

Prestige Social Care Services Ltd

Leicester

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

About the service

Leicester is a domiciliary care and supported living agency which provides personal care and support to people living in their own home, located within Leicestershire. It is registered to support younger and older people who may live with dementia, learning disabilities, autistic spectrum disorder, mental health needs, misuse of drugs and alcohol, physical disabilities, sensory impairments or eating disorders.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection only one person was receiving a regulated activity and one person was in the initial assessment of the service, where a package of care was not yet at an active stage.

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

People received safe care and were protected from the risk of harm. Risk assessments and care plans were reviewed regularly. The provider worked effectively with people and other professionals to develop plans of care to meet the individual needs of people using the service.

Staff were recruited appropriately. Care staff were matched to support people with consideration to preferences, age, cultural needs and social interests. People received care from staff that had received relevant up to date training and support to carry out their role.

Medicines were managed safely by trained and competent staff.

Staff treated people with kindness, dignity and respect. The standard of care provided was high and person centred.

The management team were approachable and understood the needs of people. Staff were able to express views, concerns and ideas and felt listened to.

The service had an open culture that encouraged communication and shared learning to promote improvement. People knew how to raise a concern or complaint, and these were managed effectively.

The provider had effective systems in place to monitor the quality of the service.

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

Rating at last inspection

The last rating for this service was Good (published 25 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Leicester

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

Two inspectors carried out the inspection.

Service and service type

Leicester is a domiciliary care and supported living agency. It provides personal care to people living in their own homes.

The service had a manager 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 September 2019 and ended on 4 October 2019. We visited the office location on 30 September 2019. On the other days of inspection we made telephone calls to a relative of a person using the service and to staff.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who work with the service and Healthwatch. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four members of staff including the care manager, care coordinator and care workers. We also spoke with the relative of one person who used the service, as the person was unable to communicate with us themselves.

We reviewed a range of records, including care records for one person. We also looked at other information in relation to the management of the service. This included three staff recruitment records, staff training and supervision records. We also looked at policies and procedures, and records relating to safeguarding, mental capacity and quality assurance monitoring.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All staff had completed training in safeguarding people from abuse or avoidable harm. Staff knew how to identify and respond to signs of abuse. The care manager told us how they would respond to concerns raised, including when to notify the local authority and Care Quality Commission.
- The provider had a safeguarding policy in place. Staff were able to access this for guidance within their staff handbooks, at the office location and within the care records folder in people's homes. Any changes to the policy had been communicated to staff.

Assessing risk, safety monitoring and management

- Risk assessments were completed. For example, care records showed risk assessments in relation to people's personal care and support routines, including moving and handling and hoist equipment. This enabled staff to support people safely.
- Care records had clear guidelines to support staff to understand what action they needed to take to meet people's safety needs.

Staffing and recruitment

- There were enough staff to support people to stay safe and meet their needs. The care manager told us they planned and anticipated for when needs may change. For example, we saw this demonstrated in the staffing rota to support a person using the service to go on holiday. The management team were also involved in providing care as part of the assessment process and as required to ensure people's needs were met.
- The provider carried out robust employment checks to ensure staff were suitable for their role. These included checking their references and completing checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- Medicines were administered safely by trained and competent staff. Managers carried out checks with staff to observe their competency and staff were able to discuss any concerns. Staff we spoke with demonstrated they had sought further information about medicines prescribed for people using the service to increase their understanding.
- The provider carried out Medication Administration Records (MAR) audits to check staff recorded and administered medicines in line with the provider's policy and best practice guidance.

Preventing and controlling infection

- People were protected by the prevention and control of infection.

- Staff received training in infection control and staff told us how they worked to protect people using effective prevention and control of infection processes. Spot check records also monitored the use of Personal Protective Equipment (PPE) such as aprons and gloves.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had systems in place for recording and reviewing accidents and incidents to mitigate future risks. The care manager was open and honest about the challenges experienced within the service and explained actions taken to recognise change, support staff and improve the service for people.

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.

Staff support: induction, training, skills and experience

- Staff had an induction at the start of their employment, which included face to face training relevant to their role and shadowing to work alongside experienced staff. Training provided was in line with the Care Certificate, which was effective from April 2015 and is a benchmark for the skills people require to be effective care workers.
- Staff received on-going refresher training and the provider had an effective system in place to record training and identify when refresher training was needed. Staff told us the provider always offered support to help or facilitate further training if requested. Training was also provided for staff to learn skills specific to the needs of the people they cared for, for example oral suctioning and tracheostomy care (a tracheostomy is an opening created at the front of the neck so a tube can be placed into the windpipe (trachea) to help someone breathe).
- The provider had encouraged and supported staff to take higher level qualifications in health and social care to enable staff to further develop their skills.

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

- The provider worked alongside other health professionals to deliver effective care for people using the service. Care records identified involvement from multiple disciplines, including district nurses and occupational therapists. Staff told us they felt confident to communicate with and learn from other professionals to meet people's needs and we saw evidence of this communication in care documents.
- People were supported by staff to attend appointments for health care services. Staff were kept up to date to provide effective care as systems were in place for staff to communicate effectively to share information when changes had occurred that may have affected people's care needs.

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

- People's needs and choices were identified before receiving care from the agency. This was undertaken by a member of the management team, spending time with people to learn about their support needs, routines, social and personal history to implement a package of care. Care plans were regularly reviewed, and daily notes reflected that care was being delivered in line with guidance and standards.
- Staff told us they were able to effectively communicate any changes relating to people's choices within the team and this was then reflected in the care plans where appropriate. This demonstrated ongoing assessment of care delivery.

