

## Prestige Nursing and Care - Dundee Support Service

Unit 4  
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**Type of inspection:**  
Unannounced

**Completed on:**  
14 March 2025

**Service provided by:**  
Prestige Nursing (Scotland) Limited

**Service provider number:**  
SP2003002515

**Service no:**  
CS2017355087

## About the service

Prestige Nursing and Care - Dundee is registered as a support service to provide care at home in Dundee. The hours of delivery provided by the service vary in relation to people's personal outcomes. The service provides visiting care and respite care, providing support with personal care, shopping, light housework, and support to manage medication.

During the inspection the service was supporting 101 people and delivering around 1600 hours of care and support per week.

## About the inspection

This was an unannounced which took place on 7, 10, 11, and 12 March 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service
- spoke with two of their family/friends/representatives
- reviewed surveys from 10 people using the service
- spoke with six staff and management
- reviewed seven surveys from staff
- observed practice and daily life
- reviewed documents
- received feedback via a survey from one visiting professional.

## Key messages

- People told us that the service was reliable and they were happy with their care and support.
- People appreciated having consistent staff teams.
- Staff said they felt supported and had access to the training they needed for their job.
- The service must ensure that care plans are updated when people's needs change.
- The service must ensure that people are involved in reviews of their care and that reviews are held within timescales.
- Quality assurance must improve to ensure there is effective oversight of care plans.
- The service must make relevant notifications to the Care Inspectorate in accordance with our guidance.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

We made an evaluation of good for this key question, as several strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People experienced care and support with compassion, dignity, and respect because there were encouraging and warm relationships between staff and people using the service. People told us, "That the staff are lovely. They have respectful relationships and are never late". Another person said, "I'm satisfied with the service from Prestige - they use quite a small pool of staff, which means it's consistent. The service is reliable, they are punctual, and the staff are good".

People felt confident about who was delivering their care because they were supported by a consistent staff team. Staff knew people well and offered them choice throughout their care and support visit. Staff had good knowledge of the people they were supporting and could respond to changes in their health and wellbeing. There were good links with external professionals, with staff encouraging people to make contact with health professionals where concerns were raised or, in some cases, making contact on people's behalf. Having positive working relationships and knowledge of services available to people supports people to maximise their health and wellbeing.

Care plans and risk assessments were accessible in people's homes. Although these folders had been updated just prior to our visits, the information contained within them was not always accurate and up-to-date. This put people at risk of receiving care that did not meet their needs and wishes.

People were supported to make food choices. Staff ensured that they could enjoy their food in an unhurried, relaxed atmosphere, taking the time to talk and support social interaction. Some people were supported by staff to manage their medications. The service should ensure that people's assessed level of support reflects their need and that any new or time-limited medications are added to the plan of care timeously.

It was positive to see that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) was accessible when it was in place. However, other legal documents, such as Power of Attorney, were not clearly documented. Where people are not able to fully express their wishes and preferences, it is important that relevant individuals important to them are involved in care planning and reviews and supporting legal documentation is in place. This is to ensure that people who should be involved in decision making are involved and that any interventions are in accordance with the person's needs and wishes. Future care planning was not considered within in the care plan, so information relating to people's future wishes was minimal. We discussed this with the leadership team who understood the importance of gathering this information and made plans to include this within people's care plans going forward.

## How good is our leadership?

3 - Adequate

Quality assurance should be led well. We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

The service had in place a variety of quality assurance processes which included getting feedback from people using the service. It was positive to see this feedback being gathered to assess people's views of the

service and help inform improvements in the service. The service had made use of self evaluation tools and created a plan to help drive forward improvements.

People knew how to make a complaint and told us they felt confident that if they raised concerns, they would be addressed. Although the service was recording and analysing incidents and accidents internally, they were not reporting in accordance with Care Inspectorate guidance. Whilst the service maintained records of accidents and incidents that had occurred, there were delays and omissions to the required notifications to the Care Inspectorate. Improvements were required to the recording, reporting, and escalation of incidents to the Care Inspectorate. We discussed this with the leadership team and they recognised the importance of reporting information, including incidents of harm or potential harm. A requirement is made (see requirement 1).

We identified that there was a lack of effective oversight of key areas, including auditing of care plans and reviews. Systems to ensure that people had a review every six months were not effective. The leadership team had not identified that a significant number of people had not been reviewed within these timescales. This meant that people had not had the opportunity to be meaningfully involved in reviewing their planned care and support and put people at risk of having care that did not meet their identified needs and wishes.

Care plans were not being effectively audited. We identified inconsistent information and changes to people's care needs that had not been updated, even when their care needs had changed significantly. This put people at risk of not having their care and support needs met. The service must further develop their quality assurance processes to ensure that they are effective at identifying where improvements should be made (see requirement 2).

