



Inspection Report on

Prestige Care Agency Services

**Prestige Care Agency Services
69 Bridge Street
Usk
NP15 1BQ**

Date Inspection Completed

22 September & 12 October 2022

12/10/2022

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About Prestige Care Agency Services

Type of care provided	Domiciliary Support Service
Registered Provider	Prestige Care Agency Services Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	4 October 2020
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People are complimentary of the service. Care workers support people to live as independently as possible within the community. People have positive relationships with care workers. A manager who is a visible presence to both supported people and care workers runs the service. The responsible individual (RI) has oversight of the service. We identified areas of improvement in relation to people's personal plans and staff recruitment, training, and development. We expect the service providers to take the necessary action before our next inspection.

Well-being

People are encouraged to make choices that affect their everyday lives. Individuals are supported to take an active part in their lives such as cooking, cleaning, budgeting, and shopping. Risk assessments support individuals with positive risk taking. Care workers support individuals to maintain their tenancy agreements. We found care workers know the individuals they support well. People told us staff are always around to help them which reassures them.

People are supported to attend to their physical, mental, and emotional health. Individuals are encouraged to be active and keep themselves healthy. People are supported to access community healthcare services. The agency makes referrals to healthcare professionals when a change in a person's need is identified. Healthcare professionals support individuals to manage their needs with care workers receiving specialist training.

People are not fully safeguarded from harm and abuse. The agency has systems to monitor accidents, incidents and near misses. Care workers receive training in All Wales Safeguarding protocols. The agency has notified the relevant agencies of reportable events. Advocacy support can be accessed for individuals. The agency has adopted suitable infection control practices. Staff recruitment needs to be strengthened to further protect individuals who use the service. Staff training and development needs improvement.

People are supported to maintain contact with their family and friends. The agency supports individuals to attend activities and work opportunities which enables them to be part of the local community and provides a sense of belonging. People are supported to attend social events, day trips and holidays.

Care and Support

People do have a personal plan to direct care workers to deliver care and support although, the information is not always accurate. Personal plans are person centred and include individuals likes, dislikes and preferences. The plans are vast in size and contain historical information which may not accurately reflect the needs of the individuals who use the service. Care workers rely on their knowledge of the person to deliver care and support which could lead to inconsistencies. We examined a person's emergency evacuation plan (PPE) and found it did not include sufficient information to direct staff to safely evacuate the person in the event of a fire. The responsible individual gave his assurance this would be addressed as a priority. We identified this as an area of improvement and the service providers are expected to take necessary action.

People's personal plans are being reviewed in line with regulations. We saw some evidence individuals are part of the review process although, this is not standard practice. Individuals would benefit from their personal plans being written in consultation with people who know the individuals best. People told us they are treated well and staff are familiar to them and make them feel safe. One person told us *"I love it here. They (staff) are all kind."* Another said, *"the staff is the best thing. I have known x for a long time, forever and ever she is a great team leader. She knows me really well."*

People are supported with positive risk taking. Risk assessments are in place to support people to maintain their independence and daily living needs. Individuals told us care workers support them to do what they want to do. The agency is supporting an individual to explore their sexuality. One person told us, *"I like watching tv and watching films, I like going shopping, I like doing lots of things and I get to do those things."*

The service promotes hygienic practices and manages risks of infection. An infection control policy is in place to inform those working at the service. Care workers have received infection control training in accordance with guidance. Hand washes were available during our visits to the supported living schemes. We were told staff have access to sufficient stocks of personal protective clothing (PPE). There is a medication policy in place which includes a procedure for ordering, storage, and administration of medicines. Staff undertake training to support individuals with their medication. We did not examine individual medicines during this inspection.

Environment

This domain is not considered as part of a domiciliary inspection. The agency offices are suitable for their intended use with secure storage facilities.

Leadership and Management

The governance arrangements support the running of the service. The manager is experienced and registered with the workforce regulator, Social Care Wales. The responsible individual (RI) is a visible presence for people who both use and work at the agency. People told us they are both approachable. The service's Statement of Purpose (SoP) is current and reflects the services provided by the agency. Policies and procedures provide guidance for care workers to ensure services are provided in accordance with the SoP. The agency revised its emergency policy in line with professional guidance following an event.

The RI has oversight of the service. There are quality and audit systems in place to review the progress and inform the development of the service. The RI has regular meetings with the manager who has knowledge about the day to day operation of the service. Systems have been strengthened which monitor individuals' wellbeing. Event logs have been introduced to record how accidents, incidents and events are managed. The RI conducts three monthly visits. A six monthly quality of care review was conducted in July 2022. People's views and opinions are regularly sought from a range of sources.

Staff recruitment practices need to be strengthened. We found the necessary recruitment checks are being completed for newly appointed staff. This includes seeking satisfactory references from previous employers and a disclosure and barring check (DBS). The agency has systems in place which support sound staff recruitment however, one recruit was appointed without sufficient examination. As the agency failed to put in place the necessary safeguards following the staff members appointment. We have identified this as an area of improvement and expect the service provider to take the necessary action.

Staff training and development requires improvement. All newly appointed care workers undertake an induction. All staff are registered with Social Care Wales, the social care workforce regulator. Newly appointed staff also undergo a probationary period to further assess their suitability. We were told it has been difficult to access staff training during the pandemic. The service providers have now sought an online training provider to ensure care workers have access to training to perform their duties. A staff training matrix provided failed to set out the timescales required for staff refresher training. Staff told us the service providers access specialist training, so staff are able to support individuals with their healthcare needs. We have identified this as an area of improvement and expect the service provider to take the necessary action. Staff are positive and supportive. During the pandemic, staff supervisions were not always conducted on a face to face basis. We viewed the agency's staff supervision matrix which identified staff are not receiving supervisions in line with regulations. Staff require supervision to help them reflect on their practice and to make sure their professional competence is maintained. We have identified this as an area of improvement and expect the service provider to take the necessary action.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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21	The service provider must ensure care and support is provided to each person in accordance with their personal plan.	New
35	The service provider should have rigorous selection and vetting systems in place to enable them to make a decision on the appointment or refusal of all staff.	New
36	Service provider must ensure that any person working at the service receives appropriate supervision and appraisal and core training appropriate to the duties they perform.	New

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