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

- Staff received up to date training in nutrition and hydration and food hygiene.
- Care plans had details about people's dietary needs and guidelines to ensure staff carried out care safely, identifying risks around people's positioning and choking when being supported.

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

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 and they were.

- The care manager understood their responsibilities to protect people's rights and knew what to do when a person did not have the capacity to make their own decisions. Mental capacity assessments had been completed and this was documented in care plans along with decisions made in line with best interest outcomes.
- Staff had awareness and understanding of the MCA and consent to care and treatment. The provider had a policy in place which linked to related guidance, advocacy and best interest decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider promoted consistency and person-centred care by arranging a regular team of care workers to support people. The staff were allocated with consideration of people's preferences, age, cultural needs, social needs and interests, alongside the skills and knowledge of the care staff.
- Staff treated people well. One staff said, "I do things to the best standard I can to make sure people are happy", and "If I have provided what they need, I have achieved something by helping someone." One relative said. "[Staff] never stops working. [Staff] puts [person] first the whole time and works extremely hard." The registered manager, care manager and care coordinator regularly visited people using the service to ensure people were being supported well.

Supporting people to express their views and be involved in making decisions about their care

- The care manager told us people, relatives and advocates where appropriate, had opportunities to be included in their care plans and care delivery. Any changing need would lead to a review of care carried out by a visit from the management team. This ensured that adjustments to care could be discussed with the people using the service in a timely manner and communicated to all staff.
- People were encouraged to provide feedback about the care they have received. This included feedback forms that were readily available in the homes of people using the service to complete, reviewed weekly by the managers. One relative said, "Yes I am able to express my point of view."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. The provider promoted this through staff training, supervision and policies, including unannounced spot checks to ensure staff respected people's rights for privacy, dignity and independence when providing care.
- Staff promoted privacy for people using the service. One staff said, "I close their curtains and door when providing care to protect their privacy." One relative also said, "The personal care provided is excellent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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 needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans detailed people's health and support needs. They showed involvement of several professionals and were reviewed and updated regularly. Care records were relevant and based on the person's individual needs to enable staff to support them in the most effective way.
- Staff promoted choice and control. For example, a staff member told us, "I will offer two sets of clothes to offer choice, and when [person] smiles or points I know they would like to wear this today."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS standards. The care manager told us that information, such as service user guides, could be provided to people in accessible formats where needed.
- People were visited by care staff that knew them well and had an understanding about their communication needs. Staff told us this enabled them to anticipate the needs of people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff enabled people to take part in activities and follow interests and hobbies relevant to them. This included accessing the local community and social activities, such as going to the cinema.
- The provider had a good knowledge of a range of appropriate facilities available in the local area to promote social inclusion for people using their service, such as horse carriage driving for people with disabilities.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they wanted to raise any issues or concerns and these would be listened to and addressed. One person's relative said, "[Care manager] does listen when issues have been raised."
- The provider facilitated opportunities for staff to reflect on people's needs and raise any concerns at regular team meetings. Staff were kept informed of any outcomes from concerns or issues raised; one staff member said, "We will have a staff meeting where they will give us feedback about how it has been dealt with and what the next steps may be."
- The care manager told us they have sought advice when needed and shared learning with other health professionals in response to concerns or issues raised.

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- Staff received training in end of life and palliative care. The care manager told us they considered staff skills and experience in providing care that ensured dignity, support and care to people and their families. One staff member said, "We have had end of life training. I felt confident to meet the person's needs and was very much supported by the management team."
- The care manager told us they discussed end of life care with people and implemented care plans to reflect people's wishes, however this was not carried out as part of the initial assessment. We discussed this with the care manager and they told us they will consider this being added into their assessment to provide the opportunity for this to be discussed sooner.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had an open and inclusive culture and staff were supported by managers to meet the standards of care. One care worker told us, "We sit down as a team and discuss ideas and what to improve. They will ask us if there is any training we need." The care manager said, "The people we care for are part of us."
- Staff feedback confirmed they felt supported by the provider to enable them to achieve good outcomes for the people using the service. One staff member told us, "I feel like we are all on the same page and have a good understanding." Systems in place regularly reviewed and monitored outcomes for people using the service with a view to make improvements where possible. This meant people received focused good quality care.

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

- Managers and staff were clear about their roles and responsibilities towards the people they supported. Staff received regular supervisions and managers had clear oversight of the care being provided, which ensured it was being conducted to the standards expected by the provider.
- The provider had effective systems in place to monitor the quality of the service. This included audits for care plans, medicines and daily notes. Any actions points were communicated to staff to identify areas for improvement. The views of people and those involved in their care were incorporated into quality assurance monitoring through feedback and surveys. One relative told us they had observed actions taken by the registered manager and care manager which they felt demonstrated good leadership.
- The provider was aware of their regulatory requirements as to when and how to notify CQC and understood their responsibilities under duty of candour, if errors were made.

Continuous learning and improving care

- People's experience of care, including that of people's relatives, was observed as being very important to drive improvement of the service. The care manager told us, "We would like to improve the quality of care we can deliver, there is always something we can improve and do differently."
- The care manager told us they will be looking into the implementation of an electronic record keeping system in the future, in line with progression of the service. It was explained this was not a practical option at

the time of inspection due to the small size of the service.

Working in partnership with others

- The management team had worked to develop positive working relationships with people and their families to achieve increased involvement in care.
- The service had worked closely with others in the development of people's support and care. One professional that worked with the service told us, "I find [Care manager] in particular extremely knowledgeable, competent and flexible... [care manager] will communicate effectively with me."