

Prestige Healthcare Services Limited

# Prestige Healthcare Services

## Inspection report

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Date of inspection visit:  
06 November 2018

Date of publication:  
10 January 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 6 November 2018. The inspection was announced. This service is a domiciliary care agency. It provides personal care to any adults who require care and support in their own houses and flats in the community. Not everyone using Prestige Healthcare Services receives a regulated activity. The Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do receive personal care we also take into account any wider social care provided.

At the time of inspection, the service supported 22 people who were receiving personal care in their own homes. The service provides support to older people, people with physical disabilities, sensory impairment and people living with dementia.

This is the first inspection since the service was registered.

At this inspection we have found the service was not always safe and well-led. Therefore, the service has been rated as Requires Improvement in these domains. The service has been rated Good in effective, caring and responsive. As a result, the service was rated overall as Requires Improvement.

People's medication records did not always reflect that they were administered safely. It was not always clear that people received their medications as prescribed. Risk assessments did not always provide sufficient information to provide direction for staff, or information about how to reduce risks. This was a breach of Regulation 12 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager conducted some quality assurance audits to monitor the running of the service. However, we found that these were not always effective and didn't always identify gaps in medication records. Quality assurance records did not always reflect the provider had monitored, assessed and improved the quality of the service being delivered. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider had not always notified CQC of other incidents. This meant we could not check that appropriate action had been taken to ensure people were safe. The provider is in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People told us they felt safe. There were some systems in place to protect people from the risk of abuse and potential harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare.

Staff received an induction and ongoing training, to help them meet and understand the care needs of the people they supported. Staff said they felt supported in their roles.

Staff were aware of their responsibilities to ensure people's rights were promoted. Where required, people were supported to access healthcare services to maintain their health and wellbeing.

People's dignity and privacy was respected. People told us staff were reliable, friendly, and caring. Staff developed positive and caring relationships with the people.

People's nutritional needs were catered for and the level of support provided was dependant on people's abilities.

Staffing levels were monitored by the registered manager to ensure sufficient staff to meet the needs of people and to keep them safe from harm. Recruitment procedures to appoint new staff were in place.

The provider had continuity plans in place to ensure that people's support needs would still be met in emergency situations. Infection control policies and procedures were followed to ensure the control of infection.

You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People's medication records did not always reflect that they were administered safely. Guidance was not always available where people were prescribed 'as required' medication.

Records did not always reflect how the service was meeting people's specific health conditions. Staff were not always aware of how to support people with their specific health conditions.

Staff were understood their responsibilities to safeguard people from abuse.

There was sufficient staff to meet people's needs.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported with their food and hydration where needed.

Staff sought people's consent prior to supporting them.

Staff received training to ensure they were skilled to meet people's individual needs.

The service worked in partnership with healthcare professional to support people.

**Good** ●

### Is the service caring?

The service was caring.

People spoke positively about the staff who supported them and described them as caring.

People were treated with dignity and respect and were supported to maintain their independence.

Staff enabled people to express their views and to make

**Good** ●

decisions about their support.

People's confidential information was stored securely.

### Is the service responsive?

The service was responsive.

People's care needs were assessed and any changes to care needs were reviewed on a regular basis.

People were supported by staff who were aware of their preferences and how they wished to be supported.

People and their representatives were able to raise any concerns or complaints if they needed to.

Systems and procedures were in place should any person need end of life care.

**Good** ●

### Is the service well-led?

The service was not always well led.

Audit systems to monitor quality and safety were in place but they were not always effective in highlighting the issues which needed addressing.

The provider had not always informed us of incidents as required by the regulations.

Staff felt supported in their role and were complimentary of the registered manager.

People told us they were always asked to provide feedback about the service.

People, relatives and staff were complimentary about the service.

Meetings were held where good practice was shared.

**Requires Improvement** ●

# Prestige Healthcare Services

## **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 was a comprehensive inspection which took place on 6 November 2018, it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we therefore needed to be sure that someone would be available in the office to assist with the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We contacted the local authority safeguarding team. We also requested feedback from commissioners and community professionals. We received three responses.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to four people who use the service. We also spoke to one relative. We spoke to seven members of staff including care staff, the manager and managing directors. We looked at five people's care plans and associated documents, including medicines records. We checked five staff recruitment files, including the most recently recruited staff. We also looked at staff training records, quality assurance audits, compliments/complaints and accidents/incident records.

