

Prestige Nursing Limited

Prestige Nursing - Leicester

Inspection report

17 Bath Street
Ashby de la Zouch
Leicester
LE652FH

Tel: 01530415000
Website: www.prestige-nursing.co.uk

Date of inspection visit:
28 January 2016

Date of publication:
24 February 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

We carried out our inspection on 28 January 2016. The inspection was announced.

Prestige Nursing Leicester is a domiciliary care service providing care and support to people living in their own homes. The office is based in Ashby de la Zouch Leicestershire. The service provides support to people living in Leicestershire and surrounding towns and villages. They support people with a variety of care needs including physical disabilities, learning disabilities, palliative care and general care and domestic needs. At the time of our inspection there were 74 people using the service.

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 told us that they felt safe using the services of Prestige Nursing Leicester. They felt safe because they trusted staff's ability to look after them. Staff knew their responsibility to keep people safe from harm and abuse. They followed the provider's guidelines to support people and report any concerns they had on people's safety and wellbeing.

Staff had the relevant skills they required to meet people's needs. The provider completed relevant checks which ensured that staff had the right skills, experience and were safe to support people. Staff were provided with adequate training that they required to carry out their role effectively.

People were supported in accordance with the Mental Capacity Act (MCA) 2005.

Staff supported people to meet their nutritional needs. They also supported people to access health care services when they needed this.

People told us that staff were kind and compassionate to them. Staff were knowledgeable about the needs of the people they supported. They also treated people with dignity and respect.

People's care plans reflected their individual needs and preferences. Their care was provided in a person centred manner. The provider listened to feedback from people using the service and their relatives. People told us that staff acted promptly on their feedback.

People told us that they were satisfied with the service they received. Staff felt supported to contribute to the development of the service. They felt supported in their role which enabled them to deliver a good standard of care. The provider had effective procedures for monitoring and assessing the quality of service that people received.

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 told us they felt safe because they trusted staff's ability to look after them.

Staff knew what constituted abuse. They knew how to report any concerns they had about people's safety.

People received the support they required to take their medicines.

Is the service effective?

Good ●

The service was effective.

Staff had effective induction and training that equipped them with the skills they required to look after people.

People were supported in accordance with the requirements of the Mental Capacity Act (MCA) 2005.

Staff supported people to monitor their health and promptly referred them to health care professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

Staff actively involved people in decisions about their care and support. They made people feel like they mattered.

Staff respected and promoted people's dignity and human rights.

Is the service responsive?

Good ●

The service was responsive.

The care people received was centred on their individual needs.

People's care plans reflected their preferences and the outcomes they hoped to achieve in their care and support.

People were aware of how to complain about the service. The provider dealt promptly with people's complaints.

Is the service well-led?

Good ●

The service was well led.

The provider frequently sought the views of people using the service, their relatives and staff.

Staff had a clear understanding of the standards expected of them. They were supported by the registered manager to meet those standards.

The provider had quality assurance systems in place to monitor the quality of care that people received. We saw evidence that these systems drove continual improvement in the service.

Prestige Nursing - Leicester

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 checked 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 28 January 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law.

We used a variety of methods to inspect the service. We spoke with six people using the service, four relatives and one health professional. We also spoke to four care staff members and the registered manager. We reviewed the care records of three people who used the service, people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation.

Is the service safe?

Our findings

People felt safe using the services of Prestige Nursing Leicester. They told us that they felt safe because of the staff that supported them. A person using the service told us, "I feel very safe with the carers. They are very nice people." A relative said, "Mum is definitely safe. The carers are skilled."

Staff had completed on-going training in safeguarding people from avoidable harm and abuse. Staff we spoke with were knowledgeable on how they would protect people from different forms of abuse. They told us that they always sought the support of office based senior members of staff when they had any concerns about people's safety. They told us that their concerns were acted on promptly. One member of staff told us about a safeguarding incident which she had raised with the registered manager. She told us that the registered manager liaised promptly with the person's social worker and other professionals. This resulted in the commissioning of a care package which minimised the risk of harm to the person.