## Requirements

1. By 31 May 2025, the provider must ensure that all relevant accidents and incidents are notified to the Care Inspectorate.

To do this the provider must, at a minimum:

- a) Ensure that notifications are submitted in line with 'Adult care services: Guidance on records you must keep and notifications you must make' (March 2025, Care Inspectorate).
- b) All relevant staff responsible for providing such notifications must have their knowledge of 'Adult care services: Guidance on records you must keep and notifications you must make' evaluated to ensure compliance.

This is in order to comply with Regulation 4(1)(a) and (b) (Records, notifications, and returns) of The Social Care and Social Work Improvement (Registration) Regulations 2011 (SSI 2011/28).

2. By 31 May 2025, you must ensure that the care service is led and managed in a manner that results in service users' health, safety, and wellbeing needs being met.

To do this the provider must, at a minimum:

- a) Ensure that the quality of service users' care is assessed by knowledgeable, skilled, and compassionate staff in leadership roles using a range of methods. This may include, but is not limited to, observation of service users' care experiences, observation of staff practice and communication, seeking service user and

staff views, and review of care documentation.

b) Ensure that where quality assurance processes identify areas for improvement, leaders take action and make any improvements to service users' care and the environment at the time.

c) Ensure that quality assurance processes are used to identify any further staff training or support that is necessary to ensure service users' health, safety, and wellbeing needs are met.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## How good is our staff team?

**4 - Good**

Staffing arrangements should be right and staff work well together. We made an evaluation of good for this key question, as several strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The service had experienced a period of improved stability of staffing and there appeared to be the right amount of staff available to deliver care and support. This provided a level of consistency and continuity of care for people using the service. Feedback from people using the service was that the service was reliable. One person told us, "I go with the flow, I get on fine with the staff and they come when they are supposed to". Another person said, "There are individuals in this team delivering excellent caring support". Although we heard that there were occasions where changes were made to planned staffing as a result of staff absence, during the inspection we observed that staff had enough time to deliver care and support with compassion and could engage in meaningful conversations and interactions.

Feedback received from staff employed by the service was generally positive. People told us that they felt well supported by their colleagues and leadership team and that they enjoyed their job. Staff had observed practice and supervision. Regular team meetings were in place.

Recent changes in the organisational structure had resulted in recruitment being brought in-house and training being provided online. The service should monitor and evaluate the impact of these changes.

Overall, at the time of inspection, staffing arrangements were reflective of the needs of the service and the staff team worked well together to meet the need of people using the service.

## How well is our care and support planned?

**3 - Adequate**

Assessment and personal planning should reflect people's outcomes and wishes. We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

It had been highlighted in previous inspections that care plans should be more personalised. The service had also identified this within their self evaluation and action plan, however this had only recently begun to be actioned. Some care plans were found to have generic statements which did not clearly identify the

person's individual needs. Care plans should be relevant to the individual and consistently inform all aspects of care and support people experience.

People's care plans should be reviewed and updated regularly and as people's needs and outcomes change. However, we found that care plans were not being updated in response to people's changing needs. Personal plans were focussed on tasks to be carried out and more could be done to make them more personalised to the individual and build an enabling approach.

People should be supported to live well right to the end of their life by making it clear to others what is important to them and their wishes for the future. Supporting legal documentation should be in place to ensure that support is being done in a way that protects people's rights. This was not always clear. Future care planning should be further developed to ensure that people using the service, particularly those who have palliative care needs, have their care needs and wishes supported in the way they want.

Reviews should be completed at a minimum, on a six-monthly basis, or more often where required. There was a lack of evidence to support that reviews were taking place in line with legislative timescales. People are experts in their own experiences and, therefore, should be provided with the opportunity to direct their care and support. In order to do this, there should be a range of methods to enable people to participate meaningfully in their reviews. If formal reviews and care plan reviews are not taking place on a routine basis, or when circumstances change, there is an overall risk that the care and support being delivered is not reflective of their needs, wishes, or choices. We have made a requirement (see requirement 1).

## Requirements

1. By 31 May 2025, the provider must promote the health, welfare, and safety of those who use the service by ensuring that all care plans and risk assessments must, at a minimum:

- a) Accurately reflect the current health and care needs of the person and accurately describe the individualised support required to meet those needs.
- b) Accurately identify any risks to the person's health and include an assessment of those risks and the steps that are to be taken to reduce or mitigate them.
- c) Ensure that care plans are reviewed every six months, or more often if required, and meaningfully involve the person and/or their representative.

This is in order to comply with Regulation 3 (Principles), Regulation 4(1)(a) (Welfare of users), and Regulation 5 (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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