

Prestige Nursing Limited

# Prestige Nursing Limited Shrewsbury

## Inspection report

26 Longden Coleham  
Shrewsbury  
Shropshire  
SY3 7DB

Tel: 01743357799  
Website: [www.prestige-nursing.co.uk](http://www.prestige-nursing.co.uk)

Date of inspection visit:  
08 June 2016

Date of publication:  
15 July 2016

## 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 8 June 2016 and was announced. At our previous inspection no improvements were identified as needed.

Prestige Nursing Limited Shrewsbury is registered to provide nursing and personal care to people of all ages living in their own homes. The service is registered to provide a total of four regulated activities and provided personal care to 33 people at the time of our inspection.

A registered manager was in post. 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 felt safe when staff supported them in their own homes. They were supported by staff who had received training in and understood how to protect them from any harm and abuse. Systems were in place for staff to follow which protected people and kept them safe. Staff knew how to and were confident in reporting any concerns they may have about a person's safety

People were supported by staff who were familiar to them. People knew in advance which staff member would attend their care calls which gave them reassurance. Care calls were monitored to make sure staff turned up and stayed for the agreed amount of time. Checks were completed on potential new staff before they started work to make sure they were suitable to support people living in their own homes.

Staff had the skills and knowledge to understand and support people's individual needs. These skills were kept up to date through regular training and staff were also supported in their roles from managers and colleagues.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment was supported by staff.

People were supported by staff who knew them well and were caring in their approach. Staff made sure people were involved in their own care and listened to what people and their relatives had to say. People were treated with dignity and respect and they were encouraged to maintain their independence as much as they were able to.

People were supported to identify how they wanted their care delivered. Staff provided this care how people wanted it and in a way that was individual to them. Staff responded to any changes in people's needs and supported them and their relatives to access other services as required.

People and their relatives had opportunities to give their opinions on the service that was provided and on

the staff that supported them. Although they had not made any complaints they knew how to and were confident the registered manager would listen to their concerns.

People and their relatives had regular contact with the agency's office staff and found them approachable, polite and helpful. Systems were in place to assess and monitor the quality of 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 by staff who were trained to protect them from harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. Staff were available to respond to and meet people's needs safely.

### Is the service effective?

Good ●

The service was effective.

Staff received training to give them the skills and knowledge to meet people's needs effectively. Staff respected people's right to make their own decisions and supported them to do so. Where needed people were supported to eat and drink enough and to access healthcare from other professionals.

### Is the service caring?

Good ●

The service was caring.

People were kept involved in their own care and treatment and staff treated people with compassion, kindness, dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and was reviewed regularly. People were asked for their opinions on the support they received and encouraged to make comments or raise complaints about the care they received.

### Is the service well-led?

Good ●

The service was well led.

Quality assurance systems were in place to assess and monitor the service provided but these did not always encourage continuous improvement. People and their relatives felt involved in the service and found staff and managers approachable and helpful.

# Prestige Nursing Limited Shrewsbury

## **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 June 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with three people who used the service and four relatives. Relatives we spoke with were also involved in providing care to their family member. We had also received feedback from people, relatives and staff from questionnaires we had sent to them. We spoke with eight staff which included care staff, office staff and the registered manager. We viewed three records which related to people's care and support needs, people's medicines and assessment of risk. We also viewed other records

which related to quality monitoring and the management of the service.

# Is the service safe?

## Our findings

People felt safe when staff supported them. One person said, "I feel safe because there's no panic with them [staff]. They just get on with it and follow my care plan". They told us they also felt comfortable with the care staff being in their homes and they had no concerns about the safety of their possessions. People and relatives told us that staff secured their property when they left. Staff told us they kept people safe and protected them from harm by understanding the person's care needs and following their care plan. They also told us they had received training in how to recognise and respond to any abuse or discrimination and knew how to report any concerns about a person's safety. The registered manager understood their role in relation to safeguarding people.

