

Prestige Nursing Limited

Prestige Nursing - Redhill

Inspection report

First Floor Offices
18 Warwick Road
Redhill
Surrey
RH1 1BU

Tel: 01737221818

Website: www.prestige-nursing.co.uk

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| 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

This comprehensive inspection took place on 8 and 18 January 2019 and was announced.

We last inspected the service on 6 September 2016 and we rated the service overall Good. At this inspection we rated the service requires improvement in well-led and overall Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults in the borough of Redhill in Surrey. At the time of the inspection the service was providing personal care to 25 people.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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 systems and processes in place to oversee the service was not always effective. Audits undertaken did not always identify issues and action taken was not always clearly documented. We shared our concerns with the registered manager who on the second day of the inspection had implemented compliance processes to address our concerns. We will review this at our next inspection.

People received their medicines as intended by the prescribing Pharmacist. Medicine records were not always completed in line with good practice. Action taken to address these issues was not always documented.

People continued to be protected against the risk of avoidable harm, as risk management plans in place were regularly reviewed and gave staff clear guidance on how to keep people safe in their own homes.

People were protected against the risk of abuse as staff were aware of how to identify, report and escalate suspected abuse. Staff were aware of the provider's safeguarding policy and were confident in whistleblowing.

People continued to be protected against the risk of cross contamination as the provider had clear infection control guidelines for staff to follow. Staff received adequate amounts of personal protective equipment to minimise the spread of infection.

Sufficient numbers of staff were deployed to keep people safe. The provider had a robust pre-employment procedure to ensure only suitable staff were employed. Newly employed staff underwent a comprehensive induction process to familiarise themselves with people and the service.

Staff received on-going training to enhance their skills and knowledge. Training provided ensured people's needs were met by staff equipped with the skills to effectively support them. Staff reflected on their working practices through regularly one-to-one meetings with management and goals were set for the coming months.

Consent to care and treatment was sought prior to being delivered. The service was aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People's consent to care and treatment was sought prior to being delivered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Where agreed in people's care packages, staff members supported people to access food and drink that met their preferences and dietary requirements. People were also supported to make contact with and attend healthcare professional appointments as and when required.

The service had an embedded culture of treating people with dignity and respect. People's privacy was maintained and people were treated equally, taking into consideration any cultural or religious needs.

The service monitored people's dependency levels to ensure appropriate support was given, that enabled people to maintain their independence. People's confidentiality was respected and both paper and electronic records were stored securely.

Care plans were tailored to people's individual needs and where possible people and their relatives were encouraged to develop their care plan in line with their wishes and needs. Where agreed in people's care packages, people were supported to participate in community based activities.

The service had an embedded culture of ensuring complaints were monitored to minimise the risk of repeat occurrences and reach a positive resolution.

People's views continued to be sought through spot checks and quality monitoring processes. The registered manager was aware of their responsibilities in reporting notifiable incidents to the CQC.

The registered manager continued to encourage partnership working with other healthcare professionals, people and relatives to drive improvements and result in positive outcomes for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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| <p>Is the service safe?</p> <p>The service remained Good.</p> | <p>Good ●</p> |
| <p>Is the service effective?</p> <p>The service remained Good.</p> | <p>Good ●</p> |
| <p>Is the service caring?</p> <p>The service remained Good.</p> | <p>Good ●</p> |
| <p>Is the service responsive?</p> <p>The service remained Good.</p> | <p>Good ●</p> |
| <p>Is the service well-led?</p> <p>The service was not as well-led as it could be. The oversight and management of the service did not always identify issues in a timely manner and actions taken were not always apparent.</p> <p>People spoke positively about the management of the service and felt improvements were being made.</p> <p>The registered manager was aware of their responsibilities to the CQC including the submission of notifications when significant events occurred.</p> <p>People's views continued to be sought to drive improvements.</p> <p>The registered manager worked in partnership with healthcare professionals, people, their relatives and staff to improve the quality of the service.</p> | <p>Requires Improvement ●</p> |

Prestige Nursing - Redhill

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 inspection took place on 8 and 18 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service, for example information shared with us by healthcare professionals and members of the public. We also reviewed information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also used information the provider sent us in the Provider Information Return. 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.

