

Robert Sage Limited

Prestige Nursing (Bristol)

Inspection report

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Date of inspection visit:

01 December 2017

05 December 2017

Date of publication:

16 April 2018

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

The inspection was announced and took place on 1 and 5 December 2017. We gave the provider 48 hours' notice of the inspection. We did this to ensure key staff would be available at the service. At the time of the inspection 40 people were receiving a nursing and personal care service from Prestige. It provided a service to children, disabled people, younger and older adults. Many people using the service had significant and ongoing healthcare needs.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager and provider. People and their representatives told us they were confident to raise any concerns they had with staff and that any concerns they had raised had been acted on. People had individual risk assessments so that staff had the information they needed to support them safely and minimise the identified risks.

People's medicines were being managed safely and administered by trained staff. Medicine administration records contained updated guidance to staff and were fully completed. Changes in people's health were identified quickly and staff supported people and their relatives to contact their health care professionals.

People spoke highly of the staff that provided their care and people's relatives were also complimentary of staff. Staff we spoke with demonstrated they were aware of people's individual needs and understood their preferences.

Staffing levels were sufficient to meet people's needs and protected them from harm. The service carried out pre-employment checks on staff before they worked with people to assess their suitability.

Staff received regular supervision to discuss their progress and training needs. Spot checks were completed by senior staff to monitor staff performance and ensure people were receiving support in line with their needs and expectations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005. The registered manager knew when assessments of people's capacity to make decisions were needed. Staff assumed people had capacity and respected the decisions they made.

People told us staff were kind and caring and treated them with dignity and respect at all times. Staff were kind, caring and supported people if they became anxious. People who wished to were supported to develop their independence. Staff supported people to take part in leisure activities they liked.

People who used the service were provided with personalised care, which was based on their individual needs, wishes and goals. People were fully involved in the development of their care plans and felt their views and opinions about how their care was provided were encouraged. Care records were reviewed with people and they had been provided with sufficient information about the service. The service had had an effective system in place to manage complaints.

People received a service that was well led because the registered manager provided good leadership and management. Systems were in place to check on the standards within the service.

The registered manager had an effective system to regularly assess and monitor the quality of the service that people received. Quality assurance systems involved people who used the service.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Prestige Nursing (Bristol)

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.

The inspection took place on 1 and 5 December 2017 and was announced. We gave notice of our inspection to ensure key people would be available at the service when we visited. The inspection team consisted of one inspector.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

We looked at the care records of four people, the recruitment and personnel records of 10 staff, training records, staff schedules and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, mental capacity and complaints.

We spoke with two people on the phone that were supported by the service and three relatives. We tried to contact a further three relative's by phone but we were not successful. We spoke with five care staff, the quality manager, the business manager and the registered manager. We tried to contact a further three staff by phone but we were not successful.

Twenty-three health and social care professionals were contacted in order to gain their views about the service. Four of them provided feedback about the service. We have included there comments in the main body of the report.

Is the service safe?

Our findings

People and their relatives told us they were confident that they and their family member were kept safe at all times. Effective safeguarding arrangements were in place to keep people safe. No safeguarding concerns had been highlighted since our last inspection to the service in January 2015. The service had appropriately raised one safeguarding referral to the local authority since our last inspection and had taken the appropriate action. Staff were able to demonstrate a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.

Where people were at risk of abuse the service supported people to make the appropriate referrals. The registered manager told us of an occasion when they supported a person to challenge an energy bill which they had received. The person was at risk of financial abuse and this had caused the person and their family a great level of stress. We were told with the support and determination of the registered manager the issue was resolved with the appropriate referrals made to ensure the person was safe.

Suitable arrangements were in place to manage risks appropriately. Risk assessments were in place and information recorded within people's support plans identified risks associated with individuals care and support needs. These related to people's manual handling needs, medication and more specific risks. Environmental risks, including checks to equipment to ensure people and staff safety and wellbeing were in place. We were told that six staff were trained risk assessors and had attended a two day course. This enabled them to carry out assessments on any new equipment that people had.

Information provided identified people who could become anxious and distressed and which could cause them to behave in a way that may challenge others. Risk management strategies were in place to enable staff to manage the person's behaviour safely and to improve their quality of life. Staff spoken with had a good understanding and knowledge of the risk management strategies in place for each person. Staff had received appropriate training relating to physical intervention and 'breakaway' techniques so as to support the person safely and to ensure their own safety.