People were protected from the risks associated with their care and their environment. Risks to people were assessed and plans put in place to help reduce these risks. One relative told us their family member needed help with their mobility and staff followed the care plan. They said, "They know what to do and how to support [person's name] safely". We saw risk associated with people's mobility, their medical conditions and medicines had been assessed by staff and staff were aware of these. Any risks within the person's home were assessed to ensure people and also staff were kept safe within this environment. Staff told us they used equipment in some people's homes such as hoists and slings to help people with their mobility. They told us that although they were not directly responsible for this equipment they still had a responsibility to make sure it was in good working order. Staff told us they checked all equipment before they used it and informed the person and the office staff if repairs or routine checks were required.

People were supported safely and their needs met by sufficient numbers of staff. They told us they often saw the same staff and received a weekly rota which named the staff that would complete their care call. One person said, "It's generally the same staff that are on the rota. If I don't recognise the name I will ask the office about them". One relative said, "Yes, on the whole it's the same staff we see". People and relatives told us it was reassuring to have the same staff as they knew how to support them safely. People told us it was not often that staff were late for their care calls. One person said, "If they're more than 15 minutes late the office will phone and let me know, but they're very rarely late. When they are it's usually because of the traffic or an emergency somewhere else". Staff told us they would inform the office if they were running late. A system was in place for office staff to monitor care staff attendance at care calls and this included outside of office hours. The system would alert office staff if staff had not 'logged in' at the start and end of the care call. Office staff told us that an alert came through on their computers and on the duty telephone. They were then able to phone the person and the staff member to make sure they were safe. They told us this system also made sure people received the agreed amount of time for their care call.

People were supported by staff who had received appropriate checks prior to starting work with them. Staff confirmed that before they started work references had been sought from their previous employers by the provider. They told us they had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people in their own homes. These checks are called disclosure and barring service checks.

People who had help with their medicines received them when they needed them. People we spoke with told us they had help with putting prescribed creams on. One relative said, "They just help with putting creams on. They record they've done this so I know this has been done. They always let me know if it's getting low so I can order more". We saw that assessments were completed by staff to establish the level of support people needed with their medicines. People confirmed that staff spoke with them about what support they needed and wanted. Staff told us that they received training and had to be observed supporting people with their medicines to make sure they were competent to do this safely.



## Is the service effective?

### Our findings

People who used the service and their relatives felt that staff who cared for them had the skills they needed and knew how to look after them. They felt the staff were well matched to them and that they completed the tasks they needed to at each care call. One person said, "Everyone is marvellous they do everything they should. They look smart and do their job well". One relative said, "They are well trained and have the skills needed to look after [person's name]. Some staff are better than others with regards common sense and just getting on and doing what they need to do". Staff told us they had the time they needed at care calls to carry out their roles effectively. They were encouraged to read and understand people's care plans and were given the information they needed to support people effectively.

People were supported by staff who had received the training they needed to support them effectively. One person said, "They are all well trained". Another person said, "I'd give them full marks for the help they give me". Staff told us they received regular training which was kept up to date. Training was monitored and staff told us they were prompted to update their training when it was needed. They told us they were not allowed to work if their training was not up to date. One staff member told us, "They are always on your back if your training is due". Staff understood the importance of the training they received. Two staff gave examples of how they had been able to put their training into practice to have a positive impact on the person they were supporting. Both had used their learning to recognise signs of deteriorating health and get appropriate and timely support. One staff member said that they had, "Taken comfort knowing that they had done the right thing". Staff had opportunities for supervision and appraisals in which they could discuss their training needs and receive feedback on their practice.

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. Staff told us they had received training in the MCA but not all were clear on how this would affect their practice if they supported people who could not make their own decisions. We also found staff were not clear on new paperwork the provider had recently introduced. This paperwork had been introduced for staff to record whether the person had been or needed to be assessed in accordance with the MCA in relation to their care. We spoke with one staff and the registered manager about this who told us they had spoken with head office to ask for clarity about this paperwork and were waiting for training to be provided. The registered manager told us that everyone who used the service was able to make their own decisions. We therefore found there was no impact on people who used the service but staff would need to ensure they were clear on their responsibilities if they supported people who could not make their own decisions.