During the two-day inspection we spoke with the senior team coordinator, acting manager, registered manager, head of quality compliance and the regional manager for the East of England. We reviewed six care plans, five staff files, the complaints file, audits, four Medicines Administration Records (MARs) and other records relating to the management of the service.

After the inspection we contacted four people, two relatives, one staff member and two healthcare professionals to gather their views of the service.

Is the service safe?

Our findings

On the first day of the inspection we identified instances of Medicines Administration Records (MARs) that had not been completed correctly or with the correct key-code to reference as to why medicines had not been administered. A medicines audit carried out identified the issues, however there was no clear action of what had been taken to address these concerns and minimise the risk of repeat incidents. We raised our concerns with the registered manager who told us they would review this and take immediate action to ensure people received their medicines as intended by the prescribing Pharmacists and recorded them correctly in-line with good practice.

On the second day of the inspection the registered manager had taken action to address our concerns, with all MAR charts having been electronically produced, reducing the risk of errors. Staff members had also been scheduled for additional medicines management training, medicines audits now took place monthly and weekly spot checks had been scheduled. We were satisfied with the registered manager's response.

The service had robust systems in place to ensure people were protected against abuse. Although staff members were able to identify, respond to and escalate suspected abuse we identified not all staff were up to date with their annual safeguarding refresher training. We raised our concerns with the registered manager on the first day of the inspection. On the second day of the inspection the registered manager had put a plan in place to ensure all staff were up to date with their safeguarding training. Prior to writing this report all staff were now up-to-date with their safeguarding training. We were satisfied with the registered manager's response. The provider had a safeguarding policy which staff were familiar with and at the time of the inspection there were no on-going safeguarding investigations.

People continued to be protected against the risk of avoidable harm as the provider had developed risk management plans that identified risks and gave staff clear guidance on how to mitigate the risks. Risk assessments also took into account people's medical history, general health, communication needs and dependency levels. Risk management plans covered all aspects of people's care and support needs, for example, personal care, medicines and mobility. Risk management plans were reviewed to ensure they were current and reflected people's changing needs.

One person told us, "Yes, [staff members] do come on time, they will stay for the duration of the visit." A staff member said, "The staffing fluctuates, at the moment we are doing quite well. When someone goes off sick then that makes it harder. We always manage to cover the calls and we would never leave anyone vulnerable and without care." We reviewed the staffing levels for the service and identified there were adequate numbers of staff to keep people safe. We also identified staff were allocated sufficient travel time between visits to ensure people received care and support at the agreed times. We reviewed the staff personnel files and found records contained a completed application including full employment history, interview answers, proof of identity and a minimum of two satisfactory references. Each file also contained a Disclosure and Barring Services (DBS) record. A DBS is a criminal records check, employers undertake to make safer recruitment decisions.

The service continued to provide staff with sufficient Personal Protective Equipment (PPE) to minimise the risk of cross contamination. A staff member said, "I've had [infection control] training, we are provided with gloves, masks, aprons, sanitizing hand gel, we have all the PPE." In the central office we identified adequate amounts of aprons and gloves for staff to access when required. The provider's infection control policy was available to staff and gave clear guidance on all aspects of infection control, for example, effective hand washing and food hygiene.

Is the service effective?

Our findings

People continued to receive effective care and support from staff that underwent a range of training to meet their needs. One person told us, "The staff I have are trained well, they always know what they're doing." Staff confirmed the training provided enabled them to enhance their skills and to deliver care in a confident manner. We reviewed the training matrix and found the training included, for example, health and safety, equality and diversity, safeguarding, Mental Capacity Act 2005, medicines management, dignity in care and food hygiene. Training provided included both classroom based and e:learning. In addition to the mandatory training available to staff members, the provider had access to 52 training courses, ensuring staff received training to meet people's specific needs.