People were protected by the prevention and control of infection. Staff told us they received infection control training. They understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene. Staff followed food safety guidance when supporting people in their own homes. Staff confirmed they had access to sufficient supplies of Personal Protection Equipment [PPE], such as gloves and aprons.

The registered manager told us the service operated an on-call system to enable the service to deal with emergencies out of hours. We were told a rota system was in place with the registered manager and senior staff taking it in turns to cover the on call. This was to report if a staff member or a person were at risk or unwell. Advice was often given to people who were unwell advising them to call for medical assistance. The registered manager told us of an occasion when a parent had phoned the on call as they were unwell. The

service was able to provide extra staff to support them.

There were sufficient numbers of staff available to keep people safe. People and relatives verified that they and their member of family received a consistent and reliable service and the service ensured that people were supported by a regular team of staff so they were familiar with them. Care had been taken to 'match' staff with individual people and who shared the same interests. People told us there were always sufficient numbers of staff available to provide the care and support as detailed within their support plan. Where staff were assigned regular visits each day, staff stayed for the full amount of time allocated to ensure care had been completed and to meet the person's needs. This was confirmed through looking through staff schedules. Before taking on any new packages of care the registered manager ensured they had enough staff to cover each person's visit. The registered manager told us that people's needs were kept under constant review. People's allocated visit time was based upon the assessment of their care needs.

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records showed the registered provider had operated a thorough recruitment procedure in line with their policy and procedure to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included the attainment of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. Each staff recruitment record we looked at contained evidence of the staff members right to work in the united Kingdom and proof of photographic identification.

Information within people's individual support plans specified which people required their medication to be administered, who required their medication to be prompted and who had their medication administered by family members. We looked at the Medication Administration Records [MAR] for people. These showed what medicines had been prescribed and were being administered to the person by staff at any one time. Staff employed by the service received medication training to ensure they were competent to administer medicines. Staff we spoke with confirmed they had been trained and assessed as competent to support people to take their medicines.

Is the service effective?

Our findings

People and their relatives told us they felt staff at the service were suitably trained and experienced to support them. Comments included, "The staff seem experienced and know what they are doing", "I would say the staff are experienced and the staff that visit have worked for the agency for many years. Another person told us, "We have had the same carer for a number of years and have no complaints. Sometimes new staff visit with our regular staff to learn the ropes".

A thorough induction programme was in place to support new staff. The registered manager told us that staff received an induction comprising of training in key areas appropriate to the needs of the people they supported and an 'in house' introduction to the organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme. The Care Certificate identifies a set of care standards and introductory skills that health and social care workers should consistently adhere to.

Staff confirmed they had spent time shadowing experienced staff within the community before they worked unsupervised. As good practice those staff that had not worked with a person before were not able to complete peoples visits. If staff were new to a person the process was that they were to visit the person with an experienced member of staff. This was to introduce themselves and to find out about the person's needs. Some people required staff to have specific training before staff could support them an example being epilepsy training.

Supervisions had been completed on a regular basis allowing staff the time to express their views and reflect on their practice. These comprised of face-to-face meetings and 'spot check' visits. This involved senior staff observing the member of staff as they go about their duties to ensure that they are meeting their standards and expectations. Staff employed longer than 12 months had received an annual appraisal of their overall performance. Where these had been completed aims and objectives for the next 12 months had been identified.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; administration of medication, safeguarding vulnerable adults and child protection, handling of information and communication, food hygiene, care of the dying and first aid. Other specialist training was provided to staff that supported a person with a specific need. This included percutaneous endoscopic gastrostomy (PEG) training (feeding via a tube into the stomach), training on the administration of midazolam and complex care. This training provided staff with the necessary knowledge and skills to meet people's needs. The business manager told us the complex care nurse that worked for prestige provided guidance and support to staff regarding issues that related to peoples care needs.

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 make 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 and applications must be made to the Court of Protection. At the time of our inspection five people had been appointed a Deputy by the Court of Protection.

All staff had training in the Mental Capacity Act 2005 (MCA) and were provided with a basic understanding of the act. They were aware that the MCA existed and how this protected the rights of people who lacked capacity to make decisions about their care and welfare.

