

Prestige Care & Support Limited

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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 inspection took place on 28 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. It was the first inspection since the service registered with the Care Quality Commission (CQC) in December 2014. The service moved to a new location in June 2015.

Prestige Care and Support provides personal care and support to people in their own homes, within east London. At the time of our inspection, approximately 49 people were using the service.

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 care homes, 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.

Systems were in place to ensure people were protected from the risk of abuse. Staff were aware of the different types of abuse and how to respond. People had their individual risks assessed and staff were aware of the plans to manage the risks.

People received care at home from staff who understood their needs. People received their prescribed medicines safely, which were administered by staff who had received training to do this.

Staff had been recruited following appropriate checks and the provider had sufficient numbers of staff available to provide support to people.

People told us they received support from staff who understood their preferences and encouraged them to remain as independent as possible. People were treated with privacy and dignity. People were listened to by staff and were involved in making decisions about their care and support. People were supported to meet their nutritional needs.

Staff received essential training in a number of topics that were important for them to be able to carry out their roles. Staff told us that they received support and encouragement from the registered manager and were provided opportunities to develop in their roles. Staff were able to raise any concerns and were confident that they would be addressed.

People and their relatives were encouraged to express their views and give feedback about their care. They told us they felt confident they could raise any issues and that action would be taken. Some people were not always happy about not having regular care workers, some care workers arriving late and not having confidence in their care worker's level of training. We have made recommendations about these.

The registered manager was committed to developing the service and monitoring the quality of care

provided to people. The registered manager ensured that regular checks were completed and looked at where improvements could be made.

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. People felt safe using the service. Staff understood how to identify potential abuse. Staff knew how to report any concerns to the registered manager or to the local authority.

Staffing levels were sufficient to ensure people received appropriate support to meet their needs.

The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff.

Systems were in place to make sure people received their medicines safely and staff received training.

Is the service effective?

Good ●

The service was effective. Staff received training and support to enable them to provide effective care. They received supervision to monitor their performance and development needs.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions was recorded and staff acted in their best interest.

People had access to appropriate health professionals when required to ensure their needs were met.

Staff assisted in the preparation of food and drink to ensure people had their nutritional requirements met.

Is the service caring?

Good ●

The service was caring. People were happy with the support they received from staff who were familiar with their care and support needs.

People were able to make choices about how they wanted to be supported. Staff understood the level of support people needed and helped them accordingly.

Staff respected people's privacy and dignity and promoted their

independence.

Is the service responsive?

Good ●

The service was responsive. People were encouraged to be involved in planning their care. Care plans were personalised and reflected each person's needs and preferences.

Care plans were reviewed and updated when people's needs changed.

People knew how to make a complaint and their views were listened to and acted upon. Where concerns were raised, the registered manager took appropriate action to resolve the issues.

Some people were not always happy about care workers timekeeping or changes to their care worker and we have made a recommendation about this.

Is the service well-led?

Good ●

The service was well led. People and their relatives spoke positively about the management of the service. The registered manager was committed to delivering effective care for people.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

There was a system in place to check if people were satisfied with the service provided. The registered manager welcomed their suggestions for improvement and took appropriate action.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection took place on 28 September 2016 and consisted of two adult social care inspectors. Before the inspection, we reviewed the information that we held about the service. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

We also reviewed the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection, we spoke with the registered manager, a care supervisor, a care coordinator, an office administrator and three care workers. After the inspection process we spoke, by telephone, with nine people who used the service and two relatives. We looked at documentation, which included six people's care plans, including risk assessments; six care staff recruitment and training files and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "Yes I do feel safe. I haven't had any reason not to feel safe." Another person said, "They keep me very safe." A relative told us, "They look after my [family member] and we feel they are a safe agency."

Care workers told us they had been provided with training in safeguarding adults from abuse, which was confirmed in the records we looked at. Care workers understood their roles and responsibilities regarding safeguarding. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to, including notifying the local authority. The registered manager and staff knew how to report safeguarding concerns appropriately, so that the local authority and the CQC were able to monitor safeguarding alerts that were raised. We saw that where a concern was raised, care workers and senior staff took action to ensure the safety of the person. Staff were also aware of the service's whistleblowing policy. Whistleblowing is a procedure to enable employees to report concerns about practice within their organisation to regulatory authorities.