Staff members newly employed by the service received a comprehensive induction programme to familiarise themselves with the provider's policy and expectations of the role. One staff member told us, "I shadowed someone when I started. They signed off your competencies, I shadowed for 25 hours, I found the induction helpful as I didn't have previous experience in care." The induction programme included for example, electronic call monitoring, confidentiality, infection control, safeguarding and whistleblowing, risk assessments, support plans and policies and procedures. Staff were also supported by shadowing experienced staff to ensure they were competent in their roles prior to delivering care without direct support. Staff also continued to reflect on their working practices through regular supervisions and annual appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. People's consent to care and treatment was sought prior to being delivered. One person told us, "Oh yes always, [staff members] always ask for my permission and they ask me first before helping me. I have no problems there." One staff member said, "I would look in their care plan and use my experience and common sense to ensure I get people's consent. I would ask people for their consent." Staff were aware of the importance of seeking people's consent prior to delivering care.

Where agreed in people's care package, staff supported people to prepare meals that met their dietary needs and preferences. One person said, "I have the early morning help with my breakfast and staff always ask me what I want and see to my needs. In the evening I don't tend to want much, but if I do want toast and marmite [staff members] make it for me." A staff member said, "I do have people that I help prepare meals with. The care plan and risk assessments will let you know what level of support they need to help with meals. We do have people who have specific food requirements, some people have allergies but it's all written in their risk assessments, so that all carers are aware." Care plans also detailed people's preferences and levels of support required with meal preparation.

At the time of the inspection staff were aware of how to support people to ensure they were treated equally and had their diversity respected. Staff received on-going training in equality and diversity which was also part of their initial induction.

People continued to be supported to access healthcare professional services where required. One person told us, "I don't need any help with organising appointments." One staff member told us, "If someone is unwell, I would contact the G.P, notify their next of kin and the branch. I would arrange the GP appointment, I have attended hospital and G.P appointments with people." Changes to people's healthcare needs were documented in their care plans to ensure people received the care and support instructed by healthcare professionals.

Is the service caring?

Our findings

People spoke positively about the care and support they received. One person told us, "I really can't fault them, they're very pleasant and nice indeed. We have a nice exchange in conversation. They look after me very well." A second person said, "[Staff members] have all been very good, some better at communicating than others." Staff spoke positively and compassionately about the people they supported and delivered personalised care.

People confirmed they developed meaningful relationships with the staff members that supported them. Comments received confirmed people felt at ease in the company of staff delivering care and that staff members knew them well. Staff were aware of people's preferences and people that were important to them.

People continued to be supported to remain as independent as possible where safe to do so. Care plans detailed people's dependency levels and what areas of support people required. One person told us, "[Staff members] do try to let me do things for myself. Sometimes I need their help." A staff member said, "I would always ask [people] to see if they would like help, the care plan will tell us their ability levels. I try to encourage people to do as much as they can [for themselves]." Daily logs were regularly reviewed and changes to people's dependency levels were recorded and shared with the registered manager and where needed additional support provided.

Staff continued to be respectful of people's privacy. One person told us, "[Staff members] are very good at treating me with dignity and are considerate of my privacy." Staff were aware of the importance of ensuring they covered people when delivering personal care and training received ensured staff received up-to-date guidance on maintaining people's dignity in accordance with their wishes.

People's confidentiality was respected by staff that understood the importance of ensuring confidential information was shared with only those who had authorisation. Records were stored securely in locked cabinets in a locked office. Electronic records were also stored securely by password protected systems. Staff also received training in handling information and communication.

Is the service responsive?

Our findings

People continued to receive care that was tailored to their individual needs and preferences. Records confirmed care plans were in the process of being updated to reflect people's changing needs and wishes. One person told us, "I have a copy of my care plan and I have gone through it with the office, they talk through it with me, if it's working right and if its fulfilling my needs. It doesn't really need to be changed at the moment." Another person said, "Someone comes and sees if I'm happy with the care I get." A staff member told us, "We definitely make an appointment with the client and where appropriate their relatives, talk to them about how they are doing and if there have been any changes and we review the care plan with them and don't assume everything is the same."

Care plans were based on the initial pre-admission assessment. Prior to using the services, an assessment would be carried out by the local authority and/or the service. The needs assessment clearly documented people's needs in relation to mobility, medical history, health and dependency levels. If the service could meet the person's needs, a support plan was devised, setting out people's needs, preferences and the support required to meet those needs.

