

Prestige Care 247 Ltd

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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

The inspection took place on 23 August 2016 and was announced. The provider was given 24 hours' notice of the inspection because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

Prestige Care 247 Ltd is a domiciliary care agency that provides personal care support in people's homes. At the time of our inspection four people were receiving care and support.

It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager in place at the time of our inspection.

People told us that they felt safe. Risks to people's health and well-being had been assessed and staff knew how to keep people safe. There were enough staff to meet their needs.

Staff knew about their responsibilities to safeguard people from abuse. The service had safeguarding and whistleblowing procedures in place. There were plans for staff to follow to keep people safe during an emergency.

People were very satisfied that their care and support calls were on time and from a consistent staff team. The provider had recruitment procedures in place that ensured only suitable staff were recruited. They undertook an induction programme when they started work at the service. They had received regular guidance and support from the registered manager.

People were supported to take their medicines by care workers who had received training in medicines management. People were supported by staff who had received regular training in areas relevant to their role.

People were being supported by staff who understood the Mental Capacity Act (MCA). Staff were able to describe how they offered choices and supported people to make decisions about their own care and support.

People were supported to maintain a balanced diet where they were supported with eating and drinking. People were supported or prompted to access healthcare services.

People were being supported to remain healthy. Staff knew how to do this and information about people's health needs was available in their support plans. Where there was concern about people's health, staff knew what to do and took the appropriate action.

Staff developed caring relationships with people and understood people's needs and preferences. People were supported to remain as independent as possible by staff who knew how to do this.

People were involved in the assessment and review of their needs. People received a service that was flexible and responsive to them. People told us they could alter the timings of calls to meet their individual requirements.

People felt the service was well managed. The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. The registered manager carried out monitoring in relation to the quality of the service that people received.

## 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 were being protected from abuse and avoidable harm by a staff team that knew about their responsibilities.

The provider had effective recruitment procedures and enough staff were deployed.

People received safe support with their medicines when this was needed.

### Is the service effective?

Good ●

The service was effective.

Staff sought people's consent prior to providing their support. People were supported by staff who had received appropriate training.

Where staff supported people with eating and drinking people were supported to maintain a balanced diet.

People's health was being supported by staff who knew how to report and act on any changes to their well-being.

### Is the service caring?

Good ●

The service was caring.

Staff were caring. People were involved in decisions about their care and support.

People told us that staff respected their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were able to contribute to the assessment and review of their care needs where they were able. They received support based on their preferences and care and support needs.

There was a complaints procedure in place. People felt confident to raise their concerns.

**Is the service well-led?**

The service was well led.

People knew who the manager was and felt that they were approachable.

Staff were supported by the registered manager and knew about their responsibilities.

The registered manager was aware of their responsibilities and had effective quality monitoring procedures in place.

**Good** ●

# Prestige Care 247 Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 August 2016 and was announced. The provider was given 24 hours' notice of the inspection because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by an 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.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about a service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and information we had received about the service from people who had contacted us. At the time of our inspection there was no one being funded by the local authority.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and associated documents including risk assessments. We looked at three staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, the office manager and a care worker.

We spoke with three people who used the service and two relatives of other people who used the service. This was to gather their views of the service being provided.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe when receiving support from the care staff. One person told us, "I definitely feel very safe with my carers who I know very well and have every confidence in them." Another person commented, "I feel really safe with my carers."

All staff we spoke with had a good understanding of types of abuse and what action they would take if they had concerns. The care staff told us that they would report any suspected abuse immediately to the registered manager. Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. The care staff told us and records confirmed that they had received training regarding safeguarding adults. The care staff we spoke with understood whistleblowing and they would raise concerns with external organisations such as the local authority. The registered manager understood their responsibility to report allegations of abuse to the local authority and the Care Quality Commission.

People's support plans included risk assessments and action staff should take to minimise risk. Care plans reflected the individual and provided staff with a description of where risks had been identified. Each care plan gave clear guidance on how people should be supported in relation to this risk. There were assessments about moving and handling people safely and people's risk of falls. The registered manager reviewed risk assessments regularly or where a change in a person's circumstances occurred. This was important to make sure that the information included in the assessment was based on the current needs of the person.

Where accidents or incidents had occurred these had been appropriately documented and investigated by the registered manager. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

We saw that each person's home environment was assessed by the registered manager or senior care worker to make sure it was safe for the person and for staff. This included checking that the property was accessible and that there were no trip or slip hazards.

Each person had a personal emergency evacuation plan that provided staff with the information they needed to maintain the person's safety in the event of an emergency. This was important as people could be assured that staff had the information they needed to keep them safe.

People were cared for by suitable staff because the provider followed recruitment procedures. We looked at the files of three staff members and found that all appropriate pre-employment checks had been carried out before they started work. However we did note that on one person's application form gaps in employment were not explained. We spoke with the office manager who told us that they had introduced a new on line application form that would prevent this happening in the future as the form would not allow the person to progress with their application if there were gaps. We were also told that they would speak to the member of staff to find out why there were gaps and add the information to the recruitment file.