People were kept as safe as possible as they had risk assessments in place. The risk assessments were personalised and based on the needs of the person. The assessments identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks such as the moving and handling of the person, anything that could impact the behaviour of the person, any skin integrity conditions, risks related to the home environment and their capacity to understand and make decisions. For example, we saw that care workers were advised to ensure that one person is reassured "when being transferred in the standing hoist as it is new to them and they can become a little scared." People's risk assessments were reviewed every six months and updated when their needs changed.

People received care and support at times that they required. The care coordinator demonstrated an electronic system that they used to coordinate the days and times that care would be provided to people. From looking at these rotas, the daily notes and time logs, we saw that care workers were able to cover shifts and complete the required tasks. Care workers told us their workloads and schedules suited them. They told us they had sufficient time between their shifts to deliver the support that was detailed in people's care and support plans. The care coordinator said, "If a carer is running late, they let us know and we contact the service user. If anyone is sick, we reallocate calls to another carer. We always make sure a visit is never missed."

Most people who used the service told us that care workers usually arrived on time or were notified by the service if, for example, their care worker was running late due to traffic. Some people said that this was not always the case and their carers did not always arrive on time. However, they were generally satisfied with the service. One person said, "My carers are sometimes late but they are alright. They look after me properly."

The service had an electronic system in place for staff to log in and out of each visit using their mobile

phones. Staff scanned a bar code held in the person's care file and the system sent an alert to the office staff. We saw this in practice during our inspection. There were enough care workers employed to meet the needs of the people using the service. The registered manager made sure that each person had care workers who were familiar with their care and support needs, to look after them. People and their relatives confirmed they usually had the same care workers providing care and this helped with consistency. The care coordinator told us, "We always try to put the right carers into the right jobs. We use a rating system to identify where people require continuity." If there were unplanned absences or an unexpected increase in people's needs, there were senior staff available, including the registered manager, to provide front line care. Other care workers were also asked if they could cover by taking on extra work. One care worker said, "I know all the routines and can slot in whenever I am needed."

Care workers entered and exited people's homes safely by ensuring that they announced themselves when arriving by ringing the doorbell or entering with a 'keysafe'. This was a secure key to the home that is only accessible with a passcode. Care workers were required to identify themselves when they entered a person's home and carried identification and wore a uniform. People confirmed that they saw care worker's identification badges which enabled them to feel safe as they knew who the care worker was. Care workers used Personal Protective Equipment (PPE) such as gloves and aprons to prevent any risks of infection when providing personal care.

We saw that care workers worked together in order to move people safely. There were always two care workers for a person that required manual handling assistance to help lift them up, with the use of a hoist. Care workers were trained to use such equipment. One person told us, "Some of them use the equipment better than others."

Staff recruitment files showed that the service had a safe recruitment procedure in place. Care workers completed application forms outlining their previous experience, provided references and evidence that they were legally entitled to work in the United Kingdom. They attended an interview as part of their recruitment process. We saw that a Disclosure and Barring Service (DBS) check had been undertaken before the member of staff could be employed. This is a check to find out if the person had any criminal convictions or were on any list that barred them from working with people who use care services.

Care plans detailed if prescribed medicines were to be administered by either care workers or relatives or were to be taken by the person themselves. We looked at daily record notes and saw that care workers administered medicine when this was stipulated in the care plan of the person. Care workers who were required to give people their medicine, recorded the dosages taken in medicine administration record sheets (MARS) and in their daily log books to evidence that the medicine was taken. One care worker told us, "Usually the family deal with medicine but if we are required to prompt people to take medicine, we record it and sign the MAR sheet. We take them from the blister packs for people that contain their tablets." Care workers were also observed administering medicines by the registered manager or a senior carer as part of regular spot checks. Spot checks were observations of staff to ensure that they were following safe and correct procedures when delivering care.

Is the service effective?

Our findings

People and relatives told us that care workers met their individual needs and that they were happy with the care provided. One person told us, "I have had them for about 18 months. They are very good." Another person said, "I have a lot of help. They are all good. I have one to get me up, one for lunch and two to put me to bed at night." However, some people felt that the care workers were not well trained. One person told us, "The younger carers are not as dedicated as the older carers. I don't think they get enough training." A relative told us, "I am on my guard when it isn't my preferred carer. My [family member] has to have a ceiling track hoist and some of the carers come in and have never seen a hoist like it before." Another relative said, "When they are taken on, I don't think they get adequate training or supervision."