The feedback we received from staff and records we reviewed showed that staff had a clear understanding of their responsibilities to keep people safe and followed the provider's guidance when they had any safeguarding concerns. Staff supervision records show that the registered manager discussed safeguarding at supervision meetings.

Risks to people's care was managed appropriately by staff. People's care plans identified areas of their daily care and support where they could be at risk. Staff completed a risk assessment based on the outcome the person using the service wanted to achieve. This meant that carers had the information they required to keep people safe. This also allowed carers to do this in a way that involved and respected the person's wishes, and promoted their independence. We reviewed records that showed that people's risk assessments were reviewed regularly or as soon as they had any changes in their support needs.

Before our inspection we had received notifications of incidents of safeguarding concerns. We found that the provider had taken appropriate actions to prevent future re-occurrence of such incidents. They also liaised with other professionals and took appropriate actions to ensure that the people involved and other people using the service were kept safe.

We reviewed staff records which showed that the provider had safe recruitment practices. They completed relevant pre-employment checks which ensured new staff were safe with the people using the service. Where staff have been involved in incidents of concerns regarding people's safety, the provider investigated and followed their disciplinary procedures where necessary.

People who required support with their medication received their medicines as prescribed by their doctor. A person using the service said, "They [staff] follow the instructions to remind me to take my medication." A relative told us, "They [staff] support with medication, and they keep records." Another relative said, "Staff support with medication. They are very very careful. I've got nothing to complain about there."

When staff supported people with their medicines, they completed their medication administration records

(MAR) to show that they had supported them to take their medicines. We found that staff did not all consistently use the required code as directed in the provider's guidelines when recording that a person had refused their medicines. We brought this to the attention of a senior member of staff and the registered manager who told us that they would remind staff of the need to be consistent in following the protocols of completing people's MARs.

Is the service effective?

Our findings

People using the service were supported by staff that had the relevant skills and experience to support them. People told us that they were satisfied that staff had the appropriate training to meet their care needs. One relative told us, "They are brilliant. I don't know what we would do without them." A relative told us how staff effectively supported their family member with her mobility needs. They said, "They [staff] are skilled in moving and handling."

Staff told us that the training they received was effective and enabled them to care for the people using the service. We reviewed the provider's training records which showed that staff had completed a range of training which equipped them to carry out their roles and responsibilities. This including on-line training and classroom style training. One member of staff told us, "The in-house training is good. I've learnt a lot." Staff also completed specific training that allowed them to meet the needs of particular people using the service. For example training in supporting people who require peg feeds. Peg feeds are used when people have medical conditions such as difficulty swallowing. This allows them to have food and fluids fed directly into their stomach via a tube through the skin. Staff who were new to the service underwent a period of induction that aimed to familiarise them with their roles and responsibilities and increase their confidence in carrying out their duties. A member of staff told us, "The training is pretty good. You shadow as long as you need to or want it." They also went on to say that they used the provider's on-line training portal for refreshing any necessary knowledge. Another staff member said, "We had induction and shadowing until we felt comfortable."

People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. We reviewed records that showed that staff had received training in MCA. We also reviewed people's daily records which showed that staff sought the consent of people in accordance with the MCA.

People's care plans we reviewed did not show that the provider fully considered people's mental capacity and how they would apply MCA in their assessment and support of people's needs. When we brought this to the attention of the registered manager, they told us that the provider's internal auditing had identified this issue. They showed us updated versions of the care plan which the provider had developed. The new care plan complied with the requirement of the MCA. The registered manager told us that they were in the process of updating people's records using the new care plans.

People were supported to meet their nutritional needs where this was required. People's care plans set out the support that they required to ensure that their nutritional needs were met. Where people required

specialist support such as peg feeding, the provider ensured that only staff who had been trained to deliver this support provided it. Staff also made reference to the provider's guidance on how to support people who require peg feeds.