Staff explained how they gained people's consent to personal care when they arrived for each visit. Staff told us they read through people's care records before any care practices were carried out. This was to make sure they understood the support each person required and to seek their consent. Where there were concerns about a person's capacity, key health and social care professionals were involved to support people to make decisions.

People would be provided with assistance to eat and drink where this has been identified as a care need. The level of support each person needed would be recorded in people's support plan and agreed with them. We asked people about the support they received to eat and drink. Each of the people that we spoke with said that they had no issues with how staff supported them. People's support plans contained information relating to their dietary needs. People's individual preferences were recorded within their care records. This gave staff guidance on knowing what people liked to eat and drink and any special requirements.

Is the service caring?

Our findings

People we spoke with consistently praised the service and the care staff. Comments included, "I honestly cannot fault the staff. They are very caring and dedicated" and "I am extremely satisfied with the care I received. I would give the staff five stars as they look after me very well". Relatives we spoke with said, "My mum is very well looked after and I trust the staff looking after her" and "The staff are wonderful and look after my son. They worship him and he sees them as a friend".

Professional's made the following comments, "The team of carers who look after X are professional, skilled, compassionate and a credit to Prestige" and "The work that Prestige care staff do I consider was of a very high standard, the care staff provided all support in a dignified manner, person centred and were professional throughout". Another professional commented, "The team show a great sense of dedication and commitment".

Staff we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care.

People's diverse needs and how they were to be met were contained in people's individual support plans. Staff told us this included cultural and spiritual needs where they had been identified. People's relatives said they had been involved in planning and reviewing their care. Staff we spoke with had a good understanding of equality and diversity and respecting people's individual beliefs, culture and background.

People were treated with care and kindness by staff that went out of their way to ensure significant events were celebrated. The registered manager told us birthdays and Christmas cards were sent out to each person. Sympathy cards were also sent out to relatives if a person they had supported at the end of their life had passed away. People's special birthdays were also celebrated with the staff taking some people out. The registered manager told us that they had taken a person out for lunch to celebrate a special birthday. The person told the other staff "The boss is taking me out for lunch". Another person had gone out near Christmas for a meal with the registered manager.

The registered manager told us that due to the nature of the support people received it was important people had staff they could get on with. For this reason new staff were introduced to people before they helped care for them. The registered manager reviewed schedules daily and made updates as and when necessary. They showed there was a good level of consistency and little change in patterns of staff supporting people which ensured continuity of care. An example being was one person who required 3:1 staff and received care from a regular staff team. Due to the persons high level of input from the service a team leader had the responsibility to oversee the persons care package.

People were able to maintain as much independence as possible by having staff that empowered people. Staff also told us how they aimed to maximise people's independence when delivering care. The registered

manager gave us examples of how staff had worked closely with people to achieve personal goals. An example being was one person with a high level of need was supported to go horse riding and to Zumba. Another person was supported by staff to attend a weight loss class. One other person was supported by staff to go on a short holiday.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, "The staff are supportive of me and I am very satisfied with everything". Professional's made the following comments, "Prestige staff had to contend with some extremely challenging times, but without their expertise and support, the service users would not have been able to continue to live at home as long as they did and would have had to be considered for residential care" and "We have worked closely with Prestige Nursing for a number of years. We find them responsive to any issues we raise, which are dealt with immediately". Another professional commented, "They are very responsive and can often provide waking night services the same day, which is important to us as our patients can deteriorate rapidly and service is needed at short notice".

People were given information about the service and their aims and objectives and this was kept in the support plan file in people's homes. Information was contained about the service and included contact telephone numbers for prestige and other relevant agencies, a copy of the support plan and details about the care plan review process and the complaints procedure.

Relatives told us prior to their family members care commencing an assessment of the person's needs took place; this involved relatives. This covered all aspects of the care required by the person. Such as how many calls they would need each day, what their needs were in relation to mobility, continence, personal care, moving and handling and nutrition. The registered manager carried out a full assessment to make sure the agency was able to meet their needs. Relatives told us, "We had a lady from the office come out to do the assessment and she told me about the agency and arranged visits with me" and "I was able to tell the staff about my routines and illness".

From the initial assessment a care plan was drawn up to show how people's needs would be met by the service. Each person had a support plan which was personal to them and gave details of people's care and support. People's support plans contained information about their likes, dislikes, goals and preferences. On commencement of a new care package, a phone call was made to the person or their relatives within 24 hours to check on how things were going. Systems were in place to monitor people's care package after this time to check if people's needs had changed.

