

Prestige Homecare Services Limited

# Prestige Homecare Services

## Inspection report

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18 March 2022

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Prestige Homecare Services is a domiciliary care agency providing personal care and support to people in their own homes. At the time of the inspection the agency was supporting 52 people.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

People and relatives thought the service was good and said they would recommend it to others. People told us they felt safe. Staff supported people with their medicines safely.

There were arrangements in place for preventing and controlling infection, but these were not applied consistently. The provider had not followed national guidance on staff COVID-19 testing. The registered manager addressed this promptly after the inspection.

There were enough staff to meet people's needs safely. People were visited by the same care workers who they were familiar with and who knew their care needs. There were recruitment processes in place to help make sure only suitable staff were employed.

There were systems in place to monitor the quality of the service and recognise when improvements were required. People and staff were asked to give feedback about the service. Staff liked working for the agency and felt supported by the office staff and registered manager. The service worked in partnership with other professionals to meet people's needs and help them to access healthcare services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was good (published 9 October 2018).

### Why we inspected

We received concerns in relation to supporting people to stay safe from harm. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report. The overall rating for the service has remained good. 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 Homecare Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Prestige Homecare 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 Health and Social Care Act 2008.

#### Inspection team

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.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since its last inspection. This included information we received from local commissioning authorities. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

### During the inspection

Inspection activity started on 17 March 2022 and ended on 28 March 2022. We visited the location's office on 18 March 2022. During the inspection visit we spoke with the care coordinator, a field supervisor and a care quality consultant working for the provider. We looked at a range of care records, including three people's care and risk management plans, three staff recruitment files, and a variety of records relating to medicines support and the management of the service.

### After the inspection

After our visit to the location's office we continued to seek clarification from the provider to validate the evidence we found. We spoke with three people who used the service and relatives of 10 other people who used the service. We also spoke with the registered manager, three care staff, and a social care professional who had worked with the service. We looked at training and service management information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection this key question has deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- The provider had arrangements in place for preventing and controlling infection, but these were not always implemented in line with national guidance.
- Starting in February 2022, a month prior to our inspection, staff were completing weekly, rather than daily, lateral flow tests to identify if they had contracted COVID-19. However, Government guidance at the time required homecare staff to complete a test each day before they began their care visits. We discussed this with the registered manager and they promptly re-instigated daily testing for staff. This meant that for those weeks the provider had not ensured that testing had been consistently implemented as required to reduce the risk of people contracting COVID-19 from those who cared for them.
- The provider gave staff information and training on infection prevention and control, including guidance about COVID-19. They had encouraged staff to receive COVID-19 vaccinations and almost all staff had done so.
- The provider supplied staff personal protective equipment (PPE) so they could support people safely. This included masks, gloves and aprons. Care staff told us they always have enough PPE supplies, which they picked up from the office or senior staff delivered this to people's homes for them. People and relatives told us staff wore PPE. The provider verified staff wore this by asking people and relatives and conducting unannounced checks of staff.

### Assessing risk, safety monitoring and management

- People and relatives told us they felt safe with the staff who visited them. Relatives' comments included, "I feel [the person] is very safe with the carers" and "I feel [person] is safe when being cared for as the carers know what they are doing."
- The provider assessed and supported people to manage risks to their safety. Staff had completed assorted risk management plans that considered issues such as their mobility, COVID-19 and medicines support. These also considered health conditions that a person lived with, such as diabetes, high blood pressure or arthritis, and gave staff information on how to recognise and respond if a person became unwell as a result of these.
- The risk management plans were reviewed and updated regularly. However, a more generic risk assessment that considered issues such as a person's living environment was not always updated regularly. We discussed this with the care coordinator and care quality consultant, while noting that regular care plan reviews and monitoring visits by a field supervisor assured the registered manager of people's safety. They agreed to review their use of this risk management tool.

## Staffing and recruitment

- We received mostly positive feedback from people and relatives about their care visits. People stated their care needs were always met, but a third of those we spoke with said care staff would not always stay the full allocated time for their care visit. We raised this with the registered manager and they said they would look into and address this. We saw the registered manager addressed other staff attendance concerns with staff when people's feedback or their monitoring processes had identified these.
- The registered manager reduced the risk of late or missed care visits by arranging for staff to have their schedules in good time, reducing their travel between visits and calling people on a weekly basis to check their visits were on time. People said the service let them know if a care worker was running late. We saw the registered manager addressed any attendance concerns with staff.
- We saw the provider had begun the process of implementing an electronic call monitoring (ECM) system for the real-time monitoring of care workers' arriving and leaving people's homes. The registered manager planned to have this running in the two months following our inspection. This would help them monitor the time and duration of care visits.
- People and relatives told us they appreciated being supported by regular care workers. Care staff also confirmed this. This meant people could develop relationships of trust with staff who knew their care needs. One relative said, "The good thing is that [their family member] has continuity in the carers that attend to them".
- Staff records showed the provider had completed appropriate pre-employment checks to make sure so they only offered roles to fit and proper applicants. This included established an applicant's employment history and obtaining checks Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