People were supported to access health care services when they needed it. A person using the service told us, "They [staff] take me to the hospital and to doctor's appointments." People's care plans guided staff on how to report any changes in people's health. We reviewed records that showed that staff followed this guidance and promptly referred people to health care professionals when needed. Records also showed that carers supported people to monitor their health and used equipment as recommended by health professionals. A relative told us, "They [staff] contact the nurses when needed." They went on to say that staff monitored the skin integrity of their relative that used the service, and promptly made referrals to the district nurses when there were any changes in their condition. A member of staff told us, "When we observe any change in a service user's need, we document in their daily notes, ring the office and ring for the paramedics if needed."

Is the service caring?

Our findings

Staff treated people with kindness and compassion. People told us that the staff were caring when they provided support. This made them at ease and made it possible for them to relate to staff. A person using the service said, "They [staff] are fine, and easy to talk to." A relative told us, "Staff have a good attitude and care for [person using the service] well." Another relative commented, "Carers are all kind. There has not been one person whose kindness you could doubt."

Staff told us that where possible they supported the same set of people using the service in order to maintain consistency. This also helped staff understand the person's routine and build a positive relationship with the person they were providing support to. A member of staff told us, "We have set hours if possible. It enables the building of relationships with service users." Another staff said that the provider maintained a team of the same carers for a service user to ensure consistency in the support people received.

All the staff that we spoke to had a good knowledge of the people they cared for. They were passionate about their role, and appeared to have genuine interest in the wellbeing of the people who used the service. Another way they developed their knowledge of the preferences and routines of people using the service was by continually involving people in their care and support. They did this at the initial assessment and reviews of care plans, and also when they provided support with daily living tasks. One member of staff spoke very passionately about her motivation in her role. She said, "I feel happy knowing that people are happy with the support I've given them - that I've done things the way they want, not upsetting their routine." A person using the service told us, "I feel involved. They [staff] are very happy to be told what to do and how to do it." Another person said, "They check that I am happy with what they've done." We reviewed records that showed people's participation and views in their care plan. Daily records showed that staff respected their views when they supported them with daily living tasks. Daily records also showed that staff commented on people's wellbeing and how they provided reassurance and improved people's quality of life.

People were treated with dignity and respect. A person using the service was complimentary about staff attitude. They said, "They [staff] treat me respectfully. Yes, they do!" Other people told us that staff were respectful. They told us that staff kept to the times as agreed in the care plan, and were also flexible if required. This made them feel like they mattered. A person using the service said, "The care is excellent. If they are going to be late, they ring to let me know." A relative told us, "I have no issues with staff timing. Carers are flexible." Staff that we spoke to knew the importance of promoting people's dignity and human rights. They were knowledgeable on how they would promote these in their role. Records also showed that the registered manager regularly reminded staff of the need to maintain confidentiality in their role.

People were supported to be as independent as they wanted to be. We reviewed people's records which showed staff enabled people to maintain their independence where possible. On the day of our inspection, a carer from Prestige Nursing Leicester won the Supporting Independence Award organised by a local newspaper in recognition of her work providing support in her role.

Is the service responsive?

Our findings

People received support that was personalised to their individual needs. They told us that the provider involved them and their relatives in the assessment and reviews of their needs and support. Before people started using the service, staff visited them to discuss their needs, things that were important to them, their preferences and the outcomes that they would like to achieve in the care and support they received. We saw that people's care plans reflected these individual preferences. People's care plans also considered all aspects of people's mental and emotional well-being and how staff would help them to maintain their well-being. Care plans also had records of how and when the outcomes people wanted for their support could be achieved. This information was used at reviews to ensure that people's support was meeting their needs.

