



Inspection Report on

Prestige Care Agency Services

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

Date Inspection Completed

03/04/2024

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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	12 October 2022
Does this service promote Welsh language and culture?	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 who use the agency are supported to live independent and fulfilling lives in their own homes. People have positive relationships with staff who are familiar and know them well. Achieving people's personal outcomes is the focus of service provision. An experienced manager runs the agency supported by a team of trained and dedicated staff. People's personal plans have been improved and are clear, comprehensive to direct staff to provide care and support to individuals according to their wishes. Staff recruitment practices have been strengthened. Staff are receiving regular training and development. Quality assurance systems enable the Responsible Individual (RI) to have good oversight of the service.

Well-being

People are supported to make decisions that affect their lives. People are encouraged to take an active role by participating in tasks to maintain their skills and independence. Personal plans set out how support is provided and what is meaningful to individuals. Staff support people with their daily needs to live in their own homes.

People have a voice. The promotion of achieving people's personal outcomes supports the agency's mission of providing person centred support. People told us they are "*happy*" with the service provided. Feedback about the service describes it as consistently good. The last quality of care review of the service identified a 40 percent improvement in satisfaction.

People are supported with their healthcare needs. People have an annual GP health check-up and are supported to attend healthcare appointments to maintain their physical, emotional health and wellbeing. Staff monitor people's health and refer them to health professionals as and when needed. Individuals have a health support plan which accompanies them during hospital stays to ensure their individual preferences are known. Staff have received training to support individuals with their dietary requirements.

People are safeguarded from harm. The agency has improved its arrangements for recording people's medication and strengthened staff recruitment practices. Staff are trained to report concerns and respond to incidents. Peoples' rights are respected. Risk management strategies support people to maintain their independence and minimise the risk of accident or injury. Advocacy support can be accessed for people when needed. There are safe recruitment practices for staff which further safeguards people who use the agency.

People are supported to be part of their community. They are encouraged to attend work, leisure, and training opportunities to develop and maintain their skills. People access local community activities for arts and crafts, drama, health, and fitness. People are supported to make and maintain relationships with family and friends. People are supported to attend social events, day trips and holidays. The service promotes the active offer. Individual staff members Welsh language skills are considered during recruitment. The agency supports people to celebrate significant dates and events in the year if they choose to do so.

Care and Support

People receive reliable care and support to meet their individual needs. We viewed people's personal plans which have improved since our last inspection. The revised plans now set out how individuals want to be supported by staff. They are clear and concise for staff to follow which promotes a consistent approach to care and support. They include people's individual likes and preferences and identify their personal outcomes. The service supports positive risk taking for people and by doing so promotes their independence.

Both people and staff told us reviews of plans take place and were able to tell us how people's outcomes have been achieved. Although, the reviews are not always documented. Whilst we found this is not impacting on people's lives at this time this is a regulatory requirement. We will consider care plan reviews at our next inspection to ensure discussions are taking place to make sure people's needs including their personal goals are being met.

People are treated with dignity and respect. We saw staff are dedicated, kind and supportive and know individuals well. Staff understand their role in supporting people to achieve their personal outcomes. In discussions with people and staff we noted a mutual respect for each other.

The service promotes hygienic practices and manages risks of infection. An infection control policy is in place. Staff have received infection control training in accordance with best practice. The service adopts safe medicine arrangements. There is a medication policy in place which includes a procedure for ordering, storage, and administration of medicines. The agency has updated its recording arrangements for the administration of people's medicines. The RI assessed it as a more effective method of recording which will minimise the risk of future medication errors. Medication audits ensure staff adhere to safe medicine practices. Staff told us they receive sufficient training to perform their duties and they know how to report any incidents.

Leadership and Management

There are established systems which support the running of the agency. The manager is experienced and is supported by a trained and dedicated staff team. Both people and staff told us they have confidence in the manager who is approachable. We found the service is well managed by an RI and manager who are visible within the service. They oversee the agency, seek feedback from people who use the service and complete the regulatory required visits and quality reports.

There are quality and audit systems in place to review the progress and inform the development of the service. The Statement of Purpose sets out the services available to people who use the agency and was revised in March 2024. Policies and procedures are available for staff to view to support them to carry out their regular duties. The last quality report set out recommendations for improvement and development of the service which are being addressed. There has been an unusual increase in staff movement at the agency which has not impacted on service provision. The agency has been able to recruit replacement staff with experience of working in the care sector.

There are sufficient vetting processes to demonstrate staff's fitness to work with vulnerable adults. The agency carries out pre employment checks including Disclosure and Barring Service checks (DBS) and obtaining former employer references. Newly appointed staff undergo a probationary period to further assess their suitability and complete a recognised induction programme.

Staff are trained and developed to conduct their roles. Staff told us they feel fully supported to perform their duties. Staff can update their skills and knowledge via online training. Specific training is available to enable staff to meet peoples individualised needs. The RI discussed some staff have been slow to take up training opportunities which could impact on their Social Care Wales registration. We were assured any necessary action will be taken. Staff have regular supervisions and an annual appraisal in line with regulatory requirements.

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
21	The service provider must ensure care and support is provided to each person in accordance with their personal plan.	Achieved
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.	Achieved
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.	Achieved

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