

Miss Pamela Tawengwa

# Prestigious Homecare

## Inspection report

11 Blaby Road  
Wigston  
Leicestershire  
LE18 4PA

Tel: 01162242730

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Prestigious Homecare is a domiciliary care service based in Wigston, Leicestershire. It provides care and support to people living in their own homes. At the time of our inspection there were 82 people using the service who received personal care.

The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service did not have a system in place to assess, monitor and improve the quality and safety of the service provided. This meant shortfalls within the service had not always been identified.

The service had not notified CQC in a timely manner of significant changes to the way the service was organised. This meant the service continued to provide regulated activities when they were not registered to do so.

Improvements were needed to way risk was assessed at the service. Staff did not always have the information they needed to protect people from risk.

People's medicines were not always managed safely. Some records were incomplete, and there was no audit system to check if medicines had been correctly administered.

Not all staff had had the training they needed to prevent and control infection. The service had a good supply of personal protective equipment including gloves, masks and aprons but staff hadn't always worn this in accordance with government guidance.

The registered manager was working to an action plan with a view to improving the quality of the service. Staff competency checks had been carried out, staff training booked, and staff files improved.

People and relatives thought the service was safe and the staff caring and kind. The registered manager was supportive of the staff and dedicated to the well-being of the people using the service.

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

### Why we inspected

This was a focused inspection based on concerns we had received about the service. These were in relation to people's safety and the governance of the service. As a result, we undertook this focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed. This is based on the findings at this inspection.

#### Rating at last inspection

The last rating for this service was Good (published 1 November 2018). At this inspection the provider was in breach of a regulation and the overall rating for the service is now Inadequate. This is based on the findings at this inspection.

You can see what action we have asked the service to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Prestigious Homecare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Prestigious Homecare

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and two experts 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

Prestigious Homecare is a domiciliary care agency, which 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. However, at the time of our inspection, the service was overseen by the late provider's personal representative. The personal representative was in the process of applying to register the service as a limited company.

#### Notice of inspection

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

Inspection activity started on 15 February 2021 and ended on 5 March 2021. We visited the office location on 17 February 2021 and the 3 March 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The service was not asked to complete a PIR (provider information return) prior to this inspection. This is information we require services to send us to give some key information about the service, what the service does well and improvements they plan to make. We took into account that we did not ask for the PIR when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 19 people using the service and five relatives to get their views on the service. We spoke with the registered manager, the provider's personal representative, two care co-ordinators, a senior/trainer, and five care workers.

We reviewed a range of records. This included four people's care records and a sample of medicines records. We also looked at a variety of records relating to the management of the service including policies and procedures and infection control documentation.

#### After the inspection

We continued to seek clarification from the service 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.  
(ensure there is a full stop at the end of the sentence)

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

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.

### Assessing risk, safety monitoring and management

- Some people did not have satisfactory risk assessments in place. For example, one person had communication difficulties but no risk assessment or care plan to instruct staff on how best to communicate with the person, and what to do if they were unable to communicate with them successfully. This person was also at risk of pressure sores but had no risk assessment for this.
- Another person's care notes stated they were at risk due to be partially sighted and on a specialist diet. However, they did not have risk assessments addressing these issues which meant staff had no instructions on how to minimise risk. The registered manager said they would review care records to ensure people had appropriate risk assessments and care plans.
- People and relatives said staff supported people to transfer safely. A relative said staff used moving and handling equipment effectively. Another relative said staff were aware of the signs of pressure damage. They said, "They can often spot a sore patch or mark; they are quite good at that."

### Using medicines safely

- The service was working to an action plan to improve the way medicines were managed. Some improvements had been made, for example staff used body maps to show that people's creams and topical medicines had been applied correctly, and staff competency checks in the safe management of medicines were in progress. However, there were still no protocols in place for 'as required medicines' and there was no audit system in place for medicines. The registered manager said they were addressing these shortfalls.
- One relative said their family member hadn't always had their medicines as they'd found tablets on the floor, and some medicines still in their packaging when they should have been administered. The registered manager said they would investigate this situation.
- One person's medicines care plan needed updating as their medicines had changed but their records did not show this. It was also unclear from their records whether one of their medicines was in a dosset box or in its original packaging. The registered manager said they would review and improve this person's medicines records, so staff had the information they needed to safely assist the person.
- Most people and relatives were satisfied with how staff supported people with their medicines. A person said, "They remind me [about my medicines] and put eye drops in." Another person, who self-medicated, said staff always checked they'd had their medicines.

### Preventing and controlling infection

- Prior to our inspection we received concerns that staff weren't always following infection prevention and control (IPC) guidelines when supporting people with their care. The registered manager addressed this, increasing the number of 'spot checks' on staff to ensure they were wearing the correct PPE (personal protective clothing) and re-issuing IPC guidance.
- Not all staff were trained in IPC, although courses were booked for staff who had not yet had this training. The IPC course the service used was not fit for purpose as it did not cover COVID-19. The senior/trainer had amended the training to incorporate government COVID-19 guidance, but we could not be sure that the quality of the learning was acceptable.
- The service had good supplies of PPE and staff had handouts instructing them on how to use this safely. People and relatives said staff wore appropriate PPE. A person said, "They wear masks and gloves and aprons if necessary." A relative said, "They never take off their masks until they're out of the front door."