Staff supported people to engage in social activities and maintain relationships with people that mattered to them. Relatives told us how carers supported people using the service to access the community so that they did not become socially isolated. We spoke with a professional who commissioned a care package with Prestige Nursing Leicester. They told us, "They [staff] have enabled the family [person using the service and their family] to become a family again. They have done wonderful. They've brought [person using service] back to life." They went on to say that before the support the person was isolated because they did not have the right level of support to allow them to engage effectively with their family. We reviewed records which showed that family was important to this person. We also reviewed records that showed that staff went the extra mile to engage with other professionals involved in people's care in order to share information on how best to meet their needs.

We reviewed records which showed that people's care plans were reviewed regularly, and changes were made where necessary. The provider completed client visits which aimed to get the feedback of people and their relatives on the care that they received. Improvements were made where required. A person using the service said, "I contribute. They send a lady out to ask me how things are going." A relative commented, "They send someone out every three months to ask for our views and a re-assessment."

The provider encouraged people to share their experience of the service. People told us that they knew how to raise a concern or complaint. They told us that staff took their concerns seriously, and responded within a reasonable time frame. A person using the service told us, "If I have any concerns or queries, I ring them and they have sorted things." Another person said, "If you ring them, they are straight on it." A relative told us how they had complained in the past about issues they were unhappy with and how the service had taken actions to make things better. They said, "The number of complaints I make have decreased and is almost down to nothing." We reviewed records that showed that the provider kept a log of complaints raised. The registered manager had recorded an action taken in response to complaints to improve people's experience of care they received. We also saw several positive comments and compliments from people using the service and their relatives praising the high quality of care they received from staff.

Is the service well-led?

Our findings

People and the staff who support them felt included and satisfied in the development and quality of the service. A person using the service said, "The care is very good." Other people's comments included, "I can't fault them." "I think it is pretty good. On the whole, I find them satisfactory." Staff told us the service encouraged open communication and encouraged them to make their views known. They also told us the registered manager took on board their suggestion and took appropriate action when they raised any concern. A staff member told us, "At supervisions we are asked of our views of the service." Another said, "[The manager] is lovely. I can come with my queries. When I've come with anything, I've always seen an outcome." We reviewed records that showed that the registered manager kept under review and reminded staff of the values expected of them. We also saw records that showed that staff encouraged staff to come in to the office on the day of our inspection to give us their feedback on the service.

The service had a registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission.

The registered manager was supported in her role by a regional manager. The registered manager also maintained links with managers of other Prestige services in the region to share challenges, achievements and learning to help improve the service.

Staff told us that they felt supported by the registered manager and other senior staff. They said the registered manager supported them to meet the standards they expected of them. They did this through supervisions, appraisals and training. At supervision meetings staff and their manager could discuss the staff member's on-going performance, development and support needs, and any concerns. A member of staff us, "I wouldn't work for a company that doesn't support me to do my job. I find Prestige Nursing supportive. I've never had any problem getting hold of someone when needed." Another commented, "I think we are supported very well. They are quite good in the office." Another staff told us that they felt supported because they always had someone to go to for support when required. They said, "[The manager] is approachable. There is always follow-up to emails and concerns raised. Anytime I have had a concern, I have had a response and action. I have sometimes had a response within 10 minutes."

The provider had quality assurance systems and procedures for assessing and monitoring that they provided a good quality service. The provider's quality assurance procedures consisted of regular home visits and telephone contacts to check that people were satisfied with the service they received. Senior staff also carried out unannounced 'spot checks' to ensure care staff provided a good quality service. A nurse employed by the service also carried out competency check to ensure that staff were meeting people's assessed needs. The provider had six monthly internal audits of their systems and processes. The registered manager then developed action plans where the audits had identified areas for improvement. We saw that the action plans from previous audits had been implemented at the time of our inspection.

Another way the registered manager encouraged staff to provide a good quality service was by recognising

staff who had performed well. The service had a quarterly recognition for staff who had shown outstanding performance in their role. The registered manager also nominated staff members for local awards to recognise good service where applicable.

The provider also ensured that staff and people using the service had access to a senior member of staff 24 hours of the day for support if required.