# Is the service safe?

## Our findings

We looked at records to see if people received their medicines safely. There was a system in place to manage the administration of people's medicines. Staff supporting people with their medicines had received the appropriate training. However, we found that medicine administration records (MAR) were not consistently being completed in line with current guidance. For example, one person's MAR charts for September 2018 had 39 gaps in recording across 3 separate days where there was no signature to state whether this medication had been administered. The medication was provided in monitored dosing system (MDS). The MDS groups all medicines that need to be taken at a certain time of day into one sealed packet so the person just takes all the tablets from the relevant packet. We spoke to the management team who were unaware of the gaps. We took a sample from the daily attendance log records to establish if staff had recorded that medication had been administered and it was not always clear if the person had received their medication as prescribed.

In response to our findings the management team has promptly undertaken a review of the administration of medicines procedure. This was to ensure that there were sufficient measures and checks in place to monitor the quality and consistency of medicines records. This included a secure communication group using a technology platform that would allow staff to evidence they had signed the person's MAR chart following administering the medication following each visit to a person. The provider advised they were reviewing staff competency and individual training needs relating to the administration of medicines and have introduced weekly audits and checklists.

Details of how and when people's medicines needed to be administered was not always clear. Where people were prescribed 'as required' (PRN) medication, the service did not have protocols or guidance in place to ensure that people always received their PRN medicine appropriately. For example, one person was prescribed a PRN medicine but there were no guidelines regarding when this medicine might be required. There was no guidance advising staff about when to administer the medicine or if the person was able to identify for themselves when they needed the medicine. There was no information to support staff to look for particular signs and symptoms to ascertain if the medication should be given. This meant it was not always clear from the care plan that the person was always being given their PRN medicines safely and in line with pharmaceutical guidance. This could compromise people's health and well-being as the provider did not ensure safe care and treatment. The provider advised that they would put appropriate PRN guidance in place for each person who required this following the inspection.

People had risk assessments where some risks were identified and management plans were in place. Examples included risks related to falls and the home environment. However, risk management plans did not always reflect the detail of how the risk was being mitigated. For example, one person was at risk falling due to poor mobility. The risk assessment had a section called "Risk factors identified" which highlighted an unclear risk factor of "Supervise and support". The risk assessment action plan was blank. We discussed this with the management team who were able to identify how they were supporting the individual regarding their poor mobility. They agreed that this should be reflected in the person's risk assessment. They promptly agreed to review the assessment to ensure it reflected the mitigation in place.

Records did not always reflect how the service was meeting people's specific health conditions and managing the risks that this might present with. Where a person using the service had a specific health condition, staff were not always able to tell us how they supported that individual to manage this health condition. Records did not always reflect how staff should respond in relation to someone's specific health care needs and did not always follow best practice. For example, one person suffered from a lifelong illness which meant staff needed to monitor their health and be able to identify when this condition may worsen. There was insufficient information on how they should support the person with their condition. The person's care plan lacked sufficient detail and specialist guidance on what staff should look for if this person's health might be deteriorating which meant staff could not always safely monitor and manage this health condition. Another person was prescribed an anticonvulsant medication and their care records contained details which indicated they had epilepsy. However, there was no guidance on how this person may present should they suffer with a seizure or how staff should respond in this instance. The management team were unaware whether this person had epilepsy. The manager contacted the person's GP during the inspection to establish their diagnosis and were awaiting their response. The management team advised they were going to be auditing all care plans to ensure they reflected the person's needs. They acknowledged more detail could be provided and advised that the care plans would be updated following the inspection.

Medicines were not always managed in a way which ensured people received them in a safe and effective manner. Risk management was not always robust to ensure the provider did all that is reasonably practicable to mitigate risks and follow best practice guidance. The above is a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were trained in protecting people from abuse or were in the process of being trained. We found that two staff were yet to undertake their safeguarding training. This training was completed following our inspection. Staff understood their responsibilities to identify and report any concerns relating to abuse of vulnerable adults. We spoke with people who use the service about how they were supported to feel safe in the care of Prestige Healthcare staff. One person said, "Oh yes, they look after me very well". Staff felt confident that if they reported a safeguarding concern to the management team that they would act on it. The local authority safeguarding team did not raise any concerns.

The provider maintained effective recruitment processes, ensuring staff employed by the service had been appropriately checked and had the right skills to support people. This included undertaking Disclosure and Barring Service checks (DBS). DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults. We looked at how the service was staffed and found appropriate arrangements were in place. The service had an electronic rota system in place to ensure that people had allocated staff to each care visit that enabled them to ensure all care visits were covered. People were sent a list of staff who would be providing them care each week with a photo of each staff member. One person told us, "yes, I receive pictures of them each week. That's good".

Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. Staff confirmed they were provided with and used PPE to prevent the spread of infection. One staff member said, "If I am running low on aprons I will come to the office [to collect more], gloves too".

Where accidents and incidents had occurred, the management team told us about the investigations and actions that had taken place. We saw that lessons learnt were discussed at staff team meetings to promote learning, this was evident from team meeting minutes. However, records did not always reflect the investigation that took place and the actions that had been taken to mitigate the risk of recurrence. We discussed this with the manager who agreed to address this to ensure the recording of incidents was robust.