Detailed instructions were provided to support the person with specific tasks, such as, communication. For example; one person used an eye gazer at times and some staff used sign language to communicate with them. Another person had epilepsy and information was recorded about how this presented. It stated the type of seizure, the seizure behaviour and what staff should do when the person experienced a seizure.

We looked at four people's care records which contained comprehensive information about each person and sufficient detail to guide staff on the care and support to be provided. Care records included the person's emergency contact details such as their next of kin, GP, risk assessments and current support needs. They contained relevant information about people's diagnosis and associated needs and leisure and communication.

People were confident that the care they received at the end of their lives would be professional, kind and compassionate. In addition to providing day to day care for people the agency often provided short term care which enabled people to stay in their own homes at the end of their life. The registered manager told us they were supported by the services complex care nurse who was able to provide advice when needed. They were also supported by the district nurse team.

The service had a detailed complaints policy in place, this clearly explained the complaints process to follow. This included how to make a complaint, who to complain to, expected time scales for responses and investigations. It also provided people with contact details of the local authority and the Care Quality Commission. We were told the service had an open door policy whereby people could access them easily. Within the last 12 months the service had appropriately responded to 16 complaints that had been made within the expected timescales. Action had been taken to address each complaint. An example being additional staff training and mentoring staff.

Is the service well-led?

Our findings

People and their relatives were complimentary about the management of the service. They told us the staff and managers were approachable and easy to talk to. One person said, "I am extremely satisfied with how the service is run". Another person said, "The manager visits me to check things are going well". Relatives we spoke with told us, "The staff and managers are absolutely brilliant and always remember birthday's" and "The agency is very well run and seems well organised".

Staff spoke highly of the registered manager, business manager and the care co-ordinator staff. They told us they enjoyed working for Prestige. Comments included, "They are absolutely brilliant to work for and I would highly recommend them", "I work long hours by choice but this is because I choose to do this. I never feel pressured into working" and "The service speaks for itself as a lot of the staff are long standing. We walk around with a smile on our face". Another staff member told us, "It is very well managed and the girls in the office are supportive and I could not ask for nicer staff team".

There was a positive and sustained culture at Prestige that was open, inclusive and empowering. Staff were motivated and told us that the registered manager and office staff were excellent. They told us that they felt fully supported and they received regular support and advice via phone calls, and face to face meetings. Staff told us that they were invited to staff meetings where they could express their views and put forward suggestions about how the service was run. They said that the registered manager was approachable and kept them informed of any changes to the service and that communication was very good. Communication within the office was enhanced by holding office meetings which took place at the service every two months. The last meeting was held on 24 October 2017 and discussed staff training, updates and the plans going forward of moving over to paperless care records.

The registered manager and business manager had clear vision and values that were person-centred and ensured people were at the heart of the service. The business manager told us their vision was to continue to provide a high standard of care to people. The business manager was part of a project board. Moving forwards the board planned to focus on improving the staff recognition process. They also planned to continue to provide high levels of support to their complex care packages that required regular monitoring.

Newsletters were sent out to staff with information about the staff member of month and thanked staff for their hard work. We looked at the last newsletter which was sent out to staff during the summer of 2017. This gave staff information about keeping people safe in the sun, DBS checks and summer facts and riddles. A separate newsletter was also sent out to people and their relatives during the summer of 2017. This contained information about the charity of the year that the service was supporting, information about the citizens advice bureau and plans to deliver a workshop on the prevention of fraud with the elderly.

The service had systems and procedures in place to monitor and assess the quality of their service. The service operated a quality monitoring process which started for each person from day one of a new care package commencing. This involved monitoring the satisfaction of the persons care package by conducting telephone monitoring calls. Monthly quality monitoring visits took place by senior staff. Other quality checks

carried out included monthly risk assessment updates, attending people's review meetings with professionals, sending out annual quality surveys and completing staff supervision and appraisal. Any issues found during this process were followed up with the service looking to continually improve going forward.

Quality assurance surveys were sent out to obtain feedback from people who used the service and their relatives. The most recent survey was carried out in 2017 which showed positive results. An example being was the service scored 100% that people strongly agreed that the staff appeared knowledgeable when completing my support plan. Another example was that the service scored 100% that they would recommend the service to others.