

Prestige Nursing Limited

# Prestige Nursing - Leeds

## 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 4 February 2016 and was announced. At the last inspection in January 2014 we found the provider was meeting the regulations we looked at.

Prestige Nursing - Leeds is registered to provide personal care to people in their own home. They specialise in palliative care and care for people with complex care needs. At the time of the inspection the service provided care workers for a minimum of three hours although most visits were longer. Their main service delivery was a night sitting service but they also provided care during the day to some people. At the time of the inspection, 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 the care provided was very good and they were complimentary about the care workers and management team. People's care and support plans contained information about what was important to the person and how care should be delivered. Staff received training to make sure they could meet people's complex and specialist needs. The service worked alongside other professionals and other agencies. They worked effectively with other agencies which ensured people's needs were met.

People received consistent care and good systems were in place to ensure the same care workers visited. The service was reliable and was well managed. Staff were supervised and well supported by the management team who checked they were providing care appropriately and safely.

Staff knew how to keep people safe. They understood their responsibilities under safeguarding people from abuse procedures and were confident the management team would act swiftly and deal with any issues appropriately. Arrangements were in place for managing risk. Assessments were detailed and showed each area had been considered and where risk was identified measures were in place to remove or reduce risk.

People made decisions about their care and support. Information relating to a person's capacity to make decisions was usually provided when they first started using the service. However, some information relating to capacity was not clear. The registered manager said they would review the support plans to make sure there was a clear up to date record.

Complaints were investigated and responded to appropriately. Systems were in place to help make sure people received safe quality care. A health professional told us, "They bend over backwards. People ask for staff from Prestige. They go out of their way and go the extra mile. They are reliable and do a sterling job."

## 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.

Risk associated with people's care was identified and managed.  
Staff understood how to keep people safe.

Staffing arrangements were flexible and sufficient to meet people's needs.

Staff managed medicines consistently and safely.

### Is the service effective?

Good 

The service was effective.

People's needs were met by staff who had the right skills, competencies and knowledge.

People made decisions about their care and support, and information relating to capacity was usually provided when they first started using the service. The registered manager said they would review the support plans to make sure there was a clear up to date record.

The service provided support when required to ensure people's nutrition and health needs were met.

### Is the service caring?

Good 

The service was caring.

People we spoke with told us their experience was positive and staff were caring. Staff were confident people received good care.

People's care and support plans contained good information to help staff understand what was important to the person they were supporting.

The service worked alongside other professionals to help make sure people were supported at the end of life to have a comfortable, dignified and pain free death.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

People's care and support needs were assessed and plans identified how care should be delivered.

Complaints were investigated and resolved where possible to the person's satisfaction.

### Is the service well-led?

Good ●

The service was well led.

People were very complimentary about the management team and told us the service was well led.

Systems for monitoring quality were effective.

The service worked closely and successfully with other health and care agencies.

# Prestige Nursing - Leeds

## 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 Thursday 4 February 2015 and was announced. We told the provider we would visit on Tuesday 2 February. They were given notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. On Friday 5 and Monday 8 February 2015 we telephoned relatives of people who used the service, staff and visited one person at home. An adult social care inspector and a specialist advisor in governance carried out the inspection. At the time of this inspection there were 32 people receiving personal care from Prestige Nursing - Leeds.

Before the inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We sometimes ask providers to complete 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. On this occasion we did not ask the provider to complete a PIR.

We were only able to gain views from one person who used the service about their experience, and we visited them at home. We spoke with eight relatives and eleven staff, which included the registered manager. We visited the provider's office and looked at documents and records that related to people's care and support and the management of the service. We looked at five people's care and support records. After the inspection we spoke with a health professional who worked closely with Prestige Nursing - Leeds.

# Is the service safe?

## Our findings

People who used the service and their relatives told us the safety of the service was good. Staff we spoke with understood their responsibilities under safeguarding people from abuse procedures. They said they would report any concerns and were confident the management team would act swiftly and deal with any issues appropriately.

Staff told us they had completed safeguarding training and the training records we reviewed confirmed this. The training they completed was included in the induction training that must be completed before staff worked with people who used the service. The provider had information about safeguarding people from abuse displayed where staff attended training. One member of staff said, "The training I did gave me a clear understanding of types of abuse and what to do if someone is being harmed. I would not hesitate to report it. I also know about whistleblowing and can access the contact numbers online." 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

Before the inspection we looked at the information we held on our database. This included statutory notifications sent by the provider when they had received any allegations of abuse. These showed the provider had responded appropriately and informed the relevant agencies. The registered manager told us there were no open safeguarding cases at the time of our inspection.

