

Prestige Nursing Limited

# Prestige Nursing - Worthing

## Inspection report

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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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 10 January 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting their office as we wanted to make sure that the registered manager would be available on the day of our inspection. The service was last inspected in February 2014 and was meeting all the regulations that we reviewed at the time.

Prestige Nursing - Worthing is a domiciliary care service providing personal care and support to people living in their own homes. The office is based in the town of Worthing and the service currently provides care and support to people living in East and West Sussex. At the time of our inspection there were 55 people using the service. People's packages of care varied dependent upon their needs.

The service had a registered manager. 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.

People received a service that was safe. People were safe from harm because staff were aware of their responsibilities regarding abuse and, knew how to report any concerns. There were enough skilled and experienced staff to safely provide assessed levels of care. Recruitment checks were carried out before staff worked with people to ensure they received care from suitable staff. Risks to people were assessed and action taken to manage these. Where people needed help with medicines they were protected from risks because medicines were safely managed.

Staff received the training, supervision and support required to effectively meet people's needs. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. Staff ensured people received assistance from other health and social care professionals when required. Staff supported people to eat and drink where required.

People received care and support from caring staff who knew them well. Staff provided the care and support people needed and treated them with dignity and respect. People and, where appropriate, their families were actively involved in making decisions about their care and support.

People received person centred care and support. The service listened to the views of people using the service and others and made changes as a result.

The registered manager and senior staff provided effective leadership and management. They communicated effectively with people, their relatives, staff and other health and social care professionals. Quality monitoring systems were used to further improve the service provided.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were supported to have their medicines safely. Action is being taken to improve the recording of medicines administered.

People told us they felt safe and trusted the staff who supported them.

Risks for people who used the service were identified and comprehensive risk assessments were in place to ensure known risks were mitigated against.

There were sufficient staff to ensure that people's needs were met. There were robust recruitment procedures in place.

### Is the service effective?

Good ●

The service was effective.

Staff received the training, supervision and support required to effectively meet people's needs.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

Where people required it, staff provided the care and support needed to ensure they ate and drank enough.

Staff ensured people received assistance from other health and social care professionals when required.

### Is the service caring?

Good ●

The service was caring.

There were positive relationships between people and members of staff.

Staff treated people with kindness and compassion.

Care plans were in place and people had been involved in developing them.

People were treated with dignity and respect.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received person-centred care from the service.

People's needs and wishes were recorded in care plans which staff used to ensure they provided individualised care.

Care plans were reviewed regularly with input from people to ensure they were accurate.

Complaints and comments from people and their families were welcomed by the service. They took action in response to these and used them to improve the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a positive and open culture at the service.

The provider and management of the service were visible and easily accessible to people and members of staff.

Quality assurance procedures were in place and being further developed to help drive improvements at the service.

# Prestige Nursing - Worthing

## **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 10 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to support us with the inspection process. The inspection visit was carried out by one adult social care inspector. We spoke, via telephone, to seven people using the service and one relative.

Before the inspection we looked at information we had about the provider which included notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

During the inspection we spoke with the registered manager and four care staff members. We also looked at a variety of documents which included 11 people's care plans, risk assessments, six staff files, meeting minutes, quality audits and surveys and a number of policy documents.

Prestige Nursing – Worthing was last inspected in February 2014 and was meeting all the regulations that we reviewed at that time.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe and were happy with the care staff from Prestige Nursing - Worthing who supported them. One person said, "I feel very safe when they are here. I trust them." Another person told us, "Definitely." A relative stated, "Yes, I believe my mother is safe, I have no concerns."

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with demonstrated knowledge about the different types of abuse. They knew how to protect people from such abuse. Their safeguarding practice included being alert to abuse by colleagues and risk of abuse from people's relatives, friends and visitors. All the staff we spoke with told us they were confident that if they raised any safety concerns with the registered manager they would be taken seriously.

People told us they would feel comfortable raising any concerns about their safety if they needed to. One person told us, "I would call the office if I had worries" and another person said, "I have no concerns, if I did I'd report them". A relative told us, "My sister would let me know if something was wrong and I would call the office." People were given information about how to raise concerns. One person told us, "I have the information here if I need it." People knew who the registered manager was and felt comfortable about speaking with them if needed.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living, encouraging people to be as independent as possible. Individual risk assessments were in place where people required help with moving and handling and also where people required assistance with pressure care. Staff told us they had access to risk assessments in people's care records and ensured they used them.

For example, one person had been assessed as having restricted mobility and being at risk of falling. A plan had been agreed with the person to manage the risks. This included instructions for staff on making sure the environment was free of trip hazards and, the person had their walking aid within reach when staff left their home.

People told to us that staffing levels at the service were sufficient to meet their needs and that they benefited from seeing regular members of staff. People said, at times, staff were late due to problems with traffic, however; they had never missed a visit and that staff always stayed for their allotted time. Staff members told us that there was enough staff at the service to meet people's needs. One staff member said, "I think we have enough staff." The registered manager showed us current and historic staffing rotas which showed appropriate numbers of staff were on duty to ensure that all calls were covered.