People told us staff asked their permission prior to supporting them. One relative said, "They ask [person's name] if it's ok to do what they need to do". Another relative told us that staff always chatted with their family member and let them know what was happening and what would happen next. They told us this gave them the opportunity to refuse anything they did not want. One staff member said, "Everyone I support is able to make their own decisions. I support some to make choices. They have the right to refuse and decline

care when we support them". Other staff we spoke with told us that the people they supported were all able to give their consent to the care they received. If people were unable to give their consent staff told us they would seek advice from the office staff.

Where needed people were supported to maintain a balanced diet and have enough to eat and drink. People were asked what support they needed and any risk associated with this was assessed and a plan of care developed for staff to follow. One person was reliant on staff to prepare and cook all their meals. Staff told us that clear information was in the person's care plan on what they needed to do and what their preferences were so they could support them to make choices about what they wanted. Staff told us that when needed they would prepare snacks and drinks for people to have later. One staff member said, "We record all food and drink in their daily notes so we can monitor what they are having. If we had any concerns or thought they were struggling with either preparing or eating then we would let the office know".

People were supported, where needed, to access healthcare services. Although it was not the responsibility of the service to arrange routine appointments all staff would provide support for this. We saw that the service worked with local healthcare professionals to ensure people received and had access to the required services. One person had been referred to the district nurses and occupational therapist when their mobility was reduced. Other referrals were made so people could be assessed for pressure relieving equipment.

## Is the service caring?

### Our findings

People were cared for by staff they were familiar with. Everyone we spoke with thought staff had a caring and kind approach when they supported them. People and their relatives told us that because they usually saw the same staff they were able to build relationships with them. One relative told us they saw a lot of staff and they would prefer if the same staff came more often. They did however emphasise that they were happy with all the staff that came to their house. One person said, "They [staff] chatter away and ask questions. They are interested in what I say and I enjoy the commerrardary". Another person said, "I value their company and their support". Staff understood people's needs and the support they needed. One relative told us that staff understood how their family member's medical condition could affect their emotions. They said, ""It's really important that they tell [person's name] what's happening to reassure them. They understand this. They talk through what they're going to do. They chat and explain what they're doing". Staff told us it was important to build good relationships with people they supported and their relatives. One staff member said, "We ensure people are happy and comfortable with us".

People told us they felt involved in their own care and treatment and in making decisions about how they wanted their care delivered. One person told us about when they first started using the service. They said, "I got choices – they [staff] came round and asked what I wanted and how I wanted things doing. I felt listened to and that they took on board what I said". Some relatives we spoke with were also the person's main carer and told us that staff worked with them to ensure people's needs were met. One relative said, "They talk to us about how we want things done". Staff told us that because they knew people well they could offer support how the person liked it and in ways that they were comfortable with. One relative said, "[Person's name] has a comprehensive care plan in place which staff follow and they all know it". Staff told us that care plans contained the information they needed to do their job and that they contained details about people's likes and preferences.

People and relatives considered that staff were respectful to them and maintained people's dignity and privacy when they supported them. Staff told us they tried to recognise how people felt when being supported. One staff member said, "I always treat people how I would want to be treated myself". Other staff told us they always used good manners, addressed people by their preferred name and were mindful of people's privacy when supporting them with personal care. People spoke with us about how the staff supported them to stay independent. One person told us that staff supported them but did not do things for them if they were able to do it themselves. One staff member gave us an example where a person liked to make their own lunch so they put all the ingredients ready for them to enable them to manage the process themselves.

## Is the service responsive?

### Our findings

People received care and support that was individual to them and was responsive to their needs. They told us staff provided their care the way they wanted and needed it. One person said, "The staff are very responsive. If I ask them they do it". One staff member said, "You're going into their house and you do things their way. You work to how they want with regards to preferences". People and their relatives told us that when there was changes to their care needs staff were quick to respond. One relative told us staff monitored their family member's skin. They told us, "Staff let me know if there are any changes (in their skin). They genuinely take an interest and are very vigilant if anything changes. When [person's name] needed eye drops they helped me with this and organised that their care plan was changed. I didn't need to do anything; they just got on with it".

People were involved in the development and review of their care. People's care plans were kept up to date by staff who would inform the office if there were any changes to a person's needs. Staff told us more formal care reviews happened twice a year where people and their relatives would discuss how the care package was working for them. People told us staff asked for their opinions at these care reviews and they felt involved in what happened. They also told us their views were asked for about how they wanted to receive their care and that these were respected by staff. One relative said, "If we have any questions or need to make changes they will work with us to make it work".