Following the inspection, the provider sent us a template that they were going to use going forward to clearly indicate the investigation that took place and any actions taken.

There was a business continuity plan for unforeseen emergencies such as severe weather to ensure people needs would continue to be met.

## Is the service effective?

### Our findings

People's care needs were assessed to identify the support they required and to ensure that the service was meeting their individual needs. This information was recorded in their personal care plan. This included people's personal likes and preferences, their social interests, as well as physical and emotional needs. People told us their needs were assessed. One person said, "They always ask me what I would like to do, how I would like to do it".

Staff received induction training that introduced staff to policies, procedures and the expectations of their role. This was followed by a period of shadowing more experienced staff before they were able to work independently. Staff received training which incorporated the care certificate standards, this is a set of 15 standards that new health and social care workers need to complete during their induction period. People told us, "They have the skills. They know what they are doing".

People were supported with food preparation and hydration when required. Some people did not require support preparing meals and some only needed minimal support such as help with pre-prepared meals. People's care plans indicated when people would require support from staff regarding food.

Staff said they worked well as a team and received the support they needed from management. One staff member told us, "The communication is good". We saw that staff received supervisions combined with team meetings and communication via telephone and email. This was confirmed by the staff we spoke with. We saw that staff were in the process of receiving their annual appraisals.

People were supported to access healthcare where appropriate. Each person had an assessment that identified their health and care needs. People's care plans clearly indicated regular involvement with healthcare professionals, when required. The service worked and communicated with other agencies and staff to enable consistent and person-centred care. People had input from a variety of healthcare professionals to monitor and contribute to their on-going support. For example; GPs, occupational therapists and district nurses.

We looked at how the service was meeting the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were provided training on the Mental Capacity Act 2005 and were able to describe how they supported people to be able to make their own decisions. One member of staff said, "You always give choices. I always ask what [person] would like for breakfast or when they want their personal care".

## Is the service caring?

### Our findings

People were treated with kindness and respect. We asked people if staff were kind and caring when they supported them. One person told us, "Yes, they are [kind] they always look after me". Care plans included information about people's likes and dislikes and people who were important to them. This gave clear guidance to staff about how people enjoyed spending their time and what made people happy or unhappy. Some staff we spoke with demonstrated they knew people well. They described people's character in a positive manner, focusing on their strengths and individual personality. Care records we viewed were written in a respectful way and contained information about people's social histories and backgrounds.

The service had received a number of compliments. These included positive comments such as, "The visiting teams are caring, respectful and thorough, leaving the property tidy" and "All the Prestige staff were extremely diligent in their care and were careful to put Mum first at all times". These compliments were kept in the office and the provider also put the most recent compliments on a 'compliments wall' for staff to see when they came to the office. A health and social care professional said, "I have found Prestige to be very caring and proactive in the care they provide".

The service proactively involved people in the care that they received to ensure it was meeting their needs. People's personal care plans clearly reflected that their views and opinions had been sought to make decisions about their care. People told us that they were able to make decisions and express their views about the care and support they received. One person told us, "They do what I ask."

Language used in people's care plans and daily attendance records was caring and respected their privacy and dignity. Staff demonstrated a good awareness of the importance of respecting people's privacy. They told us they understood people may wish to be alone and that if people needed support with personal care, this could be delivered in way that upheld people's dignity. Staff told us they would make sure doors were locked and curtains were drawn before personal care was delivered and that there was no reason they would be disturbed. One staff member told us, "I always make sure the curtains are closed and make sure the door is closed". Another staff member said, "I make sure [when delivering personal care] that the person is covered [to maintain their dignity]".

We spoke with the management team about access to advocacy services should people require their guidance and support. They told us details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of the service provided by Prestige Healthcare Services.

Suitable arrangements had been made to ensure that private information was kept confidential and secure. Staff had been given guidance about how to manage information in the right way so that it was only disclosed to people when necessary. Written records that contained private information were stored securely.

## Is the service responsive?

### Our findings

People's care records contained information on people's personal histories, likes, dislikes and preferences. People's care planning documents were reviewed and updated on a regular basis by staff to help ensure that they contained relevant, up to date information about people's needs and wishes so that these could be met appropriately. A health and social care professional told us, "I feel from my experience they provide personalised care."

People told us staff were responsive and supported them to meet their needs. One person said, "I tell them what I want". The staff we spoke with during the inspection displayed an understanding about person centred care and how they ensured people received care that met their needs. One member of staff said, "It's important to listen to them (people) and what they need".