Where staff supported people with their medicines, this was undertaken in a safe way. People we spoke described how the staff recorded the medicines provided to them in their record book. People also described how the registered manager made regular checks to ensure that the information was correct and staff administered medicines safely. Records showed that staff received training and on-going guidance to make sure they were handling medicines safely. A care worker told us, "I do medication for some people and I always make sure that I write it up in the record book."

We looked at the medicines records and noted that for one person there were entries of 'O' indicating 'other'. Records did not say what this meant. Diary notes indicated the person received their medicines. During the inspection visit the registered manager contacted the care staff and confirmed the person had received their medicines but they had been advised to write 'O' by a colleague. The registered manager told us they would follow this up with the member of staff and send them on medicine training again to ensure they recorded things correctly.

## Is the service effective?

### Our findings

People were receiving care and support from staff who had the skills and knowledge appropriate for their job. People we spoke with and their relatives described the carers as being well trained and knowing exactly what to do and when. One person told us, "They certainly know what they are doing." A relative commented, "The carers who come to us are so well trained and know exactly what to do."

People were receiving care and support by staff who had the required skills and knowledge. Staff had received regular training in areas relevant to their role. For example, staff had received training in infection control. This training ensures staff following safe infection practices and do not place people in their care at risk of cross contamination. A staff member told us, "I have regular training in all aspects of my work and feel very confident with it. I also have regular updates."

Staff had received an induction when they had started to work and knew about their responsibilities. The registered manager had arranged for staff members to complete the Care Certificate. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker. Records showed that staff are supported to attend a variety of training courses that help develop their skills and knowledge when supporting people.

Staff had received regular guidance and support from the registered manager. The registered manager told us staff had opportunities to discuss with them areas for improvement and they received feedback on their work. These opportunities included both face to face meetings as well as via the telephone. A care worker we spoke with confirmed they felt supported by the registered manager.

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. The registered manager advised that no one who used the service had been deprived of their liberty and no applications had been made for this or for the Court of Protection where people were unable to make decisions for themselves. The registered manager explained the process they would follow if they thought someone was being deprived of their liberty and this was in line with the requirements of the MCA.

We checked whether the service was working within the principles of the MCA. We saw that each person had a care plan that included information about asking the person what they wanted and that reminded staff to seek the person's consent. We saw that people had signed their own support plan and consented to their support. A person told us, "They are so friendly and approachable and always ask before they do the care." Staff told us that the majority of people could make decisions for themselves. Where people needed support

to make decisions staff told us how they involved people. A staff member told us, "I always make sure that I ask before doing anything with a client."

Where staff supported people with their dietary requirements we were told that this was done to their satisfaction. One person told us, "They cook all my meals for me and they are really good and are always what I want." People's food and drink preferences had been recorded in their support plans and known by staff. Where there were concerns about a person's eating or drinking, appropriate action had been taken. Staff recorded in the diary notes what a person had eaten and passed information to the next staff member coming on duty if they felt the person needed to be monitored. Where staff had concerns they reported these to the office and a GP was contacted. This meant that people could be assured they would receive support from staff that knew about and met their eating and drinking requirements.

People's health needs were being monitored to support them to stay healthy. A person told us, "The carers arrange all my medical appointments and they are so helpful and will take me to all hospital and doctor's appointments which would be impossible without them." A relative told us, "They do keep a check on him and found some sores and spoke to the district nurse who is now treating them." Staff were aware of their responsibility for dealing with illness or injury. A care worker told us that they would support someone to contact a health professional if they felt this was needed. The care worker we spoke with told us, "I always keep a close watch on my clients to pick up any changes. I had one client who was going to the toilet more often. We arranged a sample for the GP who prescribed antibiotics so that they did not have to wait too long and the problem was dealt with." We saw that care plans contained contact details of people's relatives, GP's or others involved health professionals so that staff were able to contact them in the event of an emergency.

## Is the service caring?

### Our findings

People were receiving care and support by staff who cared. Everyone we spoke with described Prestige Care 247 Ltd as very good with some describing it as outstanding. They told us that the staff members approach to care was sensitive and responsive, putting the person first on all occasions. Those people who had moved from other care services said it was the best move they had made. One person told us, "They are much better than the previous care company, who were very poor." Another person said, "The care I get is really good and I am very happy with it. I don't know what I would do without them. They always speak so kindly to me and nothing is too much trouble for them and if I want anything done they will do it." A relative commented, "They are always polite and friendly when they come in. We are all on first name terms. The care they give is brilliant, nothing is too much trouble. They will always do anything we want doing, we only have to ask. They are such nice people and it makes a real difference that we get the same two carers."

People told us that they felt involved in making decisions and planning their care. A person told us, "The planning was so easy with the manager and I am able to make changes when I think there is need." A relative told us, "I organise the care with the manager who is very helpful and very flexible about our changing needs." People we spoke with all said that staff supported them to remain as independent as possible. A staff member told us, "I always try to make sure that my clients are able to do as much for themselves as possible."