Staff files demonstrated that the provider followed safe recruitment practices. We looked at six staff recruitment records. Records showed the provider collected two references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the individual. Gaps in

employment were explored with staff and recorded on a separate document.

People told us that members of staff helped them to take their medicines if necessary. They told us that staff made sure they got the right medicines at the right time. One person told us, "They (staff) never fail to remind me to take my tablets."

Staff members told us, and records confirmed, that they received training to ensure they were able to give people their medicines. Staff also told us that senior staff carried out observations to ensure they were competent at giving medicines and knew how to record when they did so accurately.

All the current medication administration records (MAR) we checked were completed appropriately without any signature gaps. However we found recent MAR's with missing signatures whilst daily notes confirmed that medication had been given or prompted. The registered manager told us that they were in the process of bringing in a number of checks and audits, to help improve the way medicines were managed by the service. Medication Administration Record (MAR) charts were to be analysed by the care manager for discrepancies or errors. Where errors occurred, such as a missed signature, action would be taken to ensure medicines practice improves, including potential disciplinary action, to prevent a repeat in the future.

# Is the service effective?

## Our findings

People using the service told us that they felt care staff were well trained. Staff had the right skills and knowledge to meet their individual needs and preferences. One person told us, "They always know what to do." Another said, "I think they are well trained to look after me."

People said their needs were met. Comments included; "They (staff) do everything I need them to", "They do things just as I like them doing" and, "I'm very happy with everything they do for me."

Staff members told us that they received the training they needed from the service. They explained that they received induction training when they started working at the service, which included mandatory training courses, such as safeguarding and manual handling. They also spent time shadowing experienced staff so that they could learn about their roles and get to know the people they would be caring for. One staff member told us, "I hadn't worked in care previously. The induction when I started gave me everything I needed." Another staff member told us, "I found it really useful to shadow an experienced worker on home care visits."

Supervision of staff by the provider was being used to improve performance. Formal supervisions are one to one meetings a staff member has with their supervisor. Staff said these meetings were useful and helped them provide care more effectively. They told us supervisors and senior managers were supportive. Supervision was also done whilst staff were delivering care to people. The staff member's supervisor observed them when they were providing care to assess how competent they were. We saw records to show these checks were happening on a regular basis and the findings discussed with staff.

Staff felt supported by the registered manager and senior staff. There were regular staff meetings where staff received updates on changes in procedures, management and the development of the service. Any changes to people's care needs was communicated to staff using group text messages. This showed that the provider supported and invested in staff development in order to provide effective care.

People's consent to their care and support was sought by members of staff. Choices were offered to people and the decisions they made were respected. One person told us, "They never do anything without asking me first." Staff members told us that they always gave people choices about their care and support and we saw that care plans documented that people's consent had been sought and gained. One staff member said, "I always ask for consent, it's important."

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their



best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that there were systems in place to ensure they were. Staff explained that where applicable, the family, GP and social worker would be involved in a joint review meeting if a decision need to be made around a person's capacity. This showed that staff were knowledgeable about the need to act in people's best interests.

There was information incorporated into people's support plans about their likes, dislikes and preferences in relation to food and drink. Where appropriate and when this was part of a person's care package, details of their dietary needs and support required was recorded which also included any requirements as a result medical needs, such as diabetes.

Where people received support with eating and drinking, people told us that they were happy in the way they were supported. One person told us, "I don't need them to do a lot but they make me a cup of tea just how I like it." Another person said, "They help me with my breakfast and lunch and it's always nice."

Staff members confirmed that they were able to provide people with support with health appointments when necessary. They explained that this was often based on people's preferences but would ensure their wishes were followed. Records showed that people's health needs were in their care plans, along with details of healthcare professionals, such as GP's, dieticians and district nurses. There was clear information for staff to refer to, which helped them to ensure that people's health needs were being met.

## Is the service caring?

### Our findings

People and relatives told us that they thought the service was caring and that they were treated with respect and compassion. One person told us, "The staff that come to see me are very kind and caring." Another person explained, "I have my regular staff that come to see me, I'm grateful for that as they are all very nice and caring." A third person said, "They (staff) will do anything I need." A relative commented, "The staff that visit are always polite and very pleasant. They always ask if my sister needs anything."

People and relatives told us that they received care and support from a regular team of carers and had established a caring relationship with them. One person told us, "I find it reassuring to know who is coming." Another person said, "I like to see a familiar face every day. They make me smile."

People told us that they valued the time staff were able to spend with them. One person told us, "I appreciate the things they do but I really like it when we can have a chat." Another said, "They (staff) never make me feel rushed, they always do things when I am ready to do them."

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. Care records documented how people and, where appropriate, their families had been involved in agreeing to the care and support they received.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was an important aspect of the care they provided. One staff member said, "It's important that I always promote as much independence as possible."

Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs. Care plans included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Care plans also documented people's preferences regarding staff providing care. For example, one person had said they did not want male staff to provide care and support.