Arrangements were in place for managing risk appropriately. Each person who received a service had a personal profile risk assessment and support plan. These covered key areas such as health or medical factors influencing risk, mobility factors, recent history of falls, risks within the property, lone working and external factors. The assessments we reviewed were detailed and showed each area had been considered and where risk was identified measures were in place to remove or reduce risk.

Staff told us the management team promoted safety and ensured staff worked in a safe environment. They told us they had completed training to keep people safe and records we reviewed confirmed this. For example, they had undertaken moving and handling training and had to pass a practical session. Staff told us that any deterioration in a person's health was reported to the district nursing service, as were equipment malfunctions. We spoke with a health professional who worked closely with Prestige Nursing – Leeds. They told us, "Staff make contact and request health professional input appropriately. They don't request it too early and they don't delay."

Staffing arrangements were flexible and sufficient to meet people's needs. Relatives told us staff always arrived on time and stayed the correct length of time. They said they received consistent care workers. One relative said, "They send the same staff and it's important because [Name of relative] needs the same faces." Another relative said, "They are always on time. In fact they usually arrive a few minutes early." Another relative said, "In five years they have never let us down." Another relative said, "We have the rota in advance and any changes they let me know."

Staff we spoke with told us the staffing arrangements worked well. They said the management team

planned work effectively and they had support at all times. We looked at the electronic rota system. This showed there were enough staff to meet people's needs and any changes to staffing arrangements throughout the week were managed as soon as the agency were informed. People were given a rota for the week which showed who would be caring for them and when. Changes to the rota were telephoned through to the person with an explanation as to why the change had occurred.

The service only employed care workers with at least one year's experience working in the care field. We spoke with two members of staff who had been recently employed. They both told us they had gone through a robust recruitment process. We looked at recruitment records which confirmed this. Staff had a face-to-face interview and a care scenarios exercise. Checks were carried out such as disclosure and barring service (DBS) and 'right to work'. These were monitored on a central organisational IT system. The DBS is a national agency that holds information about criminal records.

We looked at the arrangements in place to assist people to take their medicines safely and found medicines were well managed. A relative told us, "They are very keen on medication charts and they are checking to make sure [name of person] gets the right medication."

Staff told us they only ever administered medicines and creams that were prescribed, and always recorded this on a medication administration record (MAR). They said they had completed training which had provided them with information to help them understand how to administer medicines safely. Staff completed medicines training which clearly identified three levels of support for supporting people with their medicines. When staff administered medicines using a specialist technique we saw they undertook specialist training.

People's personal profile risk assessment and support plan contained information about medicines. They identified the level of assistance required and any additional information. People also had medication administration records (MAR). The service collected completed MARs from people's homes and then undertook an audit. These were previously collected periodically and quarterly audits were carried out, but recently they had started collecting and auditing them monthly. We looked at some completed MARs and saw these were generally well completed. We saw one person's MAR did have some gaps. The field supervisor told us the MAR was due to be audited and the gaps would have been picked up during this process. They explained they had revised their system for auditing and were undertaking them more frequently to ensure any queries were highlighted promptly. The field supervisor said they were introducing a chart on the reverse side of the MAR so care workers could provide an explanation where needed.

The provider had a medicine policy which provided guidance and covered the principles of safe handling of medicines. The policy outlined staff training and also stated that competency should be demonstrated through written and practical procedures and subject to annual updates. The training covered a practical assessment for administering eye-drops but there was no other aspect of medicine administration assessed in this way. The registered manager said they would include assessing medicine administration when they supervised and observed staff providing care and support to people.

## Is the service effective?

### Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. Staff we spoke with said the training they received was informative and provided them with the knowledge to do their job well. Staff completed on line training and received face to face training. They also had to pass assessments and achieve an 80% pass mark. Training sessions included basic training such as nutrition, first aid, risk management, safeguarding and end of life. In addition staff completed specialist training for a range of conditions, including epilepsy, Parkinson's and motor neurone disease as well as complex care, use of oxygen and catheters. Staff caring for people with these needs had to undertake the training.

The registered manager told us they had recently changed the induction programme to ensure they met the requirements of the Care Certificate, which all new care staff would have to complete. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Every member of staff we spoke with told us they were very well supported. They said they received regular supervision and those who had been employed for at least a year had an annual appraisal. Supervision is where staff meet with a supervisor to discuss their performance and are supported to do their job well. Staff told us as part of the supervision process they were observed to make sure they were providing appropriate care that met people's needs and expectations. One member of staff said, "They are checking we are using equipment, wearing our badge, making sure we are doing our job right. They also check how we are coping." Another member of staff said, "We are encouraged to express what we do well." We looked at staff appraisal records which were clear and objective in their evaluation of staff.

Staff completed Mental Capacity Act 2005 (MCA) training. 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.