Care workers told us they received the training and support they needed to do their job well. Care workers had received training in a range of areas which included safeguarding adults, infection control, food hygiene, safe administration of medicines, moving and handling, the MCA 2005 and first aid. This training was provided to new staff upon their induction and had to be completed before they were permitted to work. Additional training on topics such as dementia awareness, equality and diversity and health and safety was provided after 12 weeks. The training included Care Certificate standards, which were a set of standards and assessments for health and social care workers and required them to complete modules, in their own time, when they started their roles. We looked at care workers' training records which confirmed the dates that they took training and any scheduled dates for refresher training in the future.

Care workers who were recently recruited completed an initial induction and shadowed more experienced workers to learn about people's individual care needs and preferences. Care workers told us the induction training they received provided them with the knowledge they needed. A new care worker said, "The induction was very helpful and I did a one day shadow shift with another carer. I received all the training and support I needed."

We recommend that the provider identifies any further training needs for all staff to ensure that they are suitably prepared and people feel more confident in staff providing personal care in their homes.

Care workers were supported and monitored by the registered manager, a senior carer, a care coordinator and a care supervisor. The registered manager or a supervisor visited people in their homes after a new care package had commenced and carried out unannounced spot checks on all carers each month. This ensured that care was being delivered and people were satisfied with their care worker. The care supervisor told us, "We always make sure our clients are being looked after and are happy. Our carers on double handed calls also watch each other so that any gaps or mistakes are identified quickly." Care workers were aware of how to fulfil their roles and responsibilities. They received a handbook when they began their employment which set out codes of practice, terms and conditions, the service's philosophy and the policies and procedures they are required to follow. Care workers confirmed that they had read and understood the handbook.

People's consent was sought before any care was provided. Care workers acted on their wishes and asked for their consent before they provided any care. People receiving care told us that the service shared

information with them and their family members. We looked at records held in the office and saw that consent was confirmed with people and relatives and the contents of care plans were agreed. Records showed that people or their relatives signed care plans prior to receiving care and support and that they had been involved in their care planning.

We looked at the registered provider's policy on the Mental Capacity Act 2005. The 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. We found that the service was working within the principles of the MCA and that people's human rights were protected. We saw that records of capacity assessments were available, where applicable.

People were able to make their own decisions and were helped to do so when needed. Care workers understood their responsibilities under the MCA and what this meant in ways they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

Care workers said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and any training needs in order for them to develop and gain further skills. Supervision sessions are one to one meetings with line managers where staff are able to review their performance. Records confirmed that supervision meetings took place every two months with the care supervisor, which care workers said they found helpful and supportive. Staff received appraisals annually to monitor overall performance and to identify any areas for development. One care worker told us, "I have had supervision and an appraisal this year. It is very helpful, we can discuss everything with the senior managers, such as any queries and concerns we have." The care supervisor told us, "We have made sure we have a more regular programme of supervisions. We are trying to improve in this area."

Where needed, people were supported to have sufficient amounts to eat and drink and had their nutritional needs met by care workers. One care worker told us, "We can make breakfast, lunch or tea for our clients. We usually reheat food in the microwave or a relative prepares their meals." People told us that care workers ensured they were provided with food and drink. One person said, "My daughter cooks dinners for me and freezes them so the carers reheat them and make some gravy to go with it."

Records showed that care workers took appropriate steps when a person was unwell and knew what to do in emergencies. A care worker said, "I would contact the GP or an ambulance in an emergency or if my client was sick. I would also inform the office and my manager." One person said, "The carers are very good and they would contact my family or the doctor if something was wrong with me."

Is the service caring?

Our findings

People and their relatives told us that the care workers treated them with respect, kindness and dignity. They also told us that they felt the care workers listened to what they said and provided them with care that suited their wishes. One person said, "They are caring and respectful and I feel safe with them." Another person told us, "They look after me very well. I can't praise them high enough." A relative told us, "They treat my [family member] with respect."

Care workers understood the importance of respecting people's privacy and dignity. Care workers knew about people's individual needs and preferences and spoke about people respectfully. One care worker told us, "We have to show respect. We let them know what we are doing we make sure doors and curtains are closed when we are providing personal care."