Care plans reviewed during the inspection also contained a personal profile which included, outcomes people wanted to achieve, for example, one care plans outcomes stated the person wanted to remain in their own home for as long as possible with support from staff members. The personal profile also detailed the people that were important to them, what is working well and areas that need to be changed. The care plans and personal profiles were regularly reviewed and changes shared with staff members to ensure these were in line with people's wishes.

Where agreed in people's care plans, staff members supported people to access the local community and supported them to do their personal shopping. One person told us, "Sometimes we have enough time and [staff members] will prepare my meal and they will bring their own sandwiches and we have a nice social occasion and eat together." Although they did not carry out in-house activities staff confirmed they had adequate time to sit and speak with people that they supported and did not feel hurried.

People confirmed although communication with the service could be better, in recent times improvements had been made. Relatives were informed of changes to people's presentation and concerns shared in a timely manner to ensure action was taken swiftly. Information shared was done so in a manner people understood and additional support from staff members and the team coordinator was available should people require additional support to understand information.

People confirmed they knew how to raise concerns and complaints with the service and felt confident these would be acted on in a timely manner. Upon commencing Prestige Nursing Care people were provided with a copy of the complaints policy. We reviewed the complaints file and found there had been two complaints received in the last 12 months. Complaints detailed the date received, nature of the complaint, any preventative action and the date it was resolved. Both complaints had been fully investigated and action taken to minimise repeat occurrences.

The service documented people's religious and cultural needs which formed part of their end of life plan. One person told us, "I have my plan in place, I have said what I'd like and it's been documented."

Is the service well-led?

Our findings

Since the last inspection on 6 September 2016 the registered manager had employed a care manager to oversee the daily management of the service. During our inspection we identified areas that had not been fully addressed in accordance with good practice, for example not all staff training had been undertaken in line with the provider's policy, medicine administration records did not always identify issues and subsequent action taken was not always clearly documented. Prior to the inspection the registered manager was aware of the issues identified and was in the process of reviewing the management structure at Prestige Nursing – Redhill.

On the second day of the inspection, the registered manager in conjunction with the head of quality and compliance had implemented a new management structure to ensure the oversight and management of the service was closely monitored going forward. The registered manager also devised a new auditing system to ensure all issues identified during the audits would be acted on in a timely manner. Audits included, for example, care plans, risk assessments, staff training, medicines management and supervisions. Issues identified in the audits was then shared with management and action taken to address these was formulated. We were satisfied with the registered manager's response. We will review this at our next inspection.

Although the registered manager had not submitted any statutory notifications to the commission in the last 12 months, the registered manager was aware of their responsibilities to the CQC including the submission of notifications when significant events occurred.

People and staff spoke positively about the changes to the management of the service. One person told us, "There are some changes taking place with management at the moment, so things are gradually changing. Things aren't completely sorted yet. The staff do not let the changes in the office impact on me which is very good and important." A staff member said, "Things weren't always up to date, but [the management team] have been very helpful in getting things going. The registered manager always calls and asks how I'm doing. They have now made changes to make sure management are in the office during the week."

During the two-day inspection we observed staff appeared at ease with the management team and contacted them for guidance and support throughout the inspection. Staff confirmed the management were approachable and responsive to ideas and suggestions which were taken on-board where appropriate.

People and staff confirmed their views were regularly sought to drive improvements through spot checks and quality assurance questionnaires. One person told us, "I have had to complete some questionnaires, they ask about the staff and if they are efficient. [The service] has taken on board my suggestions and implemented them." A second person said, "There are questionnaires to answer so [the service] know my views." We reviewed the most recent completed questionnaires and comments included, 'Staff member is very thorough with their personal care', 'I'm always very pleased to have [staff member] rostered to me' and 'very happy with the service'.

The registered manager continued to work in partnership with other healthcare professionals to positively impact the quality of the service. The registered manager told us, "We have been involved with the local authority, continuing healthcare, relatives, Occupational Therapist and Physiotherapists because we then understand the full needs of what the client needs." Records confirmed where guidance had been shared with the service, this had been implemented into the delivery of care.