Relatives spoke about staff supporting their family members with sourcing equipment and social facilities. One relative told us how the office staff had helped them to get continence aids for their family member. Another relative said, "They've helped us find out about day centres and when [person's name] couldn't go one day they got staff here with no bother".

During our visit to the office we observed office staff managing queries over the telephone and in person. Staff were professional in their approach and gave people full and concise information. We heard one staff member offer reassurance to one person that a call was being covered and changed staff for another person who wanted to reschedule their planned visit.

People were encouraged to give their opinions about the care they received and to raise any concerns or complaints. One person said "If I'm not happy I can just phone the office, I have their number". People told us they had telephone calls from the office staff to ask how things were and they also received questionnaires to complete asking for their opinions on the care they received. One relative said, "They make it clear if we not happy with staff or anything to tell them".

We looked at the system in place for monitoring and reviewing complaints. People and relatives told us they had not needed to raise any complaints with the service and would feel happy to speak directly with the office staff. There had been only one complaint over the last twelve months and this was in relation to a medication error. Although this had not been received as a complaint the registered manager followed their complaints procedure in order to investigate and respond to it. Staff and managers were aware of the complaints procedure they would need to follow and said they would refer a client to it if required.

## Is the service well-led?

### Our findings

People and their relatives felt involved in the service. One relative told us, "I like them because they are local and I can just pop in the office". Everyone we spoke with told us they found the office staff approachable and helpful. One relative said, "We're settled with the agency and find them positive and helpful". They told us they received questionnaires and telephone calls where they were asked to give their opinions on the care they received and also about individual staff that had supported them. It was also an opportunity for them to raise any concerns. Feedback about staff was used as part of staff development and discussed with the relevant staff during their supervisions. This was confirmed by the staff we spoke with.

Staff understood their roles and responsibilities within the service. Staff said that communication was good and shared a range of ways that information was available to them, which included, telephone, electronic, text and in person. They told us this helped them to keep up date on what was happening within the service or if there was any changes and developments.

Staff told us they would not hesitate to 'whistle blow' and report poor practice or any concerns they may have and they told us they were confident this would be addressed by management immediately. They told us that they received good support and that their managers were approachable. Two staff gave examples of how the registered manager had offered them personal and emotional support after incidents. Both staff said that they received good on-going support. One staff member told us, "The agency is run very efficiently. We work well as a team. You can always get hold of someone and there is a nice atmosphere in the office".

The registered manager told us that they felt supported in their role. They said that they had managed the service for thirteen years and, "It works." They said that they had good support from the provider and that all managers who worked for the provider were 'approachable' and 'accessible'. The registered manager was currently on leave and had come in for our inspection. Management arrangements were in place in their absence and the service also had a duty manager who was contactable outside of office hours.

The registered manager told us that accidents and incidents were recorded and these were reviewed and analysed at provider level to identify trends. They told us there had been very few accidents or incidents so there was no need to formally review them at the service. The registered manager was not clear on the process used to review such incidents or accidents. Following our visit the registered manager confirmed that the provider had a, "Quality Management System in which we collate, review and monitor lessons learned as a result of key areas. This includes trails of notifications sent to CQC, complaints, compliments and audits".

The registered manager told us the service did not have a current improvement plan and considered this was not needed as the agency was performing well. Although the registered manager considered the service to be performing well we found the governance systems in place did not always encourage them to drive improvement within the service. We saw that checks were completed on people's care and medicine records each month. The office staff told us that once these audits were completed they would make note of any issues and these would be discussed with staff. One common theme was that staff did not always sign

the person's medicine record but had signed their daily record to show the person had received their medicines. We looked at one medicine record and found there were unaccounted gaps in this record, however the recent audit stated that there was 'no issues' with this record. The registered manager told us that one of the provider's managers carried out monthly checks of the service and that annually they did a full audit of the service. This had recently taken place and although the registered manager was aware that they had, "Scored well overall", they had not received any specific feedback to date. They told us that once this was received they would complete an action plan for compliance and this would be monitored for completion within the timescales set.