Care workers told that they got to know people and their families well. One care worker said, "I have developed good relationships with my clients." One person said, "My carer is the backbone of the company she bends over backwards to help us. The company don't realise the asset they have in her. [The carer] tries their utmost not let anybody down." A relative told us, "My relative is very happy with their carer. They deal with very vulnerable people and always makes sure things are done properly. They are so caring."

People told us they had involvement in their care plan being reviewed and updated. There was evidence in the care plans and through our discussions with the registered manager that people were consulted and involved in their care and support. One person told us, "We were involved and have seen the care plan." We saw in care records where people had confirmed they had been involved and agreed with their plans of care. This meant people had the opportunity to contribute and have their say about the support they would receive.

People's care records identified people's specific needs and how they were met. Records also provided guidance to care workers on people's preferences regarding how their care was delivered. We saw that people were supported to remain as independent as possible by care workers. For example, we noted that one person said in their care plan that, "[The person] will put their own deodorant on and clean their own teeth, and brush their hair." We also noted that people had their social needs and relationships recorded in their care plans. For example, one person was said to "love having visitors and having a chat. They are to continue enjoying their visitors and relatives' company." This meant people were encouraged to socialise with other people and not feel isolated and lonely.

Care workers knew people well and had received training in equality and diversity. This meant staff treated people equally, no matter their gender, race or disability. They were respectful of and had a good understanding of all people's care needs, personal preferences, their religious beliefs and cultural backgrounds. For example, people were supported by care workers to take part in any religious activities or worship.

Is the service responsive?

Our findings

People told us that care workers were responsive to their care and support needs and they were happy with the care they received. One person told us, "Normally the office checks up on things. They normally respond if I need to change the time." Each person had a care plan which was personalised and reflected their personal choices and preferences regarding how they wished to be cared for. A relative said, "We have a care plan and were involved in writing it. The office would respond if something changed."

Most people told us they had regular carers and they were generally happy with their care arrangements. The service ensured that they had the staff available to provide care before agreeing any care packages. Some people were not always happy with the service when their regular carer changed. One person said, "Sometimes if a non regular carer comes in, they don't know me or my house well and some things are not kept in order." Another person told us, "Regular carers are more efficient, they assure trust and have more knowledge about my needs. There is better interaction." Other comments from people and relatives included, "If you get a good carer you get spoiled as the others aren't as good. It would be better to have the same carer each time, I have told the office but they tell me they don't have enough staff." Another comment was, "If I am not happy with my carer I tell the office and they don't send them again." The registered manager told us that they responded to requests and complaints.

People could contact the service if they wanted to raise a complaint. The service had a policy and procedure for reporting complaints. People were provided with information about how they could raise complaints in an easy to read guide. They confirmed that they knew how to complain. For example, some people were not happy with some carers because of their timekeeping. One person said, "I have been disappointed at times when they don't come at a regular time." We asked if this was a continuing issue and they told us, "I did complain about the times and now they sign in and out on the computer. It's ok." Other people told us, "They are often late" and "Yesterday my carer was very late and the office didn't ring me and tell me what was happening." However, most people were complimentary about the service. One person told us, "They are excellent, I couldn't complain and have never had to." Another person said, "I feel safe with staff but would complain if I need to." We noted that any issues and complaints were brought to the attention of the registered manager. For example, any complaints that people had about their care worker were looked into. We looked at records and saw that investigations were carried out and action was taken promptly in response to concerns. We noted that people and relatives were informed of the outcomes and were satisfied with the response. Actions and notes of meetings that had taken place were dated and detailed clearly.

We recommend that the service ensures that people are contacted and updated if their regular care worker is expected to arrive later than scheduled or of any changes to their regular care worker.

The service received referrals from the local authority, for people who required assistance with personal care or directly from people that wished to privately purchase care in their home. Referrals were also received for people who were being discharged from hospital and required further care at home. During our inspection, we saw that an initial assessment of people who use the service was carried out before a care package was agreed, including any risk assessments. Discussions were held with other health or social care professionals

for further information. The care plans outlined people's needs. Care workers were able to learn about the needs of the people they were supporting and check if there had been any changes to their needs.

