

Prestige Healthcare Services Limited

# Prestige Healthcare Services

## Inspection report

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Date of inspection visit:  
12 May 2021

Date of publication:  
25 May 2021

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Prestige Healthcare Services is a domiciliary care agency providing personal care to people in their own homes. The service supported older people, people living with dementia and people with a physical disability. At the time of this inspection the service was supporting 23 people.

Not everyone who used the service received personal care. 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

People told us they felt safe. Medicine administration records (MARs) were recorded accurately. Policies were in place for when as required (PRN) medicines were included within a person's MAR, meaning there was clear guidance for staff to follow. People's risks assessments were clearly written and easy to follow, providing staff with clear guidance for managing risks to people.

People experienced good continuity and consistency of care from staff who knew how to meet their needs as well as how they liked care to be provided. The provider recruited staff in accordance with regulations and ensured only staff suitable to support people were appointed.

People were supported with their nutrition and staff worked well with people, families and health and social care agencies to support people's wellbeing.

The provider was able to demonstrate their compliance with legal obligations and any learning from incidents or accidents was undertaken effectively. People's health was effectively monitored by staff to ensure people received the right level of support.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 December 2019). There was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### 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.

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

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Prestige Healthcare Services

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own 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 12 May 2021 and ended on 14 May 2021. We visited the office location on 12 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority and professionals who

work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account 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 10 people who used the service and one relative about their experience of the care provided. We spoke with the registered manager, assistant manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from five staff members. We also received written feedback from the local authority.

We reviewed a range of records. This included three people's care records and five people's medicines administration records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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

- Where safeguarding incidents had been identified, the registered manager had investigated the incident internally and documented actions taken.
- All staff had received safeguarding training, and this was refreshed annually.
- People reported they felt safe with staff. One person said, "I have nothing to fear. [I have] never been so well looked after."

Assessing risk, safety monitoring and management

- People's care plans included sufficient information and guidelines to help staff provide care in a safe and individualised way, based on people's needs, likes and the support they required.
- Risks assessments provided staff with information and guidance to enable them to manage risks to people, such as high risk medicines, moving and positioning and developing pressure ulcers.
- The registered manager had ensured that calls were not missed by allocating an on-call staff member each day to monitor all calls via the services online system which reduces alerts when staff have not arrived to a call on time.

Staffing and recruitment

- All staff files contained all the necessary evidence including employment history and relevant qualifications and were in line with legal requirements.
- There were enough staff deployed to support people. The service used an online system to allocate staff and monitor late or missed calls.
- People felt there were adequate levels of staff to provide safe care. This was confirmed by people who use the service. One person told us, "I know who the carers are before they come and the agency sends a leaflet with a photograph of them...they are never late. I would probably get a call if they were going to be."

Using medicines safely

- All medicines and information relating to the medicine were documented on an online system.
- Where people were prescribed 'as required' (PRN) medicines, the service had individualised guidance in place to ensure that staff knew when to administer PRN medicine.
- When a medicine was not given, the staff member had explained the reason within the medicines administration record.

Preventing and controlling infection

- All staff completed training in infection control and up to date guidance regarding personal protective

equipment (PPE) has been shared with all staff.

- People and relatives confirmed that staff wore PPE while providing care, "Carers are diligent with PPE."

Learning lessons when things go wrong

- An effective system was in place to record individual incidents and accidents. The management team reviewed these regularly to ensure any trends or patterns could be identified.
- The registered manager shared any lessons from the incident or accident with staff through team meeting and staff supervisions.
- Where a trend had been identified, action had been put in place to reduce the risk of reoccurrence.

# 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.

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

- Plans were person centred and contained information covering their likes and dislikes and a summary of daily routines, including how the person wanted their care to be carried out. One person told us, "They [staff] encourage me and say, 'you can do that' and they involve me."
- Regular reviews of care plans and risk assessments were conducted on a 6 monthly basis or sooner if required, to accurately reflect people's needs. People confirmed that they were involved in the reviewing process. When asked if people receive surveys regarding the care received, one person stated, "Yes, every few months."
- Daily notes of people's care were satisfactory and included documenting people's emotional wellbeing at each visit.