## Using medicines safely

- Staff supported people to take their prescribed medicines safely. There were processes in place to make sure this happened.
- Staff had completed training on supporting people with their medicines and senior care staff had then assessed their competency to provide this support.
- People's care plans and medicines administrations records (MARs) set out the necessary information for staff to administer medicines safely. Staff had appropriately completed the MARs we saw to indicate they had supported people to take their medicines as prescribed.
- Senior staff audited MARs on a monthly basis to monitor medicines support. These audits showed the service took action in response to issues that had been found, such as unclear recording by staff.
- Relatives told us staff supported people with their medicines appropriately and they had no concerns about this. One relative commented, "They give medication and no problems have arisen."

## Systems and processes to safeguard people from the risk from abuse

- There were systems in place to help safeguard people from the risk of abuse. The provider investigated safeguarding concerns and reported on these to the local authority.
- People and relatives told us they felt people were safe. Staff we spoke with knew how to recognise and respond to potential abuse concerns. This included reporting concerns to other agencies. Staff were confident the coordinator and registered manager listened and responded to concerns appropriately.

## Learning lessons when things go wrong

- The provider had a process in place for recording and responding the incidents and accidents. Staff recorded what had occurred and what they did in response, such as calling emergency services and the agency office when they found someone had had a fall. We noted a field supervisor conducted a new falls

risk assessment promptly if someone had experienced this to determine if they needed extra support to stay safe.

- The registered manager checked and authorised incident records to make sure appropriate actions were taken. They reviewed the records on a periodic basis to identify any trends or learning for service improvement.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager carried out a range of checks to monitor safety and quality and make improvements when needed.
- The assurance checks included periodic audits of the service, checks on daily care notes and MARs, and telephone calls to people and their relatives. A relative told us, "The service communicates well with me and they ask for my feedback in phone calls." We saw the coordinator and registered manager addressed issues these checks identified.
- The registered manager was responsive to our finding regarding the provider's recent change to staff COVID-19 testing. They corrected testing practice back in line with national guidance after the inspection.
- Senior staff such as field supervisors completed regular unannounced observations of how staff worked with people in their homes. People and care workers confirmed these took place. The checks covered issues like staff punctuality, use of PPE, medicines support, and daily care notes recording.
- The registered manager met with the provider's director on a monthly basis to review and manage the service. Meeting records showed they discussed assorted issues, such as COVID-19 guidance, ECM implementation plans, and learning from incidents and safeguarding concerns.
- The registered manager notified the CQC of significant events as they are legally required to do.

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

- People and relatives generally said the service was consistently well-led. Their comments included, "I have no concerns about how the service is being run and managed" and "It is well managed... I don't think they need to improve anything."
- People told us care workers were "polite and helpful" and the office staff were "friendly and approachable." A number of relatives said they would recommend the service to others.
- The registered manager explained their approach to providing supportive leadership to staff so they could provide good care. Staff we spoke with confirmed this. They said they liked working for the provider and felt valued and supported in their roles. One member of staff said, "They are very supportive as a team. If we have a problem we all work together to solve it."

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

- People and relatives said they were involved in their care service. However, one relative told us the provider had not informed them about a change to the timing of their family member's care visit. They had complained to the provider about this and come to a resolution.
- Other people said they were kept informed about their care service and could contact the provider when they needed to. Their comments included, "The service is very easy to contact if I need support", "The office is in regular contact with me and keep me updated," and "[The care coordinator] is very good and is always quick to give me information about things when I ask for it." People told us it was easy to contact the office staff either by phone or email and they responded quickly.
- The provider had sent some people and some relatives questionnaires so they could provide feedback about the service. Recent responses we saw showed people were happy with their care service.
- The registered manager convened regular team meetings with staff to discuss the running of the service. These had been online during the pandemic. Meetings were used to discuss topics such as staff performance, people's care, COVID-19 updates and use of PPE. Staff said the management team also regularly emailed them information about the provider and the service.

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; Continuous learning and improving care

- The registered manager and staff demonstrated a commitment to providing good care, acted when things had gone wrong and worked to improve the service. The registered manager was aware of their duty of candour responsibilities.
- Relatives told us when they raised issues or concerns the provider responded and resolved issues promptly.
- The provider conducted regular quality audits of the service in line with the quality standards. The registered manager acted on the improvement requirements these audits noted. They also implemented annual development plans to continuously improve and develop the service.
- The registered manager had investigated care concerns and identified learning from these to improve care provision service and mitigate the risks to people using the service.

Working in partnership with others

- The service worked in partnership with other health and social care agencies, such as social workers, GPs, nurses and pharmacists. This helped people to receive joined-up care to meet their needs.