Everyone we spoke with said people were involved in making decisions about their care and where people lacked mental capacity, family members were involved in the decision making process. Staff we spoke with gave examples of how they checked people were consenting to care. For example, asking people if they want a drink or medicines, giving people time and opportunity to respond and observing people's facial expressions and body language. All staff said if a person was refusing or indicating they were unhappy with the care provided they would share this with the registered manager. We saw staff had noted in the daily records where one person had decided not to use a piece of equipment to aid their safety. There was a clear record that the person had the mental capacity to make the decision and understood the areas of risk.

People were generally referred through the local health care service and had an assessment in relation to their mental capacity to make a decision about receiving care and support. The management team at Prestige Nursing – Leeds transferred the information relating to mental capacity from the initial assessment to the personal profile risk assessment and support plan. This had a section for details about MCA, which the



registered manager explained was relatively new. When we looked at the personal profile risk assessment and support plans it was not always clear whether a person had agreed to their care and support. For example, one person had not signed their care record. The field care supervisor explained the person had capacity to agree to their care but was physically unable to sign their plan. The field care supervisor agreed to add this information to the person's care plan. Another person's MCA section was incomplete. The registered manager said they would be reviewing the information relating to MCA to make sure it was clear and complete.

The registered manager said they had excellent relationships with other professionals and were well respected, and this was one of their strengths. We saw from people's records there was good evidence that other professionals were contacted when any concerns were raised about a person's health or well-being. The registered manager said they would contact other professionals, such as joint care managers, and request support if they had any concerns regarding a person's capacity. A health professional told us, "Communication is very good. They always get back to us and inform us of important patient changes."

Support plans were in place where people required assistance with meals and healthcare, and daily records evidenced that staff were providing appropriate support. For example, one person was Jewish and diabetic. This was clearly recorded in their support plan and there was guidance for staff to follow which ensured the person's dietary needs and preferences were met.

## Is the service caring?

### Our findings

People we spoke with told us the service was very caring. Everyone was very positive; no concerns were raised. One person who used the service said, "We have a chat." They described staff as, "Very caring", "Lovely" and "Brilliant". Comments from relatives included; "Definitely the best agency I've ever had", "Staff are excellent, friendly, helpful", "They are very quiet during the night and it gives me a chance to get a good rest", "100% happy", "We get smiles all round", "They handover information and everything runs smoothly", "They monitor how my wife is and if she's unwell they suggest that she stays in bed, but they also encourage her to sit in a comfy chair whenever possible", "I'm picking up good tips on how to provide good care from the staff", "We get a night sitting service and it's been the biggest help and more than we could have wished for. The girls from Prestige are fantastic", "We can't thank them enough", "It's my first experience of care at home and it's been wonderful", "Very professional", "We use two agencies and there is no comparison. Prestige are far more professional, efficient and caring", "It says it in the name; they are 'Prestige'. I can't fault it, they can't improve. The care is impeccable".

A health professional was very complimentary about the service. They told us, "They bend over backwards. People ask for staff from Prestige. They go out of their way and go the extra mile. They are reliable and do a sterling job."

During the visit to the office we heard members of the management team discuss care packages. They were friendly and listened to people's comments. We were present during a discussion where a relative wanted to make changes to the care arrangements. The member of the management team agreed to review this and said they would liaise with the commissioning organisation so the care plan could be updated.

We looked at people's support plans. These were person centred and contained information about what was important to the person, what outcomes they wanted to achieve, what was working well, their background, interests, friends and family, and any other key facts. The registered manager discussed how they matched care workers to the people they supported. They told us they checked people's preferences for male and female workers and tried to meet this wherever possible.

Staff told us they were proud to work for Prestige Nursing – Leeds. Every member of staff we spoke with told us they were confident people received good care. They said they received enough information to know how to provide care which was person centred. One member of staff said, "I love working for them. [Name of manager] does everything she can to make sure we do everything to fit in with people's preferences. It's a great agency." Another member of staff said, "It's a good agency to work for. You never feel unprepared. They look at the skills of staff and match to make sure it's right for the person receiving care." Staff told us people's privacy and dignity was maintained and gave examples how they did this.

The service worked alongside other professionals to help make sure people were supported at the end of life to have a comfortable, dignified and pain free death. The registered manager told us the care teams for people at the end of life, including emergency cases understood the needs of the people they were supporting. Staff we spoke with were confident they had the right skills and training, and were equipped to

carry out this part of their role well. People's care plans identified how care should be provided and equipment that was used. Clear systems were in place that ensured everyone understood their responsibilities, which included when to contact other professionals. One member of staff said, "We provide end of life care and it's so important to get it right. I would always want Prestige to provide the care if ever I needed it. We receive so much information and things are always in place."