People and relatives confirmed that they were treated with dignity, respect and that their privacy was maintained. One person said, "Staff who visit are always polite and respectful." Staff gave us examples of how they maintained people's privacy and dignity. They understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity. For instance, one staff member said, "When giving personal care it's important to me and the person I'm caring for to protect their modesty as much as possible."

# Is the service responsive?

## Our findings

People were given information about the service which included the terms and conditions of the service and what they could expect from Prestige Nursing - Worthing.

We looked at care plans for 11 people. These contained a pre-admission document which showed that people's needs had been assessed before they decided to use the service. People confirmed that someone from the service had visited them to carry out an assessment of their needs. These assessments had ensured that the service only supported people whose care needs could be met.

All care plans had a profile outlining the person's health conditions and support needs. There was a personal history section for each person providing information on people's background and also included what people enjoyed doing and key memories they held that was significant to them. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

People told us that they had signed a care plan agreement and had given consent that the provider could share information and consult with health care professionals to facilitate good care and support. This showed the service promoted a multi- disciplinary approach in order to support people who used the service.

People's care records showed that the assessments of needs were used to develop care plans which took account of individual needs and preferences. Records showed that for each call there was a routine for staff to follow so they knew what was expected of them. This had been agreed people in advance and helped to ensure they received personalised care and support that met their needs.

Care plans were personalised and took account of individual preferences. For example, one person had received a care call from a male member of staff. The person told us, "They were very nice but I would not have been comfortable having personal care attended to by them. I informed the registered manager and never had a male member of staff again." Another care plan advised staff how to support someone with washing and dressing while understanding they may sometimes be reluctant to accept this. The care plan included strategies staff could use to provide this person with the encouragement they needed to maintain their personal care.

An up to date policy on comments and complaints was in place. A record of comments and complaints received was kept at the agency's office. One complaint had been received in 2016. We looked at the records of this and saw it had been appropriately investigated, with the outcome recorded and feedback provided to the complainant.

The registered manager told us they valued comments and complaints and saw them as a way to improve the service provided to people. They said they analysed concerns and complaints for any themes to enable them to make any required improvements. Care staff told us they were able to raise concerns with managers. They said they were confident any concerns they expressed would be dealt with appropriately.

The registered manager also kept a record of compliments received. We saw these were recorded and had been fed back to the appropriate staff members. Staff told us they valued being told when people had given positive feedback about them.

## Is the service well-led?

### Our findings

The people and relatives we spoke with were positive about the service they received and commented about the way in which the service was managed. One person told us, "I can't think of anything negative about them." Another person said, "I am very happy with the care I get." A third person said, "The service is good and the girls (staff) are lovely." A relative said, "My relative is happy and has no cause for complaint. That is reassuring."

The people and relatives that we spoke with knew who the registered manager or senior staff were. They felt able to contact them if there were any issues or concerns. One person told us, "I met the manager and I know I can ring them if I need to." Another person said, "She came out not too long ago to ask how things were. Very nice." One relative said, "I haven't met the manager but her name and number is in the file if I need to contact them."

Staff members were motivated to perform their roles and meet people's needs. They told us that they felt they were an important part of the organisation and worked hard to ensure that people received the care that they needed. Staff felt well supported by the registered manager and provider, which in turn helped them to work effectively and deliver the care and support that people required. One staff member told us, "It's a great place to work. We are well supported by managers and colleagues. We have a great team."

Care workers we spoke with shared and understood the provider's vision. They were told about this during their induction and a staff room at the office had a display of the mission statement. One staff member told us, "I'd be happy for a relative to use this service."

The service had an open and transparent culture, with clear values and vision for the future. This was communicated through policies and procedures, training, supervision meetings and daily dialogue with the registered manager. The registered manager investigated reports of incidents and gave staff feedback and support to reduce the risk of incidents occurring again. Care workers told us that the registered manager took their views into account about how home care visits were planned, for example requesting that travel time between home care visits was temporarily amended due to a train strike having a negative effect on traffic. This showed staff were involved in decisions to improve the service. A care worker told us, "We are comfortable about speaking up."

The provider had a number of quality assurance processes to help them monitor the quality of care which was being provided. Staff members told us that spot checks were carried out on some of their care visits. These spot checks were comprehensive, including an exercise where they looked at the health and safety arrangements at people's homes. This helped them to stay focussed and ensure they were providing care correctly, and helped them to identify issues at people's homes.

The registered manager showed us that a range of checks and audits were carried out, by themselves and the regional manager including a medication and care plan audit. We saw that previous medication audits had not always identified issues, such as missing signatures. The registered manager had recognised this

and was in the process of developing a more robust medication audit which would be carried out with greater frequency. Where checks on care plans had raised areas in need of improvement, the management had introduced action plans which clearly identified how they would be put right. The regional manager's last quality audit in October 2016 identified that portable appliance testing (PAT) for electrical office equipment was required to be completed by 9 November 2016. At the time of our inspection this action was still outstanding.

The provider's business contingency plan detailed the arrangements in place in the event of an unplanned incident. This meant the registered manager and staff had clear instructions to follow in order to provide continuity of care and support to people using the service.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.