A health and social care professional told us, "...they (Prestige Healthcare Services) develop positive relationships with clients. They are good at developing relationships with difficult clients and will work in conditions a lot of others (care providers) won't." People who use the service were supported to maintain relationships where possible. We saw family members were able to actively be involved in people's care and support and involved in reviews of care where necessary. One relative told us, "They are very good, they always include me".

There was information about people's communication methods which demonstrated that the provider was aware of the requirements under the Accessible Information Standard (AIS). AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. People's care records contained information about how people communicate with staff.

The service had systems in place to record, investigate and resolve complaints. The management team told us that should they receive a complaint they would follow their internal policies and procedures. The provider told us that they had not received any formal complaints in the last 12 months.

At the time of our inspection no one was receiving end of life care however the management team told us they could support this should the need arise.

# Is the service well-led?

## Our findings

Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services. They help to ensure the provider meets appropriate quality standards and legal obligations. There were some quality assurance checks to monitor and improve standards at the service such as staff files, call times and daily attendance log audits. The service carried out regular audits of people's Medicine Administration Records (MAR) and their daily attendance logs. However, we found these audits did not identify whether there were gaps in people's MAR charts where staff had failed to sign that they had given their medications as prescribed. During our inspection we found gaps in people's MAR charts which had not been identified by the management team.

People's care plans did not always reflect how the service was meeting people's specific health conditions and managing the risks that this might present with. For example, one person's care records who had recently started using the service did not contain a care plan or assessment of how the service was meeting those needs. The provider advised they had conducted an assessment and had commenced care but had not yet formulated a care plan. Another person using the service had a specific health condition. However, there was no guidance on how the service was meeting those needs. We spoke with the management team who was not aware that the person may have a specific health condition. They advised that they had not yet conducted any audits on people's care plans to ensure they were reflective of people's needs.

The provider failed to ensure that they had effective systems and processes in place such as regular audits of the service provided to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection the service did not have a registered manager in post. The last registered manager left in June 2018. The current manager was in the process of registering with the commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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 provider had a system in place to log any safeguarding concerns and statutory notifications. Providers are required to submit statutory notifications to inform the Care Quality Commission (CQC) of certain events affecting people and the running of the service. However, this system was not always effective. The management team told us of two incidents which they failed to notify the Commission about. One of these incidents was in relation to a safeguarding concern regarding a person using the service and another was an incident where the police had been contacted. No notification was sent to us following these incidents. The management team were not aware these were notifiable. They were directed to the notification guidance and asked to submit the notifications.

The provider had not always notified CQC of reportable events. This meant we could not check that appropriate action had been taken to ensure people were safe. This is a breach of Regulation 18 of the Care

The views and opinions of people, their families and friends and the staff team were listened to and taken into account by the management team. People were empowered to be involved in all decisions about their care, as far as they were able and/or chose to be. A quality assurance survey was sent to all relevant people annually. The results were collated and any necessary action taken to address any identified shortfalls. This supported the service to continuously learn and improve. Some comments received from the most recent survey conducted in October 2018 included, "...we have found the care received very helpful and reassuring", "All the carers are very responsive to changing care and health needs" and "...care is overall good but just needs a little fine tuning".

Staff views and opinions were recorded in their one to one meetings and at monthly staff team meetings. Staff confirmed that they had regular meetings and minutes were kept. A staff meeting which took place in October 2018 covered topics such as, allocation of workers to care visits and client care needs. The management team carried out unannounced spot checks at people's homes to monitor staff. Records showed these looked at areas such as staff competence, personal care delivery and if they were wearing appropriate clothing. They told us that if there were any issues found during this spot check that they would address them in staff supervision or if it was shared learning at the staff team meeting.

The service worked in partnership with other agencies. Records showed that staff at the service had positive relationships and regular contact with visiting professionals, including GPs, occupational therapists, district nurses and hospitals. A health and social care professional said, "We have been working with [the service] over the last few months and find them very transparent; they self-report concerns and are keen to work with us to improve their service." Another health and social care professional commented, "Prestige very much work in partnership regarding problem solving or concerns for clients."

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 18 Registration Regulations 2009 Notifications of other incidents  The registered person failed to notify the Commission of other incidents.  Regulation 18 (1)(2)(a)(b)(e)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. Risks were not always assessed and monitored to mitigate such risks to ensure the safety and welfare of service users. Service user records were not always up to date and accurate. Audit and governance systems were not always effective.  Regulation 17(1)(2)(a)(b)(c)(e)(f)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to ensure risk assessments relating to the health, safety and welfare of people using services were robust and do all that is reasonably practicable to mitigate any such risks. The registered person failed to ensure the proper and safe management of medicines.</p> <p>12(1)(2)(a)(b)(g)</p>

### **The enforcement action we took:**

The provider was served with a warning notice, which required compliance with Regulation 12 by the 16 January 2019.