- We saw evidence that there was enough staff employed to meet people's individual needs as identified in their packages of care. One health and social care professional told us, "Prestige have always provided enough suitably trained staff for service users – in my experience they have tried to have regular carers visiting so that they get to know the person."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff supporting them. One person said, "Oh yes, they always do that [keep me safe]. I feel very comfortable."
- Staff understood their responsibilities to safeguard people from abuse. Staff had received training in safeguarding adults which helped them recognise the signs of abuse and what appropriate actions to take to keep people safe.
- The provider had a safeguarding policy in place. The registered manager understood their responsibilities of reporting concerns about people's safety and welfare to the local authorities safeguarding teams.

Learning lessons when things go wrong

- The service had a system in place to report, investigate and learn from incidents and accidents.
- The registered manager was able to tell us how they had learnt from an instance when recruiting and that they had developed new systems to reduce the risk of repeating the mistake.

Preventing and controlling infection

- Staff had access to the necessary personal protective equipment (PPE) to minimise the risk of infection, such as disposable aprons and gloves.
- People and their relatives told us staff used PPE when delivering personal care.

- Staff understood the importance of infection control and what action to take to prevent the spread of infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection we made a recommendation that the registered provider seeks guidance in line with current best practice to ensure they are acting in accordance with the Mental Capacity Act 2005 (MCA). At this inspection we found that the provider had made improvements, however, had still not ensured that mental capacity assessments and best interest decisions were documented. We have covered this in the well led section of this report specifically under governance and documentation.

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. 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood the principles of the MCA.
- Care records demonstrated how staff should seek consent from people when delivering personal care on a day to day basis. We saw evidence that people, who had capacity, had signed consent forms for the service to provide their care.
- People told us they had consented to the care and support detailed within their care plans.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed prior to receiving care from the service to identify the support they required and to ensure that the service was able to meet their individual needs.
- Assessments were used to develop care plans which supported staff to provide care in line with people's needs and personal routines.
- People and their relatives told us they had been involved in creating and developing the care that they receive. When people's needs changed, their care plans were amended to ensure people received the care they required.

Staff support: induction, training, skills and experience

- New staff had completed an induction process which included all mandatory training as well as a period

shadowing a senior staff member to introduce them to people and demonstrate how they wished their care to be delivered.

- As part of the induction the provider assessed staff new to care in line with the Care Certificate standards to make sure new staff were supported, skilled and assessed as competent to carry out their roles. The Care Certificate is a set of 15 standards that is best practice new health and social care workers complete during their induction period. This provides them with the knowledge and skills to work in the health and social care field.
- People and their relatives told us they felt staff had the right skills and experience to undertake their roles effectively and meet people's individual needs.
- Staff received support from their managers in the form of one to one supervisions and informal meetings.
- A health and social care professional told us, "I have always found that the carers [staff] have given effective care and that they are competent in carrying out their job role."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people's care package included support with meals, people were able to choose what they ate with support from staff, if needed.
- People's care records clearly identified people's likes and dislikes and any allergies they may have in relation to food and drink.
- Staff understood the importance of encouraging people to eat a healthy diet and the importance of remaining well hydrated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff made prompt referrals to GPs, specialist nurses and other relevant healthcare services, which ensured people's needs were met.
- Staff worked well together to ensure that people received consistent, timely, coordinated, person-centred care and support.
- People and their relatives told us they could contact the care office for support and assistance. They felt staff worked well together to provide them with consistent support.
- A health and social care professional told us, "Prestige in my opinion are very proactive in encouraging people to maintain their health needs and will contact the appropriate services without delay if needed."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection the provider failed to ensure they had effective systems and processes in place to assess, monitor and improve the quality and safety of the service. This was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider had made some improvements, not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- At the last inspection we found that although the provider had considered a person's capacity to make a decision, there was no recorded evidence that a capacity assessment had been completed regarding a specific decision to have bed rails in situ. At this inspection we found the registered provider had still not ensured that these records were in place. At the last inspection we received information that a best interest discussion took place, however, there was no recorded best interest discussion to implement this restriction documented in the person's care records. At this inspection we found these records were still not in place. The providers 'Mental Capacity Policy' stated, "To help determine if a person lacks capacity to make particular decision, the Act sets out a two-stage test of capacity, which must be undertaken using the appropriate forms". The registered provider failed to consistently follow their own policy.
- We spoke to a member of the management team following the inspection who advised they are currently seeking further training on the MCA to support them in keeping accurate records regarding specific decisions related to people's care.
- We looked at a sample of staff competency assessments and spot check records. However, we found that these had not always been completed fully. Where an area was identified that staff needed to make improvement there was no action plan in place on how this would be achieved and by when. We discussed this with the new registered manager who was unaware of these gaps, however, confirmed that they would review these areas and ensure they were completed in full and with appropriate action plans to aid improvements.

The registered provider's current auditing processes were not always effective in that they had failed to identify gaps in records such as those pertaining to MCA, staff competency and spot checks. People's

records were not always up to date and accurate in respect of decisions taken in relation to the care and treatment provided. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered provider had developed audits to assess and monitor the performance of other aspects of the service. For example, daily audits of people's medicine administration records, monthly audits of people's daily notes and audits to ensure oversight of late/early visits to people.
- The registered manager advised that since they have introduced a new electronic medicine administration record they would be doing monthly audits of these to identify trends, themes and areas for improvement.

At our last inspection the registered provider failed to notify the Commission of notifiable incidents 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff we spoke to were focused to ensure people came first and received good outcomes. Staff demonstrated a person-centred and open approach to working with people to support them in achieving good outcomes.
- A health and social care professional told us, "In my opinion I find Prestige to deliver a very high person-centred quality of care. The client [person] is always very much in the centre of what they do."
- Staff said they would feel confident about reporting any concerns or poor practice to the registered manager. One staff member said, "I have raised a concern before and they [management team] responded immediately."
- People experienced personalised care from a stable staff team who knew them well and were committed to ensuring they received care, which was individual to them.
- People and their relatives told us they would be happy to speak to a manager if they had a concern and that they felt appropriate action would be taken.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear in their understanding of the duty of candour and knew the action to take should something go wrong.
- Relatives told us they felt the service was committed, open and transparent. One relative said, "Yes, they always tell me what's going on."
- The registered manager assumed responsibility and accountability when concerns had been raised or mistakes had been made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were a number of different ways that the views of people, staff and professionals were sought and

used in the monitoring and development of the service. For example, annual surveys of people and their relatives.

- Feedback was sought from people when managers carried out staff spot-checks and regular telephone calls to people.
- Feedback was sought from staff through one to one meetings and an annual staff survey.
- Meetings were held to ensure staff were kept informed about people's needs and included in any changes.

Working in partnership with others

- The registered manager attended networking and learning opportunities. These included those provided by the local authority.
- We saw evidence where the service had worked positively in partnership with other professionals to support people to achieve good outcomes.
- A healthcare professional told us, "I have always found [a Prestige manager] to work very well with Adult Social Care."

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>The registered provider failed to effectively assess, monitor and improve some areas of quality and safety of the services provided. Service user records were not always up to date and accurate in respect of decisions taken in relation to the care and treatment provided. Audit and governance systems were not always effective.</p> <p>Regulation 17(1)(2)(a)(c)(f)</p>