Staff support: induction, training, skills and experience

- All new staff completed an induction which included shadowing senior staff and completing all practical training required by the provider. All new staff also completed the Care Certificate which is a set of nationally agreed training modules for staff working in adult social care.
- Staff received supervision approximately every four to six weeks as well as yearly appraisals. The registered manager reported that due to the pandemic, not all staff had received their appraisal within a year, however there was a plan in place for all appraisals to be completed in the coming weeks.
- Staff received yearly mandatory training to ensure they had the skills and knowledge to support people effectively. Records, such as a training matrix, indicated that staff training was up to date.
- People felt that staff received adequate training to provide safe care. One person told us, "They know what they are doing. They give me confidence. I don't have to tell them how to do things." A relative also confirmed this saying, "This is the third company [name of relative] has had. The standard of care is the highest. We genuinely feel they do care, both managers and carers. They make an effort to go the extra mile."

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

- Information about people's dietary needs had been recorded in their care plans. This included special dietary requirements such as pureed food and whether staff or family members supported the person.
- The care plans also explained how meals were to be prepared and where the person liked to eat their food for example, one care plan stated, "I like to eat lunch in the living room."
- Food and drinks provided at each visit were documented within the daily care notes to monitor peoples' dietary intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The registered manager was in regular contact with Local Authorities who support with funding for people using the service.
- The service worker worked with occupational therapists and district nurses to ensure people had the support they needed.
- Professionals reported staff communicated effectively to help meet people's needs. One professional said, "The service always works within multiagency partnerships. There is always assistance between all the agencies to put the client at the forefront of the situation."

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.

- People's care plans contained records of their capacity to make decisions about their care and support.
- All staff received training in the MCA and this was renewed annually.
- People reported feeling in control and involved with their care. One person told us, "My [family member] and I are both in our 80's and the carers will do anything we ask."

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider failed to effectively assess, monitor and improve some areas of quality and safety of the services provided. Service user records were not always up to date and accurate in respect of decisions taken in relation to the care and treatment provided. Audit and governance systems were not always effective. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The capacity of people was clearly documented in their care plans and included consent for care or restrictions, such as bed rails. The registered manager was able to explain the process for how to assess a person's capacity if required and details of any other professionals involved in the assessment.
- The registered manager also arranged for all of the management team to receive further training relating to the Mental Capacity Act in order to enhance their knowledge.
- Senior staff completed spot checks for each staff member on a monthly basis and there was clear documentation regarding areas reviewed and any actions required.
- Senior staff also completed medicine competency assessments on a monthly basis which were reviewed by the registered manager.
- The registered manager completed regular audits at weekly, monthly and yearly intervals to ensure quality and safety in the service were maintained. These included reviews of medicine competencies, staff files care plans call monitoring and staff training.
- The accident and incident log showed concerns were investigated thoroughly and promptly, and that themes and trends were identified to prevent recurrences.

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

- Staff felt the managers were accessible and approachable and any concerns raised would be dealt with effectively. Staff were supported to raise any concerns during their supervisions.
- Staff and people reported a positive approach to care. One staff member stated, "The staff show care and compassion which shows in the care they provide. When speaking to the service users, they are always

praising the staff and the company...I am finally working for a company that truly do care about their services users, their well-being and ensuring they receive the highest standards of care. I am proud to be part of such an amazing team."

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 registered manager's duty of candour policy outlined actions for staff if something went wrong.
- Staff were aware of their responsibilities and understood the importance of transparency when investigating circumstances if something had gone wrong.
- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.

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

- The registered manager encouraged and valued feedback from people who use the service, their relatives and staff. One relative told us, "We fill in questionnaires and, in addition, a member of the management team comes to our home every two to three months to ask how the care is going."
- All staff had completed training in relation to the Equality Act and human rights over the last 12 months.

Working in partnership with others

- The service worked in partnership with professionals such as GPs, occupational therapist, social services, mental health teams, community nurses and the local authority.
- The service had been given tenders with the Local Authority to provide packages of care to people.
- Professionals reported a positive relationship with the service and registered manager. One professional said, "[Registered manager] appears to be very transparent and wants to work in partnership with the local authority and other professionals in order to ensure the service safely meets the needs of the clients especially if and when needs change." Another professional told us, "Prestige Healthcare Services always go the extra mile, safeguard the clients, make sure they are safe and well cared for. The client's wellbeing is so important to them and they lead a person-centred approach. All the staff in the office and carers have been lovely and great but [registered manager] is exceptionally lovely, professional and always putting the clients first and doing the very best she can for them."