People had a copy of their care plan in their homes. We saw that care plans were reviewed and updated to reflect people's changing needs. The care plans were personalised and included details such as how a person wanted their care to be delivered, their personal interests, likes and dislikes and details of significant relationships, friends and relatives. For example, we noted that people were able to highlight a place or event that was important to them in their lives and one person's plan said, "[The person] loves any kind of sport which involves a ball. They love football and used to play for West Ham until joining the army at 18." This information was important because it enabled people to describe their personality and informed care workers about the things they enjoyed or previously enjoyed doing.

We saw that care plans contained details of what support they wanted for each part of the day when a care worker was scheduled to visit, such as in the morning, lunchtime or in the evening. We looked at daily records written by care workers and found that they were hand written by staff and contained details about the care that had been provided to each person and highlighted any issues. This helped the service to monitor people's wellbeing and respond to any concerns.

Is the service well-led?

Our findings

The registered manager was responsible for the day to day running of the care agency and was also the registered provider, which meant that they were the director of the agency. The registered manager demonstrated good knowledge of the people who used the service and had experience in providing care to people. Prior to our inspection, we received some negative comments from people about the service. However, during our inspection, we found that people were generally satisfied with the quality of the service and confirmed that the service was managed well. People told us, "The managers are approachable and nice" and "I would recommend this agency." One person said, "I have tried other agencies and this one is the best."

Care workers told us they were happy working for the registered provider. One care worker said, "We have a really good manager. We are well supported and have had training. I am able to ask the manager and supervisors most things. They are really nice." Another member of staff told us, "I have been working here for a year; we have a really good team and work well together. It's a good company." The registered manager told us, "I didn't have much previous experience in managing a business but I am passionate about care. I have lots of experience as a carer and aim to provide a quality service. We are always learning."

Team meetings enabled care workers to discuss any areas of practice or concern as a group and this was confirmed by the minutes of meetings we looked at. Items covered during team meetings included guidance for care workers on health and safety, training, completing paperwork, helping new staff, codes of conduct and a more general discussion. We saw that the minutes were detailed and that they were well attended. The service had recently introduced a "carer of the month" award as an incentive for care workers who delivered excellent care. We noted that the registered manager or care supervisor addressed any performance issues and professional conduct with care workers because they were not always adhering to company policy. The registered manager said, "We had a few problems with some staff and their behaviour. We had to give a few verbal warnings and some staff decided to leave. Things have been a lot calmer since then and things have been going well."

The office staff also made routine telephone calls to people or received feedback from people who called the office. People were visited in their homes by a senior carer or the care supervisor to ensure that they were happy with the care and support that was delivered. Daily report records, which contained information on medicines that were administered, were brought back to the office each month to be audited and quality checked. This ensured that care workers had completed them thoroughly. We saw that the daily records were well written and easy to read.

We also saw that there was a system to monitor that care workers were following a set schedule on their individual rotas. Care workers were required to log in to a barcode system when they commenced care and support in their homes. This helped managers and office staff see that care workers had arrived to carry out personal care for people at allocated times and according to the wishes of the person.

The registered manager said, "We started as a Direct Payment service but now we have grown and provide

support to privately funded clients and to people referred by the local authority. It was difficult at first but we have recruited well and are able to meet people's needs. We have a good balance of staff and clients." The registered manager understood their role and responsibilities. They carried out quality assurance audits to check whether the service was running as it should be. They notified the CQC of incidents or changes to the service that they were legally obliged to inform us about. People's records were kept securely which showed that the service recognised the importance of people's personal details being protected and to preserve confidentiality.

The registered manager sent surveys to people and relatives to seek their views and opinions. They said, "We compiled a report based on the feedback we received earlier this year. The questionnaires were too complicated though and we will make them easier for people to complete next time." We saw questionnaires and telephone monitoring checks which had been sent out or returned from this year. The service had received compliments and feedback from people and relatives which were positive. For example, we noted that one person commented, "The service is excellent, keep up the good work." Another person wrote, "The carers are great. They are kind and helpful and we have a laugh." We saw an analysis report of all the feedback received. Where feedback was negative, we found that the management team took on board people's comments and took action to improve the service. They would personally speak to people that expressed any dissatisfaction and make efforts to make them feel better and more confident in the care provided by the service. For example, one person said that they did not feel their privacy and dignity was respected and we saw that the registered manager spoke to the person's regular care workers about this comment. They later "followed up with a telephone call to the client to ensure they were happier." This meant that the service took all feedback seriously and offered a personalised care service.