People told us that their dignity and privacy was being respected by the staff that offered them support. They said that the staff did not rush them and listened to them whenever they had any queries. One person told us, "I feel totally at ease with them now and can't fault them." Another person commented, "I always get the same ones, which means I get to know them really well."

We saw that the registered manager had completed regular spot checks of staff working in people's own homes. This included watching how staff had delivered care and support to people, if they were punctual and that personal care was carried out with dignity and sensitivity. We also saw that people's support plans identified how to maintain people's privacy and dignity. For example, care plans identified where people preferred female carers. A relative we spoke with confirmed they only received female carers. "I can't speak highly enough about the carers we need female carers and that is what we get."

## Is the service responsive?

### Our findings

People told us that the service was responsive to their needs and that staff had a good understanding of how to support them. They spoke of the staff understanding their individual needs and the things that interested them which help build their working relationship. One person told us, "They all understand what I like and what I don't like." A relative said, "They really know [person using the service] and understand their particular needs and what they like."

People told us that they felt that they had contributed to planning their support. One person told us, "We see the manager on a regular basis as they are one of the carers, which means we are always able to speak to them." People's needs had been assessed when they had started to use the service. The registered manager told us they would visit people prior to them agreeing to deliver a service and would ensure they could meet the person's needs. They said that care plans and risk assessments were developed based on information provided by the person and their relatives. They told us that they developed a detailed care plan based on how the person liked their care. This involved discussions and input from the person and their family. This meant that people contributed to planning their care.

People told us that they were involved in reviewing their support. One person told us, "The manager comes on a regular basis to see what I think of the service and if there is anything I need changing." People's care plans contained information about what was important to them, their history, what they liked and disliked and things they were interested in. Care plans contained information about how each person wanted to be supported. Staff had access to care plans and had a good understanding of the needs of the people they worked with. Staff were able to tell us about the people they supported. This meant that staff knew people they supported and how they wanted to receive their care.

People were satisfied that their care and support calls were on time and from a consistent staff team. A relative told us, "They are always on time and will not leave until we are happy with everything and nothing is rushed." People also told us that staff were flexible and would stay longer or arrive later if they needed them to. One relative told us, "They are always on time and if we want to have a lie in they will come later in the morning, which is really good of them." The care worker we spoke with felt that they had enough time to carry out the care and support required of them. We were told, "I always make sure I arrive on time and don't leave until everything is completed. If a client wants to change a time I will always try and fit it in because they come first." Daily records indicated what tasks had been carried out and these showed that staff followed people's support plans as well as carry out extra duties for people.

People told us that if they had any concerns or complaints about their care and support they would feel able to contact the office to discuss these. People felt that they would be taken seriously and appropriate action would be taken. One relative told us, "We have no reason to complain the staff are brilliant." The registered manager told us the service had a complaints procedure. This information was given to people when they started to receive the service. People we spoke with all knew how to complain. The registered manager told us they had only received one complaint in the last 12 months and this was managed following their complaints procedure. This included timescales for responding to any complaints received and details of

who people could complain to if they were not satisfied with the response from the service. The registered manager showed us a file containing compliments they had received from people who were happy with the service they or their relatives had received.

## Is the service well-led?

### Our findings

People told us that they were satisfied with the service provided and the way that it was managed. People spoke highly of the registered manager and the manner in which things were organised. They all spoke about having a consistency with their carers which meant a great deal to them and gave them confidence in both the carers and the care they received. One person told us, "I am really happy with the service I get. The staff are so dedicated. The manager is very helpful and also as one of my carers she is brilliant." People also told us they would recommend this service as a result of their experience. A relative told us, "I would recommend the service to anybody. I don't know what we would do without them."

People told us that they were asked for their opinion on the service and that their views were listened to. We saw that the registered manager routinely asked people their opinion of the care they received. One person told us, "The manager comes on a regular basis to see what I think of the service and if there is anything I need changing." People told us that they saw the registered manager regularly. One person said, "The manager is very helpful and also as one of my carers she is brilliant."

The registered manager and staff members had a shared vision about the service's aims and objectives and could describe them. We were told by the registered manager and the care worker we spoke with that people should be encouraged to remain independent and be treated with respect. We were told about how people's independence was encouraged and how dignity was central to everyone's work. This meant that the staff team worked together to enable people to receive good care and support. A staff member told us, "It is important to speak well with my clients as I may be the only person they see."

Staff members were able to explain the process to follow if they had needed to raise concerns about a colleagues' working practices. The whistle blowing policy provided staff with the information they needed, to contact other agencies if they felt that the provider did not take the appropriate action.

The registered manager carried out audits to ensure that people received a good quality service. This included audits on the medication records, care plans, daily records, risk assessments and policies and procedures. The registered manager monitored records to make sure that they had been completed correctly and signed. They told us that if they found concerns they would follow this up with the individual staff member. The registered manager told us that they completed spot checks on staff. This type of check is carried out at people's homes while staff provide support. These checks monitor staff behaviour and work that they had completed. Records we saw and people we spoke with confirmed these checks had taken place. This meant that systems were in place to monitor the quality of the service that had been provided.

The registered manager understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences to CQC. They reported events at the service that they were required to report.