## Is the service responsive?

### Our findings

People told us the care they received was personalised. They told us they were involved in care planning and the delivery of care met their needs and preferences. One relative said, "The care records are extremely good. They fill them in accurately, check them, update them and take them away when they are finished with. They discuss the care and then ask me to sign the care plan." Another person said, "We have gone through the notes and they always write plenty."

The majority of people who used the service were referred to the service by other agencies. Often a care plan would be provided. The registered manager or the field care supervisor who was based in the office would then use this to help form their own care plan. They said they also visited the person at home as part of the initial care planning process. The service had a fast-track procedure to be able to take on short-term care requests for people who were at the end of their life. We saw effective systems were in place to make sure everyone received the relevant information so care was delivered appropriately. Staff accessed people's care plans from home via a secure internet connection. This ensured staff were informed when people started receiving a service and kept up to date with any changes.

The care and support plans were personalised and contained good information about how care should be delivered and what equipment was used to support the person. Visit notes completed by care workers were detailed and completed every hour. We saw risk assessments and support plans were reviewed every month and field care supervisors completed an outcome based measurement report.

We saw from one person's records that they suffered from persistent fatigue and were concerned how this was impacting on their spouse. It was evident from the documentation that the registered manager had taken a holistic approach and ensured the care met the person's needs and wishes. Another person had been provided with equipment but it was clear from the record they often chose not to use this. We saw this was risk assessed and other health professionals were involved. The care plan stated that staff must record when the equipment was used and when it was not, and we saw from the person's visit notes staff followed the care plan.

People we spoke with told us they did not have any complaints about the service they received. They said they would feel comfortable raising any concerns and knew who to speak with if they wanted to contact the agency.

The provider had a complaint's policy and procedure which outlined how complaints would be handled. We reviewed the complaint log which showed seven complaints had been received in the last 12 months. We saw these were followed up and appropriate action was taken where necessary. The record showed people's individual complaints were responded to in a way which resolved the concern where possible to the person's satisfaction, and minimised the risk of the same issue arising in the future. For example, actions showed staff had to complete additional training.

## Is the service well-led?

### Our findings

The service had a registered manager and an assistant manager. They were supported by field supervisors, one of whom also worked in the office. They all dealt with day to day issues. The registered manager oversaw the overall management of the service. The agency had their own on-call system staffed by the field care supervisors. We spent time talking to the three members of the management team who were based in the office. They all had clear roles and responsibilities. The registered manager talked about the management of the service and it was evident from our discussions they were knowledgeable and fully understood their role and responsibilities in relation to managing the community care service.

People we spoke with said they would recommend the service to others. People were very complimentary about the management team and told us the service was well led. A relative said, "The management team are very professional but also very caring and friendly. When Prestige are in charge, I have no worries."

We received very positive feedback about the registered manager when we spoke with the staff team. The staff we spoke with told us they felt well supported by the whole management team. Comments included; "[Name of manager] is empathic, compassionate to service users and is reassuring. [Name of assistant manager] is really well organised. They are a good team", "You never feel alone. There is always a backup", "It's well co-ordinated", "Managers are brilliant". One member of staff discussed a recent event where the registered manager had arranged an alternative work pattern to take into consideration child care difficulties.

Staff and the management team told us communication was effective. Staff said they visited the office and had telephone and email contact. The management team told us they made a point of knowing all their staff and talking to them when they came into the office. We observed this on the day of our visit. The organisation had a secure website, which all staff could access from home. Communication of news items and official messages was done through the website. Policies were also available and when a new policy was introduced staff could not progress further onto the web site without reading the new policy and recording they had done this.

The service worked closely with health care commissioners and other service providers. We saw evidence of information being provided to commissioners in good time about changes to expected contracted work and care packages. On the day of the visit we heard the registered manager updating another care provider who was providing shared care to a person. This helped ensure people received continuity of care.

People told us they could express their views and had provided feedback about their experience of using the service. One relative said, "They come here, we have a meeting and go through everything." Another relative said, "They ring me every month and visit to check how things are."

Another relative said, "They check the staff are doing everything they should be doing. If they have to make any changes they let me know." The service also carried out an annual customer satisfaction survey, which was organised by head office. The 2015 survey results showed a return of 20 out of 36 questionnaires. All responses were in either the good, or very good categories for all questions.

The provider and management team carried out a range of audits to make sure people were receiving a safe, quality service. For example, a sample of care records were checked every month by the service and a random sample of care records and staff files were audited annually by the head office. We saw changes had been made in response to the findings from the provider visit, but did not see a formal action plan. The service had changed its audit of medication records from quarterly to monthly after identifying there could be a delay in picking up any issues.

Training records, DBS applications and renewals were being transferred to the organisations electronic system, which highlighted when updates were required. Prior to the electronic system these were being monitored effectively using a local system.