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

- Most people and relatives said the service was safe. One person said, "Perfectly safe, they [the staff] do their job. I trust them, they're all lovely that come here."
- The majority of staff had had safeguarding training. Those who hadn't were booked in on forthcoming courses. All the staff we spoke with understood their safeguarding responsibilities.
- At the time of our inspection visits the local authority was investigating a safeguarding concern about a person's care. This investigation had not yet concluded. The registered manager was co-operating with the investigation and had already addressed some of the concerns raised.

#### Staffing and recruitment

- Some staff had not had all the essential training they required to provide personal care to people. The registered manager and the senior/trainer were addressing this. Records showed the necessary courses were booked and the registered manager said all staff would be fully trained by the end of March 2021.
- The senior/trainer carried out checks in person to ensure staff were competent in moving and handling and medicines. At the time of our inspection visits approximately half the staff had had their competency checks, and the registered manager said the rest would be checked by the end of March 2021.
- The staff files we reviewed showed staff were safely recruited and had the correct documentation in place to ensure they were safe to work with people using care services. This included evidence of satisfactory criminal records checks and references.

#### Learning lessons when things go wrong

- The service logged accidents and incidents and records showed staff took appropriate action, including seeking medical assistance for people where necessary. However, following each incident, there was no record of care plans or risk assessment being reviewed and updated with a view to minimising future risk.



# 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 deteriorated to Inadequate.

Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-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

- The service did not have a comprehensive and effective system in place to assess, monitor and improve the quality and safety of the service provided. This meant shortfalls within the service had not always been identified.
- The service had an online system which included an audit function, however, staff did not know how to use it. The provider's personal representative said they were arranging for staff to have the relevant training.
- The service had failed to identify that some people did not have satisfactory care plans/risk assessments in place to ensure their care needs were safely met.
- A few people and relatives said communication from the office needed improvement. People received a weekly rota, but said they were not always told when last-minute staff changes were made. A relative said the timings of their family member's calls changed without warning, "We are ready at a particular time and having to wait is stressful, or if they come earlier we are not quite ready." No-one we spoke with reported any missed calls.
- Medicines were not always safely managed. This had been identified by the local authority and the CQC but not by the service itself. The registered manager was addressing this.
- The service's IPC training was not fit for purpose. A member of staff had had to amend the training so it included COVID-19.
- Some staff had not had the essential training they required to provide personal care to people.
- The service logged accidents and incidents. However, care plans and risk assessments were not reviewed and updated following an accident or incident with a view to minimising future risk.
- The service had two statements of purpose, neither of which included all the information required by law. It was not clear in either statement of purpose who was legally responsible for the service at the time of our inspection.

There was no effective system in place to assess, monitor and improve the quality and safety of the service. This meant shortfalls in the service had not been identified. This placed people at increased risk of harm and was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not notify CQC in a timely manner of a significant change to the way the service was organised. Following the death of an individual provider their personal representative must notify the Commission in writing of the death 'without delay'. They must also notify the Commission within 28 days of the date of death of their intentions regarding the future carrying on of the regulated activity. This was not done, and the service continued to provide regulated activities whilst unregistered.

The personal representative had failed to notify CQC of a significant change to the service. This was a breach of Regulation 21 (Death of service provider) of the Care Quality Commission (Registration) Regulations 2009.

- When the CQC were made aware of this situation the personal representative was contacted and it was agreed they could carry on the regulated activity without being registered for a period not exceeding 28 days. This period has elapsed.
- The personal representative has submitted an application to register the service as a limited company.
- The local authority are aware of this situation and are working with people and relatives to ensure they continue to receive safe, legal care.

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

- Most people and relatives said the staff were caring and kind. A person said, "One day it was a bad day because it was snowing, and one girl walked all the way here."
- The registered manager was supportive of the staff and dedicated to the well-being of the people using the service.
- To make care more personalised the service was introducing an 'All About Me' form so people could share information about their individual likes, dislikes and preferences. These had been posted out to people with the latest service user survey.
- Staff had supervision by telephone and the registered manager sent them monthly memos which included information about infection prevention and control.

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

- Following our first inspection visit the service sent out quality assurance questionnaires to people, relatives and staff to get their views on the service. The registered manager said the responses would be analysed and improvements made if necessary.
- People were asked for their feedback on the service when their care was reviewed. The service aimed to carry out care reviews at least every six months, but the registered manager said this had not always been possible over the last year due to COVID-19. However, reviews were now being scheduled and carried out.

Continuous learning and improving care; Working in partnership with others

- At the time of our inspection the registered manager was working to an action plan agreed by the local authority. The purpose of this was to bring about improvements to the service.
- The registered manager attended support meetings facilitated by the local authority to help ensure they were up to date with government and local guidance concerning COVID-19 and other aspects of care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 21 Registration Regulations 2009 Death of service provider  The personal representative had failed to inform the CQC of a significant change to the service.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service did not have a comprehensive and effective system in place to assess, monitor and improve the